

# Evolution of Ontario's COVID-19 Response Structure

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## Pre CCT (January-April 2020)

## CCT and Related Tables (April 2020 – ongoing)

Initial approach included:

- Health Command Table established in February 2020 providing single point of oversight for health response and associated tables (e.g. scientific; ethics; sector/issue-specific; regional planning/implementation; collaboration)
- Cross-government COVID-19 response meetings starting late February, coordinated by Cabinet Office. Daily meetings beginning March 12.
- Multi-sectoral approaches
- Deployment of existing emergency management and coordination structures (e.g. Provincial and Ministry of Health Emergency Operations Centres)

- In March 2020, Ontario engaged McKinsey to review and advise on the government's COVID-19 response architecture.
- Building on structures in place, the Central Coordination Table (CCT) and associated tables/teams were stood up in April 2020 to enable a **rapid, whole-of-government approach** to:
  - Respond to the humanitarian and health crisis for COVID-19 in Ontario
  - Ensure that critical parts of the government come together to deliver an integrated response to key issues
  - Support government decisions with cross-functional teams who plan and deliver
  - Serve as a single point of reference for managing and tracking the government's response
- The structure, informed by McKinsey's advice, **included the existing Health Command Table** and brought together other command tables with a cross-functional focus on supply chain, critical personnel and public safety issues.

Throughout the pandemic, Ontario's response structure has:

- Supported the **existing decision-making authority**, responsibilities, and mandates of Cabinet and ministries
- Been **iterative** – adapted as the disease and impacts evolved
- Supported a multi-ministry, **government-wide approach**

# COVID-19 Response Structure: Health Command Table

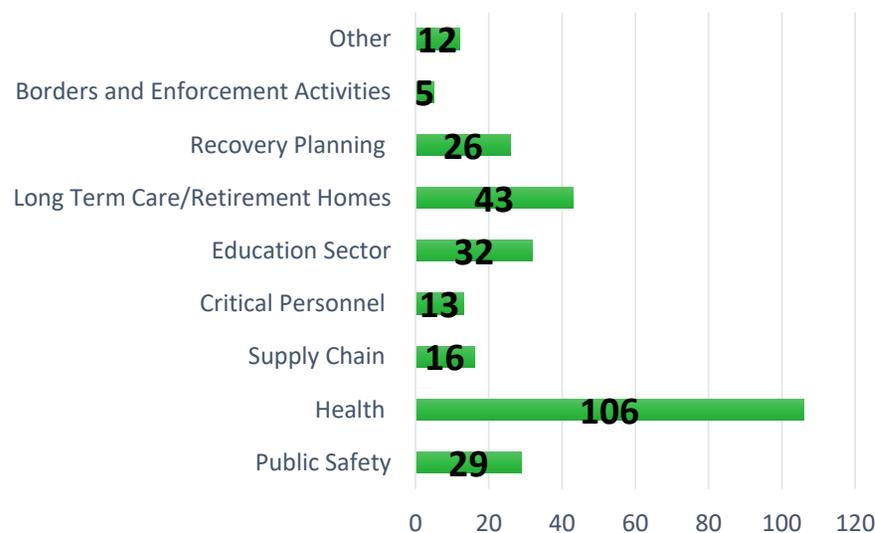
- The Health Command Table was established in February 2020 by the Ministry of Health to serve as a single point of oversight, executive leadership and strategic direction to guide Ontario's health response to COVID-19
  - Reporting to the Minister of Health, it is led by Dr. David Williams, Chief Medical Officer of Health, Helen Angus, Deputy Minister of Health, and Matthew Anderson, President and CEO of Ontario Health
  - It includes cross-ministry representation, including from Long-Term Care and Seniors and Accessibility, as well as external experts and stakeholders who each serve voluntarily
- Discussions and recommendations from the Health Command Table have been informed by the provincial health response structure sub-tables (e.g., the Incident Management Structure Table for Long-Term Care, the Science Advisory Table) and work across multiple workstreams focused on key priorities
- These workstreams have evolved over time to be responsive to the pandemic's trajectory, and have variously focused on immediate emergency response, outbreak management, stabilization, reopening, and preparedness for future waves, as circumstances required
- It is important to note that neither the Command Table nor its sub-tables have decision-making authority and that their role is to serve as a forum for discussions and coordination to support eventual decision making

# COVID-19 Response Structure: Central Coordination Table

- Established in April 2020, CCT is an internal coordinating committee, chaired by the Secretary of the Cabinet and the Premier's Chief of Staff, that ensures an integrated approach to supporting the government's COVID-19 response.
- CCT provides a challenge function within government to support accountability and track progress, remove barriers, drive cross-functional and inter-ministry collaboration, and support coordinated execution of government direction.
- CCT is not a decision-making body and does not directly brief or advise Cabinet. Ministers, supported by their Deputy Ministers and ministries, make recommendations directly to Cabinet for approval or endorsement.
- Since April 2020, CCT has met and discussed a wide variety of topics brought forward by supporting tables/ministries to support the government's COVID-19 response.

CCT has had 144\* meetings from April 2020 to January 2021.

A total of 282\* items have been brought forward for consideration.



\*from April 11, 2020 to January 27, 2021; does not include Coordination Table and Cross-Functional Team meetings

# COVID-19 Response Structure: Coordination Tables

- CCT is supported by Coordination Tables (CTs) (formerly called Command Tables) and cross-functional teams focused on different areas of the government's COVID-19 response, which bring forward items/topics to CCT for discussion as required/appropriate:
  - A fourth table (Critical Personnel) was wound down in Fall 2020 and work shifted to ministry business (e.g. OPS/BPS workforce, volunteerism) and other CTs (e.g. mental health)
  - The **Health CT** was included in the CCT structure when it was stood up in April 2020 and is responsible for end-to-end health response to pandemic and also connects/works across government with other tables/teams



## Health CT

- Coordinates the end-to-end health response to the pandemic including modelling, public health measures, case and contact management, outbreak management, testing/labs, system capacity, as well as streams of work on mental health, long-term care and retirement homes



## Supply Chain CT

- Manages an integrated government supply chain that enables responses and recovery strategies supported by personal protective equipment (PPE) demand modelling, sourcing and procuring of critical supplies, including the development of a sustainable supply chain
- Connects with domestic production related to PPE and Supply Chain Transformation work



## Public Safety CT

- Leads emergency planning and management of critical public safety issues working with partners (federal, provincial, municipal, Indigenous, NGO). Leverages existing emergency management plans, structures, processes and partnerships
- This includes but is not limited to: equity and priority populations, food security, facilities, emergency plans and response activities by emergency/public safety personnel, and compliance/enforcement

# COVID-19 Response Structure: Iterative Changes

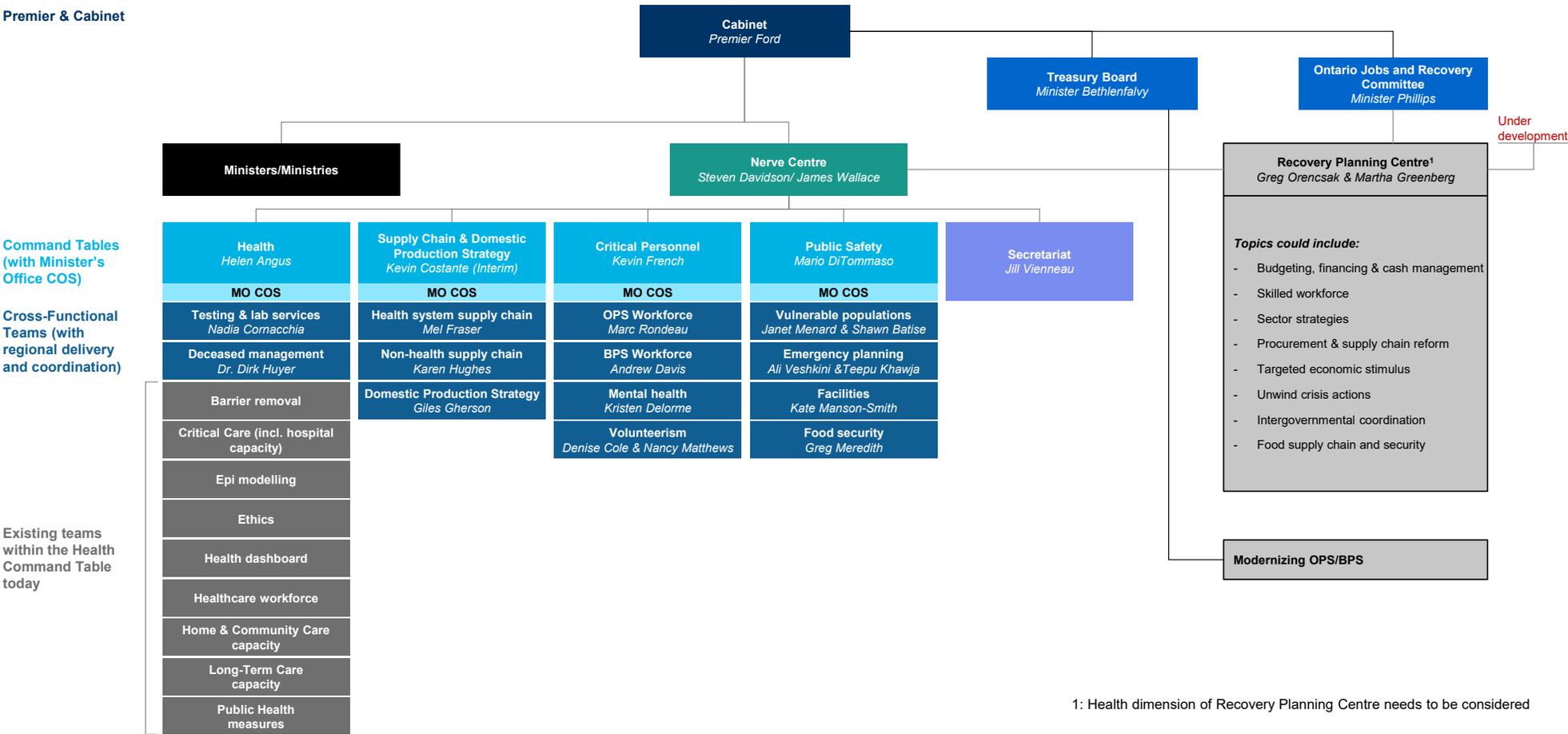
- Iterative adjustments to the COVID-19 response structure have been made throughout the pandemic focusing on:
  - Adapting the structure as the disease and impacts evolved
  - Adding new areas of focus as required (e.g. outbreak management, vaccine)
  - Re-situating or winding down streams of work (e.g. critical personnel)
  - Ensuring the most efficient approach to involve the relevant areas of responsibility and expertise
  - Maximizing cross-ministry, cross-sector coordination
  - Clarifications and lead/membership changes as required

# Appendix A: CCT Structure & Mandate



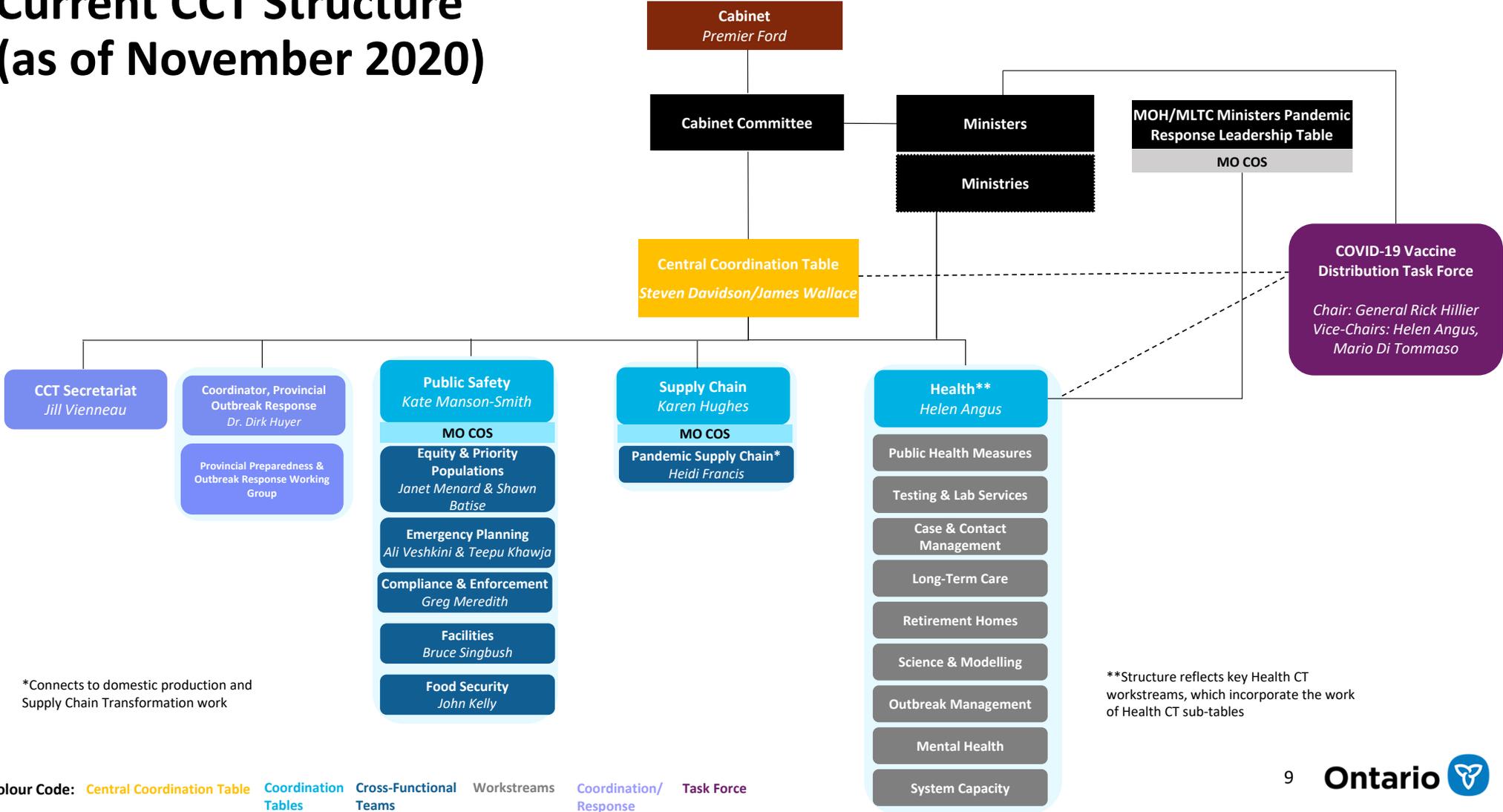
# CCT Structure (April 2020)

Premier & Cabinet



1: Health dimension of Recovery Planning Centre needs to be considered

# Current CCT Structure (as of November 2020)



# CCT Mandate

## Focus on action-oriented implementation of COVID-19-related initiatives

- Drive the cross-government implementation/operations of key COVID-19-related initiatives
- Aggregate advice from Coordination Tables and ministries and inform Cabinet decision-making as appropriate

## Monitor and track the delivery of COVID-19-related initiatives across government

- Monitor key data and trends
- Support the implementation of Cabinet decisions
- Track and review progress of Coordination Tables and ministries
- Hold leads accountable for delivery

## Remove barriers and make connections

- Facilitate connections across government to ensure efficient and effective implementation
- Unblock issues within government to accelerate pace and effectiveness of implementation

### Co-Chairs

- Secretary of the Cabinet
- Premier's Chief of Staff

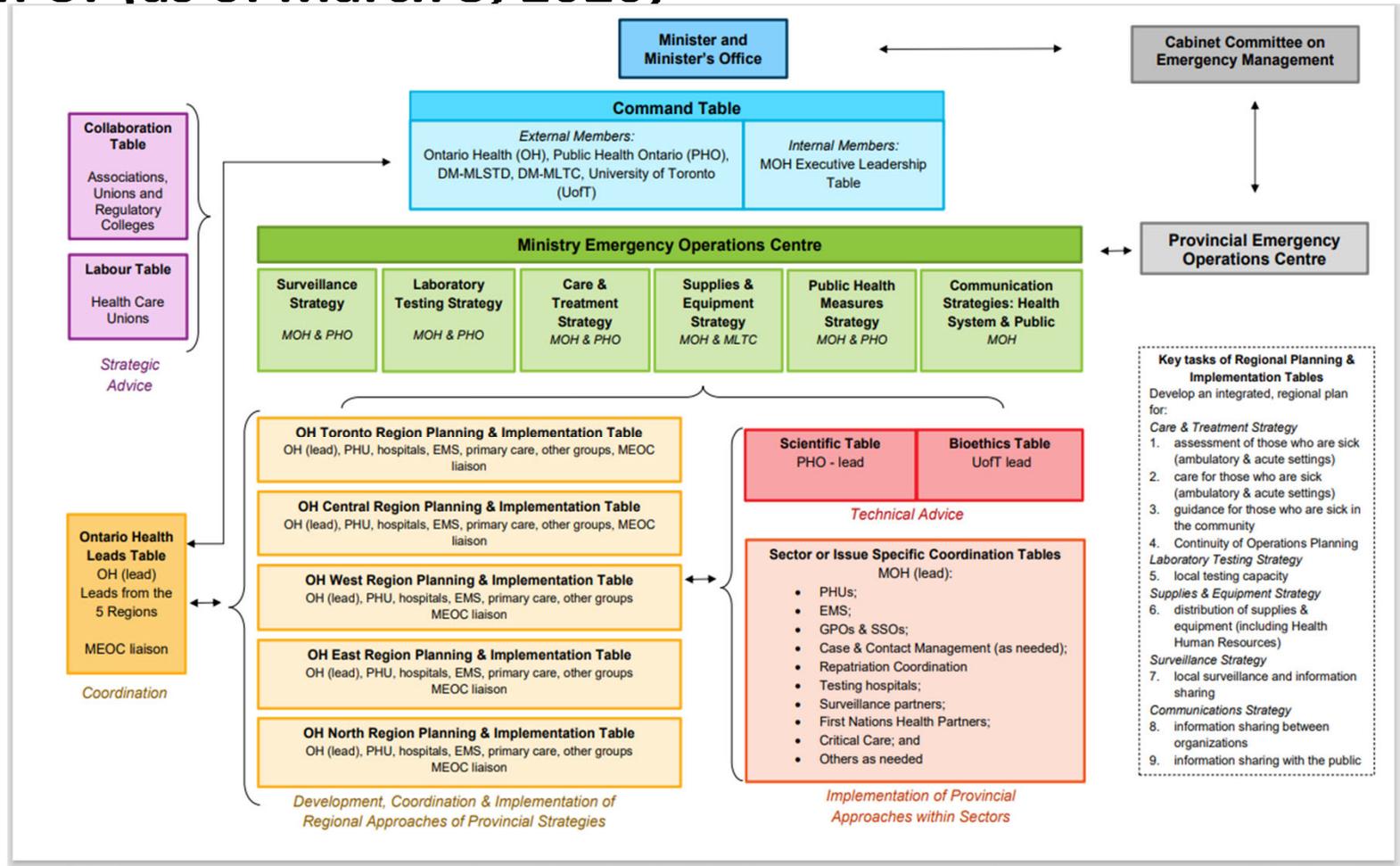
### Members

- Vaccine Task Force Vice-Chairs
- Coordination Table Leads
  - Health
  - Supply Chain
  - Public Safety
- DMs for:
  - CO Communications
  - CO Policy
  - Digital & Data
  - Finance
  - Treasury Board
  - Intergovernmental Affairs
  - SolGen
  - MGCS
  - MLTC
  - EDU
  - MLTSD
  - IAO
- Coordinator, Provincial Outbreak Response
- PO/MO staff

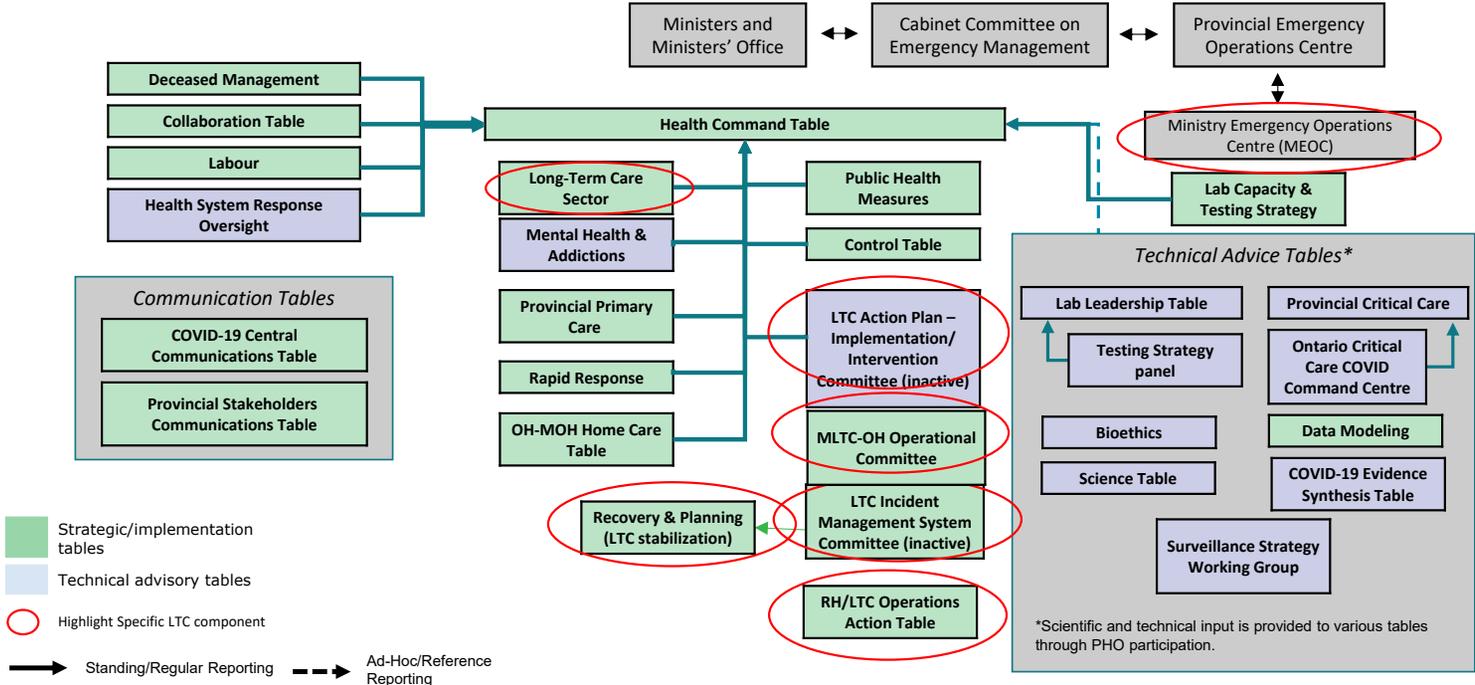
# Appendix B: Health CT Structure



# Health CT (as of March 5, 2020)



# Health CT (as of September 8, 2020)



# Health CT: Sub-Table Overview

 Strategic/implementation tables  
 Technical advisory tables

<p><b>Command Table (Est. February 2020)</b> Single point of oversight executive leadership and strategic direction to guide Ontario’s response to COVID-19.</p>	<p><b>Collaboration Table (Est. March 2020)</b> Provide strategic advice to the Command Table based on engagement with key health sector organizations.</p>
<p><b>Labour Table (Est. March 2020)</b> Provide strategic advice to the command table on issues related to labour unions and agreements.</p>	<p><b>OH-MOH Home Care Table (Est. March 2020)</b> Provides a forum for home and community care providers to raise issues and work with Ontario Health and the ministry to address issues.</p>
<p><b>Control Table (Est. April 2020)</b> Coordinate oversight, access and distribution of PPE to health and non-health organizations, maintain a line of sight into the availability of PPE, and optimize the distribution of PPE to health service providers and the broader public service.</p>	<p><b>LTC Incident Management System Committee (Est. April 2020, Inactive as of Aug 2020 – replaced by Recovery and Planning Table)</b> Creating and implementing an Incident Management System approach to long-term care homes in critical need to ensure they have the health human resources, IPAC supports and personal protective equipment (PPE) they need to stabilize.</p>
<p><b>Provincial Stakeholders Communications Table (Est. April 2020)</b> To provide a forum for stakeholders to identify and address stakeholder and public communications needs based on their work on COVID-19. To use the table as a mechanism by which to share resources so that duplication is avoided and efforts are streamlined.</p>	<p><b>Long-Term Care Sector Table (Est. March 2020)</b> To provide advice and support in addressing issues related to Long-Term Care, including effective testing and outbreak containment.</p>
<p><b>Data Modelling Table (Est. March 26, 2020)</b> Provide technical advice and updates on the development and use of epidemiological modelling to respond to the pandemic.</p>	<p><b>Provincial Primary Care Advisory Table (Est. April 16, 2020)</b> To provide advice to the ministry on key issues affecting primary care providers (PCPs). The Table provides a link between frontline PCPs and decision-makers at the regional and provincial level to streamline the critical information, guidance and supports specific to primary care providers and to complement the mandate, activities and direction of current ministry or public health (CMOH) COVID-19 structures.</p>
<p><b>Public Health Measures Table (Est. April 2020)</b> Provide advice to the Chief Medical Officer of Health (CMOH) on public health measures (i.e., implementation, assessing effectiveness, scaling back) to prevent or slow the transmission of COVID-19.</p>	<p><b>Rapid Response Table (Est. May 2020)</b> The Rapid Response Table ensures all parts of Ontario’s public health response is leveraging available data to rapidly identify and respond to emerging provincial and local issues and trends relating to COVID-19 spread.</p>
<p><b>Deceased Management Cross Functional Table (Est. April 2020)</b> Leads the planning and implementation of the end-to-end deceased management.</p>	<p><b>Lab Capacity &amp; Testing Strategy (Est. April 2020 and now in transition)</b> Coordinate the lab capacity and testing strategy elements with a focus on key priorities and population groups across sectors, while ensuring timely and sufficient lab capacity.</p>
<p><b>COVID-19 Central Communications Table (Est. March 13, 2020)</b> To ensure aligned, effective and consistent public and stakeholder communications on COVID-19 across the province at both provincial and regional levels. To share, discuss and assess communications needs identified at different COVID-19 tables.</p>	<p><b>MLTC – OH Operational Committee (Est. July 24, 2020)</b> Forum to coordinate OH’s provincial and regional responses to local/LTC home. A key priority is to drive stabilization efforts of the long-term care recovery coming out of the COVID-19 pandemic</p>

# Health CT: Sub-Table Overview

 Strategic/implementation tables  
 Technical advisory tables

## Recovery and Planning Table Long-Term Care Sector Stabilization (Est. August 2020)

It follows from the Long-Term Care (LTC) Incident Management Structure that was put in place to support the response to the COVID-19 public health emergency in the long-term care sector. Maintain gains achieved in protecting residents and staff and managing the COVID-19 public health emergency.

## RH/LTC Operations COVID Action Table (Spring 2020)

Discuss issues and seek advice and direct delivery/operational perspectives and input. Membership includes LTC and RH sector operators and associations.

## Health System Response Oversight Table (Est. March 2020)

Leads the operational management and co-ordination response to COVID-19 pandemic. Reports to COVID-19 Command Table. Discusses and identifies actions to address issues or challenges encountered by the Regional Steering Committees and/or the provincial tables.

## LTC Action Plan – Implementation/Intervention Coordination (Est. April 2020, Inactive as of April 30, 2020)

Time limited table aimed at identifying and organizing work streams to implement

## Provincial Critical Care Table (Est. March 2020)

Support local and regional critical care planning by producing provincial guidance, processes, and solutions for in-scope issues; connect and collaborate with other provincial tables/activities on connected issues; disseminate communications for in-scope and connected issues

## Lab Leadership Table (Est. March 25, 2020)

Support capacity development and resource management in the lab sector, and connect in with lab testing facilities to identify and address operational issues pertaining to COVID-19.

## Ontario Critical Care COVID Command Centre (Est. March 2020)

Reports into the provincial critical care table (see above) and is an operational group that manages critical care capacity and equipment, responding to surges in real time.

## Testing Strategy Panel (Est. April 5, 2020)

Reports to the lab testing table (see above) and is responsible for developing an evidence-based province-wide testing strategy for COVID-19. Updates testing guidance and documents over the course of the pandemic. Identifies and provides guidance around testing prioritized populations. Considers alternative testing approaches and develops demand estimates.

## Mental Health & Addictions Table (Est. Late March 2020)

Responsible for addressing issues related to supporting service continuity in mental health and addictions services, targeted guidance for the mental health and addictions sector, and mental health and addictions supports for health care workers.

## Bioethics Table (Est. March 2020)

Provide ethical guidance and representation at both provincial and regional tables to support decision-making throughout the response.

## Science Advisory Table (Est. July 2020)

The Science Advisory Table will work with leading scientific experts in key COVID-19 fields to provide a weekly summary of important scientific evidence for the command Table and to review and critique the underlying evidence and to share where relevant.

## COVID-19 Evidence Synthesis Table (Est. April 2020)

Several groups with evidence synthesis / knowledge translation expertise are currently working to provide high-quality, relevant, and timely synthesized research evidence about COVID-19 to inform policy makers, health care practitioners, administrators, and citizens as the pandemic continues.

## Surveillance Strategy Working Group (Est. July 2020)

Advising the Chief Medical Officer of Health (CMOH), the Epidemiologic Surveillance Strategy Working Group will develop and oversee a COVID-19 epidemiologic surveillance strategy and related implementation plan, to improve Ontario's understanding of the presence, distribution and impact of the disease in Ontario throughout the pandemic phases.