York Region

Community and Health Services Department
Office of the Commissioner

# MEMORANDUM

TO: Community and Health Services Committee Members

FROM: Adelina Urbanski, Commissioner of Community and Health Services
Dr. Karim Kurji, Medical Officer of Health

DATE: November 9, 2011

RE: **Update on Public Health Accountability Agreement**

**Public Health Accountability Agreements outline terms and conditions of provincial funding and performance expectations in 14 public health program areas**

The Province has recently introduced Public Health Accountability Agreements with each health unit in Ontario to set out obligations of boards of health and two provincial ministries, the Ministry of Health and Long-Term Care and the Ministry of Health Promotion and Sport. Although the agreements are back-dated to January 1, 2011, the first year is a transitional year.

The Agreements, based on the government's standardized Transfer Payment template, include the terms and conditions governing provincial base and one-time funding of mandatory public health programs and services. Accountability Agreements also include a set of 14 performance indicators in areas that reflect either government priorities, the "core business" of public health, a high burden of injury or illness, and/or that have available data.

**Execution of Accountability Agreements also requires compliance with governance and management practices outlined in Ontario Public Health Organizational Standards**

Accountability Agreements enable the recently released Ontario Public Health Organizational Standards, which provide one single set of expectations for boards of health by consolidating existing requirements from the *Health Protection and Promotion Act* and new requirements based on best organizational practices (*Attachment 1*). Organizational Standards include governance requirements that apply to the board of health governing body (i.e., Regional Council) and management requirements that apply to the health unit administration. They are meant as a complement to the Ontario Public Health Standards, which outline program specific requirements.

**York Region's governance and administrative practices comply with provincial requirements, but formalization of the some processes will help ensure ongoing compliance**

Following the release of the Accountability Agreement and the Ontario Public Health Organizational Standards, the Public Health Branch carried out an extensive process to assess the Region's governance and administrative model in the context of these new requirements. Through consultation with various Regional departments and a compilation of relevant policies across financial services, human resources, and risk management, among other areas, it was determined that Regional Council and health unit practices are in accordance with both documents.

There are particular areas, however, where processes could be formalized to make sure that compliance is sustained over time:

- Within the health unit, staff are assessing current Public Health Branch documentation in areas such as community and stakeholder engagement to make certain that the branch strategy satisfies the full intent of relevant requirements.
- At the board of health level, further discussion is needed on the requirement for board of health self-evaluation (*Attachment 1*). Board of health reports from neighbouring jurisdictions indicate that this requirement will be explored further in other health units as well.

**Measurement strategy is to be developed by the Province in consultation with health units**

Each health unit is expected to work with the Province to establish baselines and performance improvement targets for the 14 Accountability Agreement performance indicators. Monitoring and measurement of indicators is expected to begin in 2012. In time, a qualitative measurement tool is also expected to be developed for the Organizational Standards.

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Adelina Urbanski
Commissioner of Community and Health Services

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Dr. Karim Kurji
Medical Officer of Health

Attachment - 1

ATTACHMENT 1

## York Region Compliance With Ontario Public Health Organizational Standards

| Category | Description | Note |
|---|---|---|
| **Board Structure** | Membership, reporting relationships, and structural features of the board | Existing requirements from *Health Protection and Promotion Act* (*HPPA*). |
| **Board Operations** | Establishment of by-laws, policies and practices related to the conduct of meetings | Mostly existing requirements from *HPPA.* New requirements re: board policies are met by Regional by-laws and policies that govern proceedings of Council and Committees. |
| **Leadership** | Strategic direction setting and organizational performance management and accountability | New requirements. Met by Council reporting structure and Regional strategic planning processes. |
| **Trusteeship** | Fiduciary duties such as duty of care (i.e., duty to exercise appropriate diligence and make decisions that are informed) | New requirements. Most met by Regional by-laws and policies that govern proceedings of Council and Committees, and by Council orientation process.<br>Includes requirement for board of health self-evaluation. Although discussions on improving effectiveness, including reporting mechanisms, have occurred at Community and Health Services Committee meetings, it may be desirable to formalize this process.* |
| **Community Engagement & Responsiveness** | Demonstrated understanding of the local community, openness to community needs, and innovation to address emerging needs or gaps in services, as well as public reporting to ensure transparency and accountability | New requirements. Most met by Regional customer service strategy and by current financial and performance reporting. |
| **Management Operations** | Administrative practices that support transparency and accountability, and that demonstrate organizational effectiveness | Existing and new requirements. Met by Regional administrative supports (finance, communications, human resources, etc.) |

*** Board of health self-evaluation requirement:**

The board of health shall have a self-evaluation process of its governance practices and outcomes that is implemented at least every other year and results in recommendations for improvements in board effectiveness and engagement. This may be supplemented by evaluation by key partners and/or stakeholders.

The self-evaluation process shall include consideration of whether:

- Decision-making is based on access to appropriate information with sufficient time for deliberations.
- Compliance with all federal and provincial regulatory requirements is achieved.
- Any material notice of wrongdoing or irregularities is responded to in a timely manner.
- Reporting systems provide the board with information that is timely and complete.
- Members remain abreast of major developments in governance and public health best practices, including emerging practices among peers.
- The board as a governing body is achieving its strategic outcomes.