June 8, 2017

Roselle Martino
Assistant Deputy Minister
Population and Public Health Division
Ministry of Health and Long-Term Care
777 Bay Street, 19th Floor
Toronto ON M7A 1S5

Dear Roselle,

Re: Accountability Framework and Organizational Requirements

Thank you for the opportunity to comment on the Accountability Framework and Organizational Requirements Consultation Document. In general, we support the document and understand that the accountability framework and related requirements reflect the need to demonstrate impact and value for money for the benefit of public health.

As developmental work remains on a number of components, our comments reflect our need for greater clarity as well as our need to balance Regional reporting requirements and accountabilities along with provincial requirements.

Please consider the following general comments and a few specific comments related to each domain:

General Comments:

- We support development of a central repository of evidence and best practice to the extent that it can provide a validated resource to health units to aid program planning. However, any accompanying policies and expectations related to its use, inputs, and management need to ensure that there are no unintended constraints on those health units that have sufficient capacity, resources, and existing policies and procedures in place to use evidence and best practices to inform program planning.

- Greater clarity is needed regarding the plans for centralized data collection and coordinated approach for public reporting. How does this approach relate to expectations for data
collection and public reporting in the Standards for Public Health Programs and Services?

- There is a note throughout the document that the list of requirements “does not include all requirements for boards of health” (i.e. pages 12, 13, 15, 18, and 19). Does this refer to the requirements in legislation or will additional requirements be forthcoming?

**Annual Accountability Reporting Cycle:**

- The significant amount of reporting noted in the Annual Accountability Reporting Cycle does concern us from a capacity perspective. However, we were pleased to see the ministry’s intention to leverage and align with current practices to reduce the burden on boards of health. We expect that this principle will guide the development of the related tools and templates.
- Greater clarity is required as to which components of the Annual Service Plan and Budget Submission are to be reported publicly (e.g. expectations for public reporting of the risk management component).

**Delivery of Programs and Services:**

- Greater clarity is required regarding the purpose of guidelines. If the aim of guidelines is a consistent approach/application, how will guidelines apply to those topics which are to be based on an assessment of local needs (e.g. mental health promotion, climate change, substance misuse, etc.)? Similarly, how do guidelines support the principle of ‘Need’ which requires that programs and services are tailored to address the needs of the health unit population?

**Fiduciary Requirements:**

- Our understanding is that the requirement to provide costing information by program is a new requirement. As this is a significant change from current financial reporting requirements, we require further details to consider the impact on our organization and we welcome any opportunity to provide input during the development of related templates.
- We have some concerns with the future timing of reports. Please note that submission of the Annual Service Plan and Budget Submission would be a significant challenge prior to the beginning of the year as our budget approval from Regional Council is not received until February.

**Public Health Practice:**

- We suggest including further clarity in the requirements to distinguish the domain of Public Health Practice in the Accountability Framework from the work of regulatory colleges in ensuring quality of professional practice.

We appreciate the ongoing updates and opportunities for comment through the transformation process and are looking forward to updates from the Public Health Work Stream regarding the expectations for working with the LHINs.
We look forward to further opportunities to provide input as work on the components of the Accountability Framework continues. We assume that the targeted consultation that is planned over the summer will seek input on various items including the Annual Service Plan and Budget Submission, Annual Report, performance reports, Quarterly Financial Reports, and the related centralized data collection and analytics process, central repository for evidence and best practice, as well as the coordinated approach to public reporting. We would also like to recommend that future documents or updates be provided in an accessible format or be posted on a public website. Ensuring that Durham Regional Board of Health members are informed and updated on an ongoing basis is a significant challenge when documents are not accessible.

Thank you for your consideration of our comments.

Respectfully submitted,

R.J. Kyle, BSc, MD, MHSc, CCFP, FRCPC, FACPM
Commissioner & Medical Officer of Health

c. Liz Walker, Director, Accountability and Liaison, Population and Public Health Division, MOHLTC