HE-A2-1

Region of Peel
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REPORT
Meeting Date: September 27, 2012
Regional Council

DATE: August 8, 2012

REPORT TITLE: **PUBLIC HEALTH ACCOUNTABILITY AGREEMENT: NEW PERFORMANCE INDICATORS**

FROM: Janette Smith, Commissioner of Health Services
David L. Mowat, MBChB, MPH, FRCPC, Medical Officer of Health

RECOMMENDATION

That the performance indicators and their targets outlined in Public Health Accountability Amending Amendment Number 4, be approved;

And further, that a commentary be forwarded to the Ministry of Health and Long-Term Care (MOHLTC), addressing funding issues that will continue to impact Peel Public Health's ability to meet Ontario Public Health Standards and achieve specific performance targets.

REPORT HIGHLIGHTS

- The Public Health Accountability Agreements were introduced by the MOHLTC as part of the provincial Public Health Performance Management Strategy.
- The Peel Board of Health entered into an Accountability Agreement with the MOHLTC effective January 1, 2011.
- The MOHLTC recently introduced 14 performance indicators and corresponding targets representing program standards within the Ontario Public Health Standards.
- Achievement of these performance targets is a requirement of the Accountability Agreement.
- Peel Public Health will endeavour to achieve the proposed targets for 2012 and 2013 within current funding constraints.
- A request to Council to approve the current performance targets along with continued advocacy for equitable funding from the MOHLTC is recommended.

DISCUSSION

1. Background

In 2006, the Ministry of Health and Long-Term Care introduced a Performance Management Framework to promote continuous quality improvement in Ontario's public health system. To date, provincial performance management activities have included the following:

- Introduction of the Ontario Public Health Standards (OPHS) (2009)
- Release of the Ontario Public Health Organizational Standards (March, 2011)
- Signed Accountability Agreement between the Ministry and the Peel Regional Council (January, 2011)
- Introduction of Performance Indicators (March, 2011)
- Release of performance Indicators to be included in the Public Health Accountability Agreements (December, 2011)
- Negotiation of performance indicator targets for the Accountability Agreement Performance Indicators (June, 2012)

a) Accountability Agreements between Boards of Health and the MOHLTC

The Accountability Agreements represent a key provincial strategy within the Performance Management Framework. These agreements outline obligations for both the MOHLTC and Boards of Health for a 3-year period (January 1, 2011 – December 31, 2013). The Accountability Agreements list approved allocations for the program-based grants, specify performance expectations for boards of health and serve as a performance monitoring tool to support and inform continuous quality improvement strategies. The Peel Board of Health entered into an Accountability Agreement effective January 1, 2011. Amending Agreement Number 4, released in July, 2012, includes schedules outlining the terms and conditions governing funding.

b) Performance Indicators and Targets

The MOHLTC introduced 14 performance indicators, derived from the Ontario Public Health Standards to improve board of health performance and to support the achievement of improved health outcomes in Ontario. The Ministry then proposed baseline values for 2011 for each board of health. In December 2011, performance negotiation packages were sent to all board of health and performance targets for 2012 and 2013. Boards were invited to respond to the proposed targets and recommend alternate ones. Through consultation with the senior management team, Peel Public Health proposed several alternate targets that were more realistic given current under-funding and population shifts. While some targets were adjusted, others reflect the original requirements set out by the Ministry. (Refer to Appendix I for the performance indicators and the corresponding targets.)

2. Findings

a) Analysis of Performance Indicators and Associated Targets

Most of the performance indicators are process indicators related to service delivery and are therefore impacted by funding. Underfunding has implications for a broad range of public health programs mandated within the Standards including those program areas within the Accountability Agreement. For example, the ability to achieve the targets for indicator number one (inspection of high risk food premises) will be impacted by growth in the number of food premises and the resulting demands placed on inspection services. Similarly, the capacity to meet performance targets associated with indicators 10 and 11 will be impacted by limited Smoke-Free Ontario funding which remains at 2005 levels. (Refer to Council Report HE-B2-1, June 28, 2012 for a full analysis of OPHS funding gaps). Peel Public Health will endeavour to achieve the proposed targets for 2012 and 2013 within current funding constraints. While individual targets have been developed for each health unit, the size and unique characteristics of health unit populations may not have been adequately considered.

Indicators 10, 12 and 13 measure population health outcomes influenced by public health but largely outside of public health control. It is likely not realistic to anticipate that health units will be able to influence these targets in the short term.

Some indicators are based upon data from the Canadian Community Health Survey. As a sample survey, it generates data which are approximations only; therefore, there are confidence limits around the estimate. It is therefore impossible to be sure that small changes are due to real change or random variation. The survey is conducted every two years, so twice yearly reporting is not possible.

The 14 indicators selected by the province do not necessarily correspond to local priorities. In addition to the provincial standards, Peel Public Health will continue to be guided by the priorities identified within Public Health's 10-year strategic plan and the Term of Council Priorities.

It should be noted that Public Health already had a number of performance indictors in place that are used to monitor and improve performance.

b) Reporting Requirements and Achievement of Performance Indicators

The Board of Health Performance obligations are outlined in Schedule D-1 of Amending Agreement Number 4. In addition to financial and project reports, Peel Public Health is required to submit reports on the achievement of performance indicators twice per year.

The MOHLTC has created the Directory of Networks Public Health Performance Management Data Sharing Network website to facilitate the submission and monitoring of indicator performance targets. The initial reporting period for some indicators began in August.

In the event that 2012 targets have not been met, the Ministry will provide health units with the opportunity to reassess and/or revise the 2013 targets based on the 2012 achievement without penalty.

c) Approval by Board of Health

The Ministry requires that the Board of Health, Regional Council, approve the Accountability Agreement, as a condition for continued funding. Approval is recommended, but a commentary should be appended pointing out the difficulties of meeting these targets with low per capita funding and calling for technical improvements in the indicators.

FINANCIAL IMPLICATIONS

The MOHLTC will provide Peel Public Health up to $45,507,034 in annual base funding for the 2012 funding year to support mandatory and related public health programs (two per cent growth), and up to $531,742 in one-time funding to support projects related to the delivery of these services. Receipt of these funds is conditional upon the terms and conditions set out in the Accountability Agreement and include the previously outlined reporting requirements and performance obligations for the next three years.

Peel Public Health is the lowest per capita provincially funded Board of Health in Ontario. This funding shortfall combined with unprecedented population growth will continue to erode the

public health infrastructure and impact our ability to achieve the performance targets in the future.

CONCLUSION

The Ministry and Peel Regional Council entered into an Accountability Agreement effective January 1, 2011. The recent amendment contains the terms and conditions that govern the funding including reporting requirements and performance obligations. Peel Public Health recommends approval of the performance indicators and targets along with continued advocacy of the MOHLTC for the requisite funding that will support the achievement of these targets and improve the health outcomes of Peel residents.

Janette Smith
Commissioner of Health Services

David L. Mowat, MBChB, MPH, FRCPC
Medical Officer of Health

Approved for Submission:

D. Szwarc, Chief Administrative Officer

For further information regarding this report, please contact David L. Mowat at extension 2566 or via email at david.mowat@peelregion.ca

Authored By: Melanie Gillespie

c. Legislative Services
Manager, Financial Support Unit (FSU)

APPENDIX I
August 8, 2012
PUBLIC HEALTH ACCOUNTABILITY AGREEMENT: NEW PERFORMANCE INDICATORS

APPENDIX I

INDICATOR	Performance Target		
	2011	**2012**	**2013**
1. % of high risk food premises inspected once every 4 months while in operation	95%	100%	100%
2. % of pools and public spas by class inspected while in operation	91%	100%	100%
3. % of high-risk Small Drinking Water Systems (SDWS) inspections completed for those that are due for re-inspection	N/A	100%	100%
4. Time between health unit notification of a case of gonorrhoea and initiation of follow-up *This indicator measures the percentage of confirmed gonorrhoea cases where initiation of follow-up occurred within 0-2 business days*	49%	≥ 70%	100%
5. Time between health unit notification of an Invasive Group A Streptococcal Disease (iGAS) case and initiation of follow-up *This indicator measures the percentage of confirmed iGAS cases where initiation of follow-up occurred on the same day as receipt of lab confirmation of a positive case.*	93%	100%	100%
6. % of known high risk personal services settings inspected annually	DEFERRED	DEFERRED	
7a. % of vaccine wasted by vaccine type that is stored/administered by the public health unit (HPV)	0.2%	Maintain or improve current wastage rate	Maintain or improve current wastage rate
7b. % of vaccine wasted by vaccine type that is stored/administered by the public health unit (influenza)	0.6%	Maintain or improve current wastage rate	Maintain or improve current wastage rate
8. % completion of reports related to vaccine wastage by vaccine type that are stored/administered by other health care providers	DEFERRED	DEFERRED	

PUBLIC HEALTH ACCOUNTABILITY AGREEMENT: NEW PERFORMANCE INDICATORS

INDICATOR	Performance Target		
	2011	**2012**	**2013**
9a. % of school-aged children who have completed immunizations for Hepatitis B	56.9%	Maintain or improve current wastage rate	65.0%
9b. % school-aged children who have completed immunizations for HPV *This indicator measures the percentage of school-aged girls who have completed immunizations for HPV*	56.2%	Maintain or improve current wastage rate	≥ 60%
9c. % of school-aged children who have completed immunizations for meningococcus	58.5%	Maintain or improve current wastage rate	65.0%
10. % of youth (ages 12-18) who have never smoked a whole cigarette	89.6%	N/A	90.5%
11. % of tobacco vendors in compliance with youth access legislation at the time of last inspection	98%	≥ 90%	≥ 90%
12. Fall-related emergency visits in older adults aged 65+ (rate per 100,000 per year)	3,817	N/A	Maintain or improve current rate
13. % of population (19+) that exceeds the Low-Risk Drinking Guidelines	24.4%	N/A	23.9%
14. Baby Friendly Initiative (BFI) Status (category)	Designated	Designated	Designated

Notes:

1. Board of Health Baselines will be established for each performance indicator during funding year 2011, where possible. Reporting on performance targets will begin in funding year 2012.

2. Reporting on Organizational Standards and other items will begin in funding year 2012.