



INFORMATION REPORT

TO:	Mayor and Members Board of Health
COMMITTEE DATE:	April 18, 2016
SUBJECT/REPORT NO:	Board of Health Self-Evaluation (BOH16011) (City Wide)
WARD(S) AFFECTED:	City Wide
PREPARED BY:	Jennifer Hohol (905) 546-2424, Ext. 6004
SUBMITTED BY & SIGNATURE:	Elizabeth Richardson, MD, MHSc, FRCPC Medical Officer of Health Public Health Services Department

Council Direction:

The Board of Health at its meeting on April 22, 2014 approved the following:

- (a) That the newly elected Board of Health be advised to initiate a review of governance models within the first year of term to decide on the appropriate Board of Health governance structure to implement;
- (b) That staff be directed to improve the Board of Health orientation program with the long-term goal to develop an education strategy for the board.

Information:

Background

The Ontario Public Health Organizational Standards (OPHOS) directed Boards of Health (BOH) to implement a self-evaluation process of governance practices at least once every other year. The self-evaluation process is intended to review BOH practices, outcomes, and relationships with Public Health Services (PHS) management and is not intended to assess the operations of PHS at the program level. A self-evaluation process is best practice in good governance, and a valuable continuous quality improvement tool to ensure¹:

- Decision-making is based on access to appropriate information with sufficient time for deliberations;
- Compliance with all federal and provincial regulatory requirements is achieved;

- Any material notice of wrong doing or irregularities is responded to in a timely manner;
- Reporting systems provide the BOH with information that is timely and complete;
- Members remain abreast of major developments in governance and public health best practices, including emerging practices among peers; and
- The BOH as a governing body is achieving its strategic outcomes.

In 2014, the Hamilton's BOH completed its first self-evaluation. As per BOH11003(b), the self-evaluation was conducted in two phases. In the first phase, BOH members used a self-reflection tool to review their own experience as a board member. The self-reflection was done individually and responses were not submitted.

The second phase of the self-evaluation was a paper-based survey distributed to BOH members via mail two weeks after receiving the self-reflection tool. The self-evaluation survey was divided into five sections allowing BOH members to reflect on and evaluate:

- BOH roles and responsibilities;
- Information sharing and decision making;
- Internal and external relations of the BOH;
- Planning; and
- BOH strengths, challenges and opportunities for improvement.

BOH members were asked to anonymously complete and submit the self-evaluation survey.

Outcomes and Action

Results from the 2014 Hamilton's BOH self-evaluation survey (BOH14011) identified four key areas for improvement:

- Education and training;
- BOH structure;
- Community accountability; and
- Community health issues.

Education and Training

Report BOH14011 directed staff to improve the BOH orientation program with the long-term goal to develop an education strategy for the board. A new orientation format was used for the incoming BOH in 2015. BOH orientation material was delivered in a series of five presentations that reviewed BOH roles and responsibilities, as well as emerging public health issues. In addition to the BOH orientation presentations, the Medical Officer of Health met with all new BOH members one-on-one to review membership roles and responsibilities.

As part of an ongoing BOH education strategy, educational presentations will be delivered to the BOH each quarter for the remainder of the term of Council. Presentation topics will be selected from BOH reports, BOH self-evaluation outcomes and emerging public health issues.

BOH Structure

Opposing views on the BOH structure were clear in the self-evaluation survey results. Some members believed a strength of the BOH was the city-wide perspective gained from an all Councillor board. Other members suggested the need for external membership to increase the public health knowledge of the board. To address conflicting opinions on BOH structure, BOH14011 recommended that the newly elected BOH be advised to initiate a review of governance models within the first year of term to decide on the appropriate BOH governance structure to implement.

The current BOH members are up to date on the Patients First Discussion Paper (BOH16005) and review of the Ontario Public Health Standards and OPHOS, and are in a position to make informed decisions as a result of any proposed change. Therefore a review of the governance models is not advised at this time.

Community Accountability

An opportunity for improvement of the BOH was to better understand and establish their role within the greater healthcare sector with groups such as the Local Health Integration Networks (LHIN), Community Care Access Centres and hospital systems. As a result, Health System Integration was added as a priority to the 2015 PHS Department Operational Work Plan (DOWP) to focus on building strategic partnerships between PHS and community organizations.

PHS has continued to bring system level change to the attention of the BOH in a timely manner including changes to the public health funding model (BOH15035) and the Patients First Discussion Paper (BOH16005).

Community Health Issues

Community health issues of concern to BOH members included poverty, bedbugs, influenza, air quality, cancer, food strategy and an aging population. These community health issues were incorporated into the 2014 PHS Department Business Plan and have continued to drive the development of both the 2015 and 2016 PHS DOWP.

Next Steps

As per OPHOS direction, the BOH is due to perform a self-evaluation in 2016. The self-evaluation process is planned to remain the same as the process used in 2014, as it was successful in raising considerations for the BOH and will allow for comparison across the years.

In the first phase, BOH members use the self-reflection tool (Appendix A) to review their personal experience as a BOH member. The self-reflection is done individually and responses will not be submitted.

The second phase includes the paper-based survey (Appendix B) distributed to BOH members via mail on April 25, 2016. BOH members are asked to anonymously complete and submit this survey to the Councillors' Receptionist by May 2, 2016. Responses from the self-evaluation survey will be summarized and reported back to the BOH on June 13, 2016.

Appendices Attached:

Appendix A to Report BOH16011 – Individual Board of Health Self-Reflection Tool

Appendix B to Report BOH16011 – Board of Health Self-Evaluation Survey

References:

1. Ministry of Health and Long-Term Care and Ministry of Health Promotion and Sport (2011). Ontario Public Health Organizational Standards. Available from: http://www.health.gov.on.ca/en/pro/programs/publichealth/orgstandards/docs/org_stds.pdf