Dear Liz,

Peel Public Health has reviewed the Ministry of Health and Long-Term Care’s Consultation Document regarding the Accountability Framework and Draft Organizational Requirements released in May 2017. We welcome the opportunity to provide feedback and look forward to providing ongoing input as this process advances.

As outlined in the consultation document, accountability is essential to clearly articulate the value of investments in public health interventions. Peel Public Health supports the guiding principles underpinning the accountability framework and the emphasis on continuous quality improvement. As work continues to finalize the accountability framework and develop the reporting templates, indicators and related processes, our input is summarized below for your consideration.

1. Accountability reporting cycle and reporting requirements

Proposed accountability cycle and reporting requirements contained in the framework represent a significant shift from current public health accountability reporting requirements. To ensure compliance, Peel Public Health anticipates that a commitment to dedicated resources will be required.

In particular, specific resource requirements will depend on the level of detail required in the various reporting documents, being:

- Annual Service Plan and Budget Submission,
- Program Activity Reports/Performance Reports,
- Annual Year-End Report and Attestation, and
- Annual Public Report.

As an example, it is unclear what level of detail will be required in the section of the Annual Service Plan related to “additional details on the program interventions and the information used to inform them.”

To that end, Peel Public Health suggests that further clarity on the purpose and/or scope of specific requirements would be valuable, including:

- Requirements related to measurement and reporting, local strategies and interventions and communication related to health inequities.
- Requirement to “provide costing information by program” and references to unit costs of service delivery in order to demonstrate the value for money of public health programs and services. There are
potential challenges with meeting this requirement without further clarity on how programs are defined and what factors will be taken into consideration related to unit costs of service delivery.

- Requirements related to public health collaboration and relationship with the LHINs.
- Revised description of the role of the Chief Nursing Officer. It is not clear whether the intent of the revision is to require specific links between Public Health Nursing practice and public health outcomes.

The consultation document also notes that the type of approach used for reporting will vary depending on the level of detail deemed necessary and the measurability of each requirement and that reporting will be streamlined as much as possible through annual service plans and year-end reports. We would propose three key considerations that should govern the reporting process:

- The purpose of collecting specific information,
- How the information will be used, and
- How it contributes to public health accountability.

Finally, Peel Public Health hopes to better understand what steps the Ministry will take once the reporting information is collected. In particular, it would be helpful to know:

- What will be included in the proposed dashboard,
- What feedback will be provided to public health units and how it will be provided, and
- What is being considered as part of potential “corrective action”.

2. Capacity and resources

Appropriate tools and supports will be needed to develop and sustain necessary public health capacity to implement the revised accountability framework and reporting requirements. In particular, one specific area of capacity development required to support effective accountability includes knowledge and skills related to evaluation and performance measurement.

3. Indicators and metrics

Peel Public Health understands that the development of indicators and metrics is currently underway. The consultation document notes that this will include a “suite of program and population level indicators” which will be reported as part of In-Year Program Activity Reports and the Year-End Report.

Based on Peel Public Health’s experience with current performance indicators, we wish to emphasize that any identified indicators must be evidence-based and an appropriate measure of the relevant public health objective.

We also believe it may be beneficial for public health units to identify indicators that most appropriately reflect how public health objectives are achieved in their specific local context.

4. Implementation and transition period

Given the breadth of proposed changes, it is recommended that a specific implementation plan be developed that takes into account public health unit capacity, appropriate transition time, and supports.
Consideration should also be given to gradual and incremental implementation of the various reporting requirements and changes.

5. On-going consultation and input

Peel Public Health looks forward to ongoing opportunities to more directly participate in the development of the templates, processes and tools to support the accountability framework for public health and to contribute to the work of the Accountability Implementation Task Force.

Peel Public Health also appreciates the Ministry’s proposed approach of “evolution and adaptation”, as it is expected that over time, as the public health sector transitions to the revised accountability requirements, adjustments will be needed to ensure the information collected and reported continues to contribute to public health accountability.

In closing, we thank you again for the opportunity to comment and we look forward to our involvement in this ongoing process as it moves forward.

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