June 9, 2017

Dear Ms. Martino,

Re: Draft Accountability Framework and Organizational Requirements – Comments from Ottawa Public Health

Thank you for your update of May 15th on the Ministry of Health and Long Term Care’s (the Ministry) initiatives for the Ontario Standards for Public Health Programs and Services (OSPHPS) and Accountability and Organizational Requirements. We appreciate the information you provided on the progress made thus far, the next steps, and the targeted completion dates of related protocols and guidelines.

Employees at Ottawa Public Health (OPH) have reviewed the Accountability Framework and Organizational Requirements Consultation Document you provided. Generally, the amalgamation of organizational standards and accountability for public health units into one single framework is positive. We have specific feedback and some questions for clarification to offer for your consideration. For ease of reference, I have summarized OPH’s comments by item/page reference of the Consultation Document noted above.

Central Repository of Information (Evidence, best practices, tools, etc.) – p.5:

Given the increasing importance of evidence-based practice as a cornerstone of public health as well as its prominence in the OSPHPS, OPH supports a Central Repository for information that is managed and maintained at the provincial level for the benefit of all public health units. This repository ideally would not only gather and store data but would also provide analysis to support evidence informed decision making by public health units. A central function of this type would contribute to efficiencies by minimizing duplication of standardized work across the 36 public health units. This is particularly the case given anticipated increased demand on the epidemiological function within public health units as the OSPHPS is implemented. As a result, more access for public health units to information and data that is not currently available is welcome and would likely be of use in the very early stages of implementation of the OSPHPS.

We would appreciate being consulted by the Ministry on the Central Repository in order to provide input on how it will work, be managed and maintained, how its contents will be determined, and how the quality of the data and information will be ensured.

Guiding Principles Underpinning Framework – p.6:

With respect to the principles of streamlined reporting, fair and effective strategies to strengthen performance (p6), and continuous quality improvement (p20), can you advise whether the Ministry will regularly evaluate its accountability and performance program of public health units? Regular opportunities for all partners to collaboratively review the indicators and other performance management mechanisms imposed by the Ministry will ensure that the processes and tools offer an effort-to-value net-benefit in respecting health sector obligations while still optimizing public health outcomes.
**Accountability, Planning and Reporting Tools (5) – p. 9:**

The Ministry has advised that there will be at least five new or revised accountability, planning and reporting tools. It would be most beneficial to have the final drafts, templates, or details of these tools as soon as possible both to allow public health units to provide comments where required but also to ensure that we can start aligning our internal resources and processes to meet the new reporting requirements.

We note as well that the requirements listed in pp 12 to 19 in respect of the four “Domains” are not complete, and that the Consultation Document indicates that more requirements for Boards of Health may be forthcoming. We ask that you consult with public health units in the development of any new requirements and that such consultation occur well in advance of their finalization so that public health units may be well positioned to meet new requirements.

**Annual Service Plan and Budget Submission – p. 10 and Q8 FAQ:**

Can you please advise if the proposed annual service plan and budget submission replaces the operational plan requirement (Section 6.1 of the OPHOS)?

The annual service plan and budget submission of public health units will require approval from the Ministry. Can you provide details on:

- How, when, and in what form the approval or any required amendments will be communicated back to public health units?

- Will public health units need to adjust their work, program or service if a particular area in their plan/submission does not receive approval? Depending on the issue in question, public health units may require a significant amount of lead time in order to make required adjustments. OPH would encourage robust consultation prior to any adjustment being required of a public health unit.

The Ministry has advised that new protocols and those that will be significantly revised will be released throughout the fall 2017. We are concerned that the March 2nd 2018 deadline for the annual service plan submission will not allow enough time to adequately produce the program delivery plans and to review related interventions for both new and amended areas of work, as required in the service plan. It would be beneficial to know the expected compliance date for each protocol.

**Quarterly Program Activity Reports – p. 10:**

With respect to the new in-year quarterly report, OPH is concerned that quarterly reporting may be unnecessarily onerous for public health units, depending on the specific requirements of these reports. In alignment with the principle of streamlined reporting (p6), OPH recommends that these reports be kept as simplified as possible so that the focus of our work can continue to be on programs and services. Twice a year reporting instead of quarterly would be more feasible for public health units.
Annual Report and Attestation – p. 10:

Further understanding of the requirements of attestation are necessary for Boards of Health in order to ensure adequate preparation for both monitoring of attestation requirements throughout the year and year end sign-off. For example, is it anticipated that the attestation will address the status of Boards of Health for a specific point in time or will it encompass the entire year? Will tools be provided to support public health units in managing and monitoring attestation in addition to the final template?

Routine Board of Health Audits – p. 11:

It is indicated on p. 11 that routine Board of Health audits will be one of the tools used to assess compliance with the accountability framework and organizational requirements. Audits by their nature require a significant amount of staff time and resources. Can you advise what type of audits you are envisaging, what their scope will be, and who will conduct them? How will the results of these audits be reported out and will the affected public health unit have an opportunity to comment on the auditor’s findings prior to finalization?

Fiduciary Requirement – Amounts to be repaid to Ministry – p. 13

Boards of Health are required to repay amounts requested by the Ministry. We expect that there will be an opportunity for public health units and the Ministry to come to an early and mutual understanding of what amounts require repayment, and furthermore, that in the event of disagreement a review and appeal mechanism will be in place to ensure administrative fairness and accountability.

Actions Plans Required to Address Compliance/Performance Issues – p. 19:

Public health units will be required to submit action plans, as requested, to the Ministry to address compliance and performance issues. Further details of what types of situations these plans are meant to address, and in particular, examples of issues that might trigger the requirement for such plans are needed. It would also be helpful to know what information will be sought in the plans, and whether discussions will occur between the Ministry and public health units to determine what the best action might be to address a particular situation.

Thank you for the opportunity to provide feedback on these important issues and processes. Should you require anything further, please do not hesitate to contact me.

Yours sincerely,

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Medical Officer of Health