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<th>Mayor and Members Board of Health</th>
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<td>WARD(S) AFFECTED:</td>
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<td>COMMITTEE DATE:</td>
<td>January 24, 2011</td>
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<td>SUBJECT/REPORT NO:</td>
<td>Performance Management System for Local Public Health Agencies - BOH11003 -(City Wide)</td>
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**Council Direction:**

This report provides background and updates the Board of Health about progress on the provincial implementation of a performance management system for local Boards of Health since the presentation at the Board’s meeting of April 26 2010.

**Information:**

Implementation of a performance management system was a key recommendation of the provincial Capacity Review Committee as a means to strengthen Ontario’s public health system in the wake of the 2003 SARS outbreak. The framework for a performance management system adopted by the Committee is depicted in Appendix A.

The Public Health Performance Management Framework will help demonstrate the contribution of public health to the health care sector. Specific objectives include:

- To assess and demonstrate the extent to which Ontario’s public health system achieves success efficiently and effectively,
- To ensure that Ontario’s public health system meets standards and expectations, and
- To promote continuous quality improvement in Ontario’s public health system.
A Working Group was formed in 2007 to provide advice to the Ministry of Health & Long Term Care on the development and implementation of the key components of the Performance Management Framework. The Working Group is comprised of:

- Local Board of Health members and staff
- Medical Officers of Health
- Epidemiologists
- PHRED Program experts
- Association of Local Public Health Agencies (alPHA) representative
- Ontario Agency for Health Protection and Promotion
- Ministry of Health Promotion staff
- Ministry of Children and Youth Services staff
- Ministry of Health & Long-Term Care staff

The Working Group has been working on the various components necessary to implement the Performance Management Framework, which are summarized in Appendix B.

Program standards for public health services were approved in 2008 and implementation began in 2009. A first report on the state of Ontario’s Public Health system was also produced and released in 2009. For the past year, the Working Group focussed on developing the organizational standards, a monitoring strategy with indicators, and the accountability agreements.

**Organizational Standards**

Provincial assessments of individual health units have been carried out under the Health Protection & Promotion Act for many years. Experience from these assessments has shown that wherever significant issues are found with program delivery, there are usually issues with the effectiveness of the health unit’s governance and/or management. The most notable assessment was that of the Muskoka-Parry Sound Board of Health and local public health agency which led to its dissolution.

Hamilton’s Board of Health received a presentation on the systems issues raised by the Muskoka-Parry Sound review from its reviewer, lawyer Graham Scott, in 2006. At that time, Council adopted a new Board of Health committee structure made up of all members of Council in order to improve its oversight of, and advice to, Public Health Services on the full breadth of public health programs and services. The new structure formally gave Council a mechanism by which to “wear its two hats,” considering public health issues first at the Board of Health, then combining the public health needs raised with the municipal responsibilities when considering the reports of the Board of Health at Council meetings. Approval of a strategic plan for Public Health in 2007, with
subsequent reports back on progress and adjustments, also addressed a key issue from that review.

The CRC recommended organizational standards for Boards of Health and public health agencies as a way to support organizational accountability and capacity. The standards provide a baseline of expectations for the functioning of the whole organization, including human resource capacity, governance practices, planning skills, identification of priority populations, and ability to respond to change over time.

As corporate entities, Boards of Health have existing legal and policy obligations related to governance and organizational management derived from legislation and regulations, the Ontario Public Health Standards (OPHS) and the Program-Based Grant Terms and Conditions. The organizational standards do not duplicate expectations already in place, but provide an independent, logical and coherent set of standards that incorporate generally accepted principles of management and best practices.

The development of the Organizational Standards has been informed by several sources including:
- accreditation standards in use in Canada and the US
- core competencies materials from Canada and the US
- CRC recommendations
- performance management literature on best practices in governance, organizational effectiveness and accountability
- *Health Protection & Promotion Act* and its Regulations
- Program-Based Grants Terms and Conditions
- consultation with the field and experts

Drafts of the Organizational Standards have undergone review in a number of ways over the past year, including review by the Performance Management Working Group in January, a focus group held in March, and a web-based survey in July/August for broad consultation with local boards of health, public health agencies and any other interested parties. The draft standards and survey tool were distributed to Council in July. According to the Working Group, this latest consultation found that overall, there was strong support for the scope, readability and usefulness of the standards.

The Organizational Standards have been grouped into seven categories:
- Board Structure
- Board Operations
- Leadership
- Trusteeship
- Strategic and Operational Planning
- Community Engagement and Responsiveness
- Administration
The standards contain expectations of both the board of health as the governing body and the local public health agency as the administrative arm of the organization. Because these standards reflect current thinking on best practices, it is assumed that achievement of the standards will not be onerous since mature, well functioning boards of health are likely already adhering to practices that are in line with the standards. This is likely to be the case in Hamilton based on the draft reviewed in July. The province has indicated that the Organizational Standards will be accompanied by guidance documents that will provide additional information necessary to understand the aim of the standard and support its implementation.

The province has indicated that release of the final Organizational Standards is imminent, and that 2011 will be a transition year for boards of health to become familiar with and prepare to report on the standards. Simultaneously, the province will be working with the Working Group to establish indicators for the new standards.

**Indicators**

The second focus of the Performance Management Working Group over the past year has been on the development of indicators as part of the monitoring strategy of the Ontario public health system. Indicators are required for:

- System monitoring – the “dashboard”
  - To allow Ministries to monitor board of health functioning on an ongoing basis
- Public reporting – telling the “performance story”
  - To show the contribution of public health within the larger health care system
- Accountability Agreements
  - To establish targets that move health units from “good” to “better” performance on priority indicators

The indicators that will be used have not yet been established or shared with the field, but are anticipated to be developed over the coming months.

**Accountability Agreements**

A Public Health Accountability Agreement (PHAA) template is currently under development. One of the key objectives of the agreement is to simplify the reporting mechanisms and board of health interactions with the provincial ministries involved in the Ontario Public Health Standards. Currently the Ministry of Health and Long-Term Care and Ministry of Health Promotion and Sport are working together to meet these objectives. Different reporting cycles, mechanisms and expectations between the
ministries for both programmatic and financial issues have greatly increased the complexity of work for local public health agencies.

The Accountability Agreements will incorporate the existing Program-Based Grants Terms and Conditions and Performance Management for mandatory and related programs. The scope and content of agreements are expected to evolve over time, and in the future, they may be used by provincial ministries to determine some aspects of local health agency funding.

As the indicators to be included in the Accountability Agreements are not yet determined, a phased implementation is planned to allow time for boards of health to become familiar with any new obligations and to implement appropriate measurement tools and supports to the field. The province has indicated that the Accountability Agreements will be tailored to the needs and circumstances of each local board of health. During 2011, baselines will be established for each of the indicators that are eventually approved.

A Joint Ministries/Boards of Health committee was established to provide detailed feedback and advice on the language of the proposed accountability agreement template. The committee first met in October 2010 and there was considerable enthusiasm and interest in the accountability agreements. The committee will continue to communicate with the field to provide information on the work that is being done and the plans going forward. Issues related to the effective management of information privacy and security within boards of health are also being considered by a separate Information Privacy Working Group (IPWG).

**Next Steps**

Staff will report back to the Board of Health when the Organizational Standards and Accountability Agreement template are released by the Province, with recommendations to move forward in implementing the standards, as well as terms to be considered in the Accountability Agreement for Hamilton. Given the scope of the standards and agreement, consultation will be sought with the City Manager’s Office, Human Resources, Corporate Services (Finance & Administration) and Legal Services as necessary.
Performance Management Activities

- Risk Management Framework
- Accountability Agreements
- Public Reporting
- Assessment Policy
- Voluntary Accreditation
- Program Standards
- Organizational Standards

Appendix B to Report BOH11003