June 9, 2017

Ms. Roselle Martino  
Assistant Deputy Minister  
Population and Public Health Division  
Ministry of Health and Long-Term Care  
10th Floor, 80 Grosvenor Street  
Toronto, ON  M7A 2C4

Dear Ms. Martino:

Re: Accountability Framework and Organizational Requirements – Consultation Document, May 2017

On behalf of the Association of Ontario Public Health Business Administrators (AOPHBA), I am writing to provide you with feedback on the Accountability Framework and Organizational Requirements Consultation Document. The Appendix outlines additional comments to those provided in this letter. AOPHBA members appreciate the opportunity to provide preliminary comments and trust this is the first of several forthcoming opportunities to provide input.

We support the importance of accountability and urge the Ministry to explain in its forthcoming related correspondence how specific organizational and reporting requirements demonstrate such accountability. In addition, expected compliance standards for accountability need to be appropriately balanced with the effort required to achieve such compliance.

Adequate time to transition and adapt to the organizational requirements is another key item we want to highlight. Public health units need sufficient time to adapt their planning and reporting processes. Assurance from the Ministry that flexibility with timelines and transition plans is needed.

More information is needed to help us understand “costing by program”. This could potentially change how budgets are developed and how strategic planning and program planning is completed in a public health unit. As such, it will require more than a year for implementation. We are also unclear how program costing can be used to determine value-for-money, given the emphasis in the modernized Standards is about programming being based upon local need, and local resources (particularly staffing) which suggests that it will be difficult to compare those costs between health units.

We question how the implementation of the additional reporting requirements can be cost neutral. For example, financial systems may require modifications or may need to be replaced in order to achieve the desired costing details. As you know, many Public health units are struggling with funding challenges. Anticipating their ability to meet
organizational requirements will be an added impairment in managing within the fiscal climate where for many, staffing reductions and changes in service levels have been implemented.

AOPHBA members welcome any opportunity to collaborate with Ministry staff on the Accountability Framework and Organizational Requirements including development of the public health service plan reporting requirements, changes to financial reporting processes, costing of programs/services and financial reporting templates such as the annual PBG submission.

We look forward to continuing to work with the Ministry to improve and protect the health and well-being of all Ontarians. I would be pleased to discuss how AOPHBA can support implementation of the Accountability Framework.

My contact phone number is 1-866-442-5866, extension 7803,

Yours very truly,

[Signature]

Patricia Hewitt, President AOPHBA

c: Linda Stewart, Executive Director, Association of Local Public Health Agencies (aPHa)
APPENDIX

Delivery of Programs and Services

- Demonstrating need with data (evidence) is understandable. How to prioritize that need over other needs, based on other equally good data is much more difficult.

- There is a suggestion to look at specific data that may be challenging for smaller health units to obtain given sample sizes may be too small. This will need to be considered in the final set of requirements.

- Underfunding of some Public health units impacts ability to meet all its responsibilities, and those that have been flat-lined are currently undergoing another layer of operational reviews in addition to now having to take on additional responsibilities under the modernization of the standards and the accountability framework.

Fiduciary Requirements

- The interchangeable use of Programs and Public Health Standards is confusing. Clarification is required as to at what level costing will be required i.e., program level or activity level.

- When the ability to assign and report costs on various programs/services/activities in budget submissions and annual reporting is noted, there needs to be agreed upon methodology for what is included in the costings. This is particularly true if it is intended that costing information will be used to make comparisons between health units.

- The budget templates and the quarterly financial reporting templates should align so that the same allocations and proration methods are used to achieve cost allocations.

- Capacity is not available to report on every activity under a Standard. Costs are not currently tracked at that level of detail. There is a lot of crossover e.g., Public Health Inspectors could have work on Safe Water, Foods Safety, Small Drinking Water Systems and Tanning Bed complaint follow up all in the same day’s work. Any proration of that day’s work is based on annual estimates not on specific daily time tracking. Comparable data between Health Units is problematic as there is variation between Health Units in cost tracking.

- Specific reporting requirements and templates to capture required information should be made available well in advance of the effective time period to allow Health Units to plan for data collection.

- Where costing of programs/services/activities in the budget submission and annual report is required, there needs to be well understood methodology for the costing. This is particularly true if it is intended that costing information will be used to make comparisons between health units.

Good Governance and Management Practices

- Please explain how the Board of Health appointment and Provincial Appointee process will be amended to enable the selection of skills-based Board members

- Further consultation with Health Units should be undertaken regarding the mechanism to participating in integrated Health System planning at LHIN tables

- The wording of the requirement that Boards have a self-evaluation process presupposes the evaluation outcome in the wording of the requirement. It states that the self-evaluation process will result in recommendations for improvements in Board effectiveness and engagement. No evaluation process should presuppose an outcome. Consider re-wording with “Boards of Health shall have a self-evaluation process of its governance practices and outcomes that is completed every other year. Completion includes an analysis of the evaluation results, Board discussion, and implementation of feasible recommendations for improvement, if any”.

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Common to All Domains

- We are concerned about how resource intensive the Annual Accountability Reporting Cycle may become. The degree of intensity of course, will depend on where individual health units are starting from. There is additional administration work in recording and tracking many of these requirements on presumably new Ministry templates and forms. Reporting requirements should not over-burden staffing resources available to do the work.

- The degree of reporting should provide mutually valuable return to the Ministry and Health Units.

- Consideration should be given to the development of templates requiring basic data as a starting point and over time considering increasing data collection needs to fill gaps in what's deemed necessary. Explanations for why requested data is needed will be helpful.

- The proposed Annual Accountability Reporting Cycle indicates that the first round of Annual Service Plan and Budget submissions will be due in March 2018 and in future, this due date may change to a date prior to the start of the effective year. This may require Health Units to shift their standard planning cycles including Board of Health reporting requirements.

Implementation

- Adequate transition time to achieve implementation is needed. Some Health Units may be able to achieve implementation sooner than others.

- Timely release of templates and instructions will help support Health Units in meeting Ministry timelines.

- Additional funding to help with progression towards implementation should be considered.