June 9, 2017

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 Roselle

Re: Accountability Framework and Organizational Requirements Consultation Document, Population and Public Health Division, May 2017, Ministry of Health and Long-Term Care

Thank you for the opportunity to provide our feedback regarding the Accountability Framework and Organizational Requirements Consultation Document, dated May 2017.

We are supportive of the Ministry of Health and Long-Term Care’s (Ministry’s) efforts to enhance accountability to ensure boards of health have the necessary foundations related to the delivery of programs and services, financial management, governance and public health practice.

Like other health units, we are concerned about resource implications given current budgetary constraints and organizational capacity, in the context of the introduction of a new Public Health Accountability Framework in addition to the proposed Ontario Standards for Public Health Programs and Services within a very short period of time, with the expectation of implementation of both in 2018 and significant reporting requirements using templates that are yet to be developed.

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We understand that the Ministry will be establishing the *Accountability Implementation Task Force* that will work with the Ministry to support implementation of the new Accountability Framework. We are appreciative that the Ministry has acknowledged considerations for implementation including change management strategies, is planning for a phased-in approach to support change management, will be identifying supports needed and providing tools to assist with implementation.

More detailed comments are attached. (Attachment 1)

We look forward to opportunities to provide input into the transition plans/processes as well as reporting templates as they are being developed.

Thank you for considering our feedback on the Standards for the Accountability Framework and Organizational Requirements Consultation Document.

Sincerely

BOARD OF HEALTH FOR THE HALIBURTON, KAWARTHA, PINE RIDGE DISTRICT HEALTH UNIT

A. Lynn Noseworthy, MD, MHSc, FRCPC
Medical Officer of Health

ALN: ed

Attachment
Haliburton, Kawartha, Pine Ridge District Health Unit – Feedback regarding the Accountability Framework and Organizational Requirements Consultation Document – dated May 2017

General Questions:

1. On page 6 under guiding principles - not sure what leveraging and aligning with current practices to reduce burden on boards of health means. To what current practices does this refer?

2. On page 8/9 related to the Accountability Agreement – will indicators be provincial or specific to each health unit?

3. Will reporting relate to both the health unit’s strategic plan and the Standards for Public Health Programs and Services?

Accountability Framework’s Four Domains:

1. Delivery of Programs and Services

a) If boards of Health are being held accountable for achieving outcomes, those outcomes need to be within the scope of public health units (PHUs). We can only be accountable for our own actions and activities, not behaviours of the public that are influenced by many other factors and sectors.

As an illustration, it is not reasonable to expect PHUs to be accountable for the percentage of the population following the Low Risk Alcohol Drinking Guidelines when there are many competing pressures and messages, especially those from the Provincial Government itself, that have the potential effect of negating public health interventions. Another example where we cannot be held accountable for outcomes is falls prevention when among the best practices is the provision of exercise classes, which is outside the scope of public health. We can only be accountable for our contribution to these outcomes. The determinants of health are impacted by many government policies that are best dealt with at the provincial level, not the local level.
b) Much of the work of health promotion is difficult to measure and to see “results”, especially given the frequency of the required reporting. Many outcomes of health promotion work will not be realized for 10 years or more. Any reporting requirements must reflect the incremental work of influencing health behaviours and attitudes, and the complex nature of developing healthy public policy. We can report on those “output” measures such as numbers of people attending our events, the number of presentations to municipal councils, number of events/initiatives on which we collaborated with community partners, or number of mentions in media.

2. Fiduciary Requirements

a) Public Health will be challenged to deliver costing by program, which necessitates a longer lead time for implementation.

3. Good Governance and Management Practices

a) A skills-based Board of Health is difficult to create when the majority of members are appointed by the obligated municipalities or by the province as Provincial Appointees. Does the Ministry plan to revise the appointee process that considers a skills-based Board composition?

b) Further consultation regarding the LHIN - Board of Health relationship is needed.

4. Public Health Practice

a) There are potential redundancies in reporting. The requirements are written in a way that we could report an activity that’s in the accountability agreement, which is required by legislation, that’s been evaluated through CQI, and improved. Does this need to be reported multiple times in separate ways? This could be burdensome.

b) Will the current reports for specific initiatives i.e. CNO, SDOH, IPAC be rolled into the program reports or still be reported on separately?