



CITY OF HAMILTON
PUBLIC HEALTH SERVICES
Planning and Business Improvement Division

TO:	Mayor and Members Board of Health
COMMITTEE DATE:	July 7, 2016
SUBJECT/REPORT NO:	Board of Health Self-Evaluation Survey Results (BOH16033) (City Wide)
WARD(S) AFFECTED:	City Wide
PREPARED BY:	Jennifer Hohol 905-546-2424 x6004
SUBMITTED BY:	Elizabeth Richardson, MD, MHSc, FRCPC Medical Officer of Health Public Health Services Department
SIGNATURE:	

RECOMMENDATION

That Councillor _____ be appointed for the remainder of the term of Council, to act as the Public Health Governance Lead. The Lead will represent the Board of Health at governance tables, advocate for effective public health governance and healthy public policy and act as a liaison for the Board of Health on governance matters.

EXECUTIVE SUMMARY

On April 18, 2016, staff presented Report BOH16011 which provided an overview of the Board of Health (BOH) self-evaluation process established in compliance with the Ontario Public Health Organizational Standards (OPHOS).

The self-evaluation exercise involved a paper-based survey that BOH members completed anonymously. In the survey, BOH members were asked 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.

Overall, there were many positive results crediting the strong working relationships between the BOH and Public Health Services (PHS) staff, and the BOH felt adequately prepared to oversee an emergency situation, as well as having processes to handle urgent matters between meetings.

The survey results showed opportunities for improvement including:

- Greater understanding of BOH member roles and responsibilities,
- Improved access to continuing education for BOH members, and
- Increased familiarity with the PHS Department Operational Work Plan (DOWP).

In order to address these opportunities, it is being recommended that a number of quality improvements initiatives be implemented, including:

- The nomination of a public health governance lead from the BOH,
- Improved use of the BOH agenda,
- Regular DOWP updates to the BOH, and
- Continued one-on-one engagement with BOH members.

Alternatives for Consideration – Not Applicable

FINANCIAL – STAFFING – LEGAL IMPLICATIONS

Financial: This work would be completed within the current budget allocation.

Staffing: This work would be completed with existing staff resources.

Legal: The recommendations support improved compliance with the OPHOS. The BOH and PHS are held accountable to the Ministry of Health and Long-Term Care to comply with the OPHOS through the Public Health Funding and Accountability Agreement.

HISTORICAL BACKGROUND (Chronology of events)

The OPHOS directs the BOH to implement a self-evaluation of governance practices at least once every other year. The self-evaluation process is intended to review BOH practices, outcomes, and relationships with PHS management and is not intended to assess the operations of PHS at the program level.

In 2014, Hamilton's BOH completed its first self-evaluation. As outlined in 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. BOH members were asked to anonymously complete and submit the self-evaluation survey. 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.

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

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

As a result of the survey responses, action was taken to improve upon these four key areas. To address the need for further education and training, a new BOH orientation framework was implemented 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. Throughout the term of Council, education will be ongoing based on both requirements of the OPHS and requests made by the BOH.

A review of governance models was originally proposed to address conflict in BOH structure. However, due to the changing health system landscape, Report BOH16011 outlined that a review of governance models was no longer advised at this time. In regards to community accountability, 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 of concern to BOH members were incorporated into the 2014 PHS Department Business Plan and have continued to drive the development of both the 2015 and 2016 PHS DOWP.

In Report BOH16011, it was proposed that the self-evaluation process for 2016 remain the same as the process used in 2014, as it was successful in raising considerations for the BOH.

POLICY IMPLICATIONS AND LEGISLATED REQUIREMENTS

The BOH and PHS are held accountable to the Ministry of Health and Long-Term Care to comply with the OPHOS through the Public Health Funding and Accountability Agreement.

RELEVANT CONSULTATION

A meeting was held with Mayor Eisenberger as Chair of the Board of Health and Councillor Pearson as Chair of the Governance Review Sub-committee to review the results of the self-evaluation survey and provide perspective on the proposed recommendations for continuous improvement.

ANALYSIS AND RATIONALE FOR RECOMMENDATION

(Include Performance Measurement/Benchmarking Data if applicable)

Key Highlights

BOH members had the opportunity to complete an anonymous self-evaluation using a paper-based survey tool. Responses were collected over the course of one week with a response rate of 69% (n=16). Due to one respondent's disclosure that they were unable to answer the survey questions with any authority, this response was excluded from analysis.

Overall, there were many positive results crediting the strong working relationships between the BOH and PHS staff.

In addition, BOH members agreed:

- The appropriate committee structure exists to exercise its responsibilities,
- They are adequately prepared to oversee an emergency situation,
- They have an adequate process for handling urgent matters between meetings,
- Any material notice of wrongdoing or irregularities is responded to in a timely manner, and
- A climate of mutual trust and respect exists between the BOH and MOH.

Opportunities for Improvement

From the survey results, three key areas for improvement were identified and are described below.

Understanding BOH Member Roles & Responsibilities

Survey responses identified that uncertainty remains in BOH members' understanding of their roles and responsibilities. Several responses also highlighted the tension that exists between obligations as a City Councillor and BOH member. It is important to note that the BOH has six new members and survey results may reflect a steep learning curve.

Access to Continuing Education

Many neutral responses were received when asked about adequate access to continuing education opportunities for BOH members. This was especially evident in response to opportunities to participate in conferences and seminars by other organizations.

Unfamiliar with PHS Department Operational Work Plan

Through responses related to planning, BOH members showed uncertainty around the strategic direction of PHS and the DOWP.

Proposed Solutions

Nominate a Public Health Governance Lead

Based on the outcome of the survey results, it is recommended that the BOH nominate a member of the board to act as a public health governance lead. Having a public health governance lead would allow for Hamilton BOH representation at provincial BOH associations and other governance tables that explore effective public health governance and advocate for healthy public policy. The public health governance lead could share the knowledge they gain from a governance perspective with fellow board members to support a greater understanding of BOH roles and responsibilities, as well as emerging public health issues.

Improve Use of BOH Agenda

To engage the BOH during committee meetings, PHS staff will continue to incorporate workshop style learning around key public health issues. Clear identification in BOH reports of the local public health or broader health system impact that an issue has for our community will also help to clarify the role the BOH is expected to play. Re-establishing the Medical Officer of Health verbal update as a standing item on the BOH agenda will provide a forum to increase awareness of current public health events.

BOH Department Operational Work Plan Updates

The PHS DOWP is presented annually to Council during the city-wide budget process. To improve BOH member familiarity with the PHS DOWP, presentation of annual PHS priorities will be made to the BOH independent of budget discussions and a mid-year progress update will be given.

Engage with Board of Health Members One-on-One

PHS staff will continue to engage with BOH members one-on-one to connect constituent needs and concerns to priorities within the PHS DOWP, and discuss opportunities for advancing healthy public policy. Engagement with BOH members will

also allow for education opportunities outside of BOH meetings at the convenience of BOH members' schedules, and in keeping with individual councillor's needs.

ALTERNATIVES FOR CONSIDERATION

Not applicable.

ALIGNMENT TO THE 2012 – 2015 STRATEGIC PLAN

Strategic Priority #2

Valued & Sustainable Services

WE deliver high quality services that meet citizen needs and expectations, in a cost effective and responsible manner.

Strategic Objective

- 2.1 Implement processes to improve services, leverage technology and validate cost effectiveness and efficiencies across the Corporation.