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Standards Modernization
Practice and Evidence Program Standards
Advisory Committee
September 2016
Highlights #2



The Practice and Evidence Program Standards Advisory Committee for the Standards Modernization (the "PEPSAC") continues the review of the Ontario Public Health Standards (OPHS) with a goal to recommend a set of program standards that are informed by evidence and best practice. The PEPSAC Terms of Reference are included in Appendix I.

Following its May 9, 2016 meeting, the PEPSAC members formed seven program-specific sub-groups to support standard specific discussions. The seven sub-groups are: Foundational Standard; Chronic Disease and Injuries Program Standards; Family Health Program Standards; Infectious Diseases Program Standards; Vaccine Preventable Diseases Program Standard; Environmental Health Program Standard; and the Emergency Preparedness Program Standard.

In July and August, the PEPSAC reconvened for its fourth and fifth meetings. On July 25, 2016, the PEPSAC was provided with an update on the ongoing discussions with Indigenous organizations to identify opportunities to address the needs of Indigenous Communities in the OPHS. The PEPSAC met again on August 15, 2016 and discussed the role of public health in mental health promotion and opportunities to include mental health promotion as part of the OPHS. The PEPSAC also reviewed and discussed opportunities to strengthen population based activities in the Environmental Health Program Standards aimed at emerging public health priorities including climate change and the built environment. The PEPSAC agreed that further work and discussions are required on these work streams, which will continue in future meetings.

The July and August meetings also provided an opportunity for the sub-groups to report-back to the broader membership of the Committee. Sub-groups continued to meet throughout the summer. The PEPSAC will meet again in September to discuss the recommended set of standards once the work of the sub-groups has been completed.

Future meetings will focus on revisiting preliminary discussions on cross-cutting themes, including opportunities for equity; transparency; flexibility; as well as development of the consultation strategy.

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Standards Modernization Practice and Evidence Program Standards Advisory Committee TERMS OF REFERENCE

BACKGROUND

As part of the public health renewal agenda, the ministry released the Ontario Public Health Standards (OPHS) in 2008 and the Ontario Public Health Organizational Standards (the "Organizational Standards") in 2011. The OPHS and 27 incorporated protocols are guidelines issued by the Minister under the *Health Protection and Promotion Act* (HPPA); which establish the minimum requirements for fundamental public health programs and services to be delivered by Ontario's 36 boards of health. The Organizational Standards establish the minimum management and governance requirements for all boards of health and public health units and are operationalized via the Public Health Funding and Accountability Agreement.

CONTEXT

Health care system transformation is underway in Ontario, with a focus on access, quality and value for money. The foundation for an accountable, transparent, integrated, and evidence-informed system that provides the right care at the right time in the right place and promotes healthy living has been established through Action Plan for Health Care, 2012. The person-centred framework established in the Patients First: Action Plan for Health Care, 2015 aims to: provide faster access to the right care; deliver better coordinated and integrated care in the community, closer to home, provide the education, information and transparency people need to make the right decisions about their health, and protect the universal public health care system by making decisions based on value and quality.

As part of the broader health system transformation efforts underway in Ontario, the Ministry of Health and Long-Term Care (MOHLTC) is conducting a review of the OPHS and Organizational Standards (Standards Modernization). Demonstrating an accountable, efficient and transparent system are key objectives of Ontario's health care transformation agenda and public health can play a key role in achieving these aims through the Standards Modernization process. The Standards Modernization process will provide an opportunity to clearly define public health's role and contributions within the broader health system transformation process.

MANDATE

The Practice and Evidence Program Standards Advisory Committee (PEPSAC) is being convened to support the review of the OPHS and recommend a set of program standards that are informed by evidence and leading practice in the areas of health protection, health promotion, population health assessment and surveillance, and emergency preparedness. The outcome of PEPSAC's work will inform the modernized OPHS which will reflect the scope of programs and services that government will expect boards of health to provide.

The OPHS Modernization placemat can be found in Appendix A.

RESPONSIBILITIES

The PEPSAC is charged with the task of providing advice to the Executive Steering Committee (ESC) for the Standards Modernization and guidance to Expert Teams to support the development of new program standards. Specifically, the PEPSAC will:

- Provide recommendations on new program standards requirements in response to government priorities, based on a review of evidence;
- Provide recommendations on eliminating any current program standards requirements, based on review of evidence:
- Provide input into a decision-making framework that can be used to define the scope and mandate of public health in Ontario;
- Provide input on the scope of the program standards for public health as identified by the ministry;
- Identify and discuss relevant evidence to support the standardization or flexibility within the program standards that is responsive to the need for transparency and accountability for programs and service delivery;

The PEPSAC will carry out these responsibilities by:

- Receiving direction from ESC and responding to requests from ESC for input and advice:
- Reviewing available evidence¹ and best practice to inform recommendations to ESC for revised or new program standards;
- Where evidence is not available, seeking expert advice, identifying leading practice within and outside of Ontario and determining a rationale and methodology for standardization or discontinuation of program standards requirements;
- Accessing available resources (i.e., expert advisors, Public Health Ontario and field surveys) to inform drafting of the program standards; and providing guidance to, and working with, the Expert Team(s) that, wherever applicable, will be responsible for drafting the program standards.
- Making recommendations for the development of a consultation strategy and, where appropriate, participating in the processes for consulting and validating the program standards with the public health community;
- Providing guidance and advice on a roll-out strategy for the program standards to support their implementation and uptake, including the development of accompanying tools; and
- Providing advice on a process and structure for ongoing review and refinement of the program standards.

If necessary, the PEPSAC will commission specific work or research to support its activities.

¹ As defined by the National Collaborating Centre for Methods and Tools (NCCMT) evidence refers to information sourced from research; data related to the frequency, causes, and modifying factors of local community health issues; from people about community and political preferences and actions; and from various governments and programs about public health resources.

DELIVERABLES

The PEPSAC will conclude its mandate following submission of a recommended set of renewed program standards to the Executive Steering Committee (ESC) for review.

The PEPSAC will communicate key messages and process updates on a regular basis. Key messages will form part of a broader MOHLTC communication strategy.

MEMBERSHIP

The PEPSAC will be chaired by Dr. David Williams, Chief Medical Officer of Health. Membership on the Committee will reflect a balance of experts in public health, including those from public health units, Public Health Ontario, and government representatives (from MOHLTC and Ministry of Children and Youth Services).

Committee decisions based on vote will be derived from external member votes and not include government representatives. Wherever applicable, electronic approval of specific items will be used.

Members will sign confidentiality agreements due to the sensitive nature of some of the items discussed and brought for the Committee's review and consideration.

In order to sustain the momentum of Committee work, there will be no delegates permitted to attend meetings.

See Appendix B for a list of members.

ACCOUNTABILITY

Through the chair, the PEPSAC will be accountable to the ESC, which in turn is accountable to the MOHLTC.

RELATED WORKING GROUPS

The PEPSAC will function as one of several sub-committees within the program standards review process. By reporting to the ESC, appropriate linkages between the sub-committees will be ensured. In addition to the PEPSAC, the following sub-committees will provide support to the ESC:

- Accountability Committee
- Intra-ministerial Committee
- Capacity and Infrastructure Committee

There will also be ongoing communication between the ESC, the Inter-ministerial Liaison, and processes for the engagement of Indigenous Communities.

TIME FRAME

The PEPSAC will be convened for a specific period of time, which is expected to be from January, 2016 – December, 2016.

Meetings may occur as frequently as every 3-4 weeks. Meetings will occur in-person in Toronto, with potential for teleconference meetings when appropriate. The MOHLTC will cover eligible travel expenses to Toronto when accompanied by receipts.

LEAD SECRETATIAT

Population and Public Health Division, MOHLTC

APPENDIX A: STANDARDS MODERNIZATION (OPHS)

Goals of Review	 To develop programmatic standards that are responsive to emerging evidence and priority issues in public health and are aligned with the government's strategic vision and priorities for public health within a transformed health system. To develop recommendations that address capacity and infrastructure needs for implementation of modernized standards. 			
Drivers for Change	System Integration Accountability Transparency	Organizational Capacity Efficiency/Value for Money	Expert Advice Evidence based	Service gaps (First Nations, Mental Health etc.)
Objectives	Identify what public health should deliver	Identify how public health should deliver services	Identify capacity to deliver public health services	Identify the systems and structures required to deliver effective and efficient public health services
Activities	 Identify evidence to support requirements for public health programs and services based on core public health functions. Reduce variation in service delivery through increased standardization, taking into consideration the parallel need to foster flexibility to respond to local needs and priorities. Identify service gaps and areas of duplication to improve coordination of services across the continuum of care and other sectors. Enhance the role of public health in addressing determinants of health and decreasing health inequities. Identify opportunities for public health to increase its role in addressing the needs of priority populations. 	 Through: Strengthening and enhancing accountability and transparency. Improving efficiency of public health program & services. Establishing collaborative partnerships to support system efficiency across the continuum of care. Establishing a performance measurement and management framework to capture public health sector contribution to population health outcomes (value for money). 	 Identify public health capacity needs to ensure the effective and efficient delivery of public health services. Identify roles and responsibilities for public health disciplines that improve efficiency and effectiveness of public health service delivery. Identify processes to ensure a sector with qualified professionals to provide required services. 	 Identify required IM & IT and infrastructure to support effective and efficient delivery of public health programs and services. Identify opportunities for integration of public health IM & IT systems with EMRs and the broader system, where appropriate. Identify how current systems support transparency across the public health sector. Identify current and required systems to support performance measurement across the public health sector.
Inputs	Jurisdictional Scans Literature Re	rechnical Reviews (PHO and others)	Expert Advice Stakeh	older Consultation and Engagement
Outputs	 A recommended set of evidence based program standards reflective of current accepted practice in the areas of health protection and health promotion that support key government priorities, address service gaps, and the needs of priority populations. A recommended approach to performance measurement at all system levels to ensure accountability, support transparency, and demonstrate value for money. 		 Recommendations to address capacity requirements for the effective and efficient delivery of public health services. Recommendations for systems and structures which support the effective and efficient delivery of public health services. 	
Timelines	PHASE 1: Development of modernized program standards for public health (Fall 2015 to December 2016)			
	PHASE 2: Recommendations for system implementation in terms of capacity and infrastructure to support modernized standards (January 2016 to June 2017)			
Result	Recommendations for modernized standards and practice guidance, in alignment with the vision and principles of Health System Transformation, that facilitate optimal delivery of public health functions and support co-ordinated delivery of public health programs and services across the full continuum of health.			

APPENDIX B:

Membership of the Practice and Evidence Program Standards Advisory Committee

Chair

Dr. David Williams Chief Medical Officer of Health of Ontario, MOHLTC

Members from Health Units and Other Organizations

Mr. John Barbaro Epidemiologist, Simcoe Muskoka District Health Unit (APHEO nominee)

Ms. Maureen Cava Manager Professional Development & Education, Toronto Public Health (OAPHNL

nominee)

Dr. Ray Copes Chief, Environmental and Occupational Health, Public Health Ontario

Ms. Kelly Farrugia Chief Nursing Officer, Chatham-Kent Public Health Unit (OAPHNL nominee)

Mr. Atul Jain Manager, Inspection Services, Peterborough Public Health (ASPHIO nominee)

Dr. Isra Levy Medical Officer of Health, Ottawa Public Health (COMOH nominee)

Dr. Heather Manson Chief, Health Promotion, Chronic Disease and Injury Prevention, Public Health Ontario

Dr. Liana Nolan Medical Officer of Health, Region of Waterloo Public Health (COMOH nominee)

Dr. George Pasut Vice-President, Science and Public Health, Public Health Ontario

Dr. Brian Schwartz Chief, Communicable Diseases, Emergency Preparedness and Response, Public Health

Ontario

Mr. Eric Serwotka Director, Health Protection, Hastings Prince Edward Public Health (ASPHIO nominee)

Dr. Paula Stewart Medical Officer of Health, Leeds, Grenville & Lanark District Health Unit (COMOH

nominee)

Dr. Penny Sutcliffe Medical Officer of Health, Sudbury & District Health Unit (Health Equity and Population

Health Policy representative)

Ms. Emma Tucker Manager and Senior Epidemiologist, Halton Region Public Health (APHEO nominee)

Practice and Evidence Program Standards Advisory Committee Support (MOHLTC, MCYS)

Ms. Nina Arron Director, Public Health Policy and Programs Branch, Population and Public Health

Division, MOHLTC

Ms. Laura Pisko Director, Health Promotion Implementation Branch, Population and Public Health

Division, MOHLTC

Ms. Paulina Salamo A/Director, Public Health Standards, Practice and Accountability Branch, Population and

Public Health Division, MOHLTC

Mr. Clint Shingler Director, Emergency Management Branch, Population and Public Health Division,

MOHLTC

Ms. Elizabeth Walker Director, Public Health Planning and Liaison Branch, Population and Public Health

Division, MOHLTC

Ms. Stacey Weber A/Director, Early Child Development Branch, Ministry of Children and Youth Services

Ms. Jackie Wood A/Director, Strategic Initiatives Branch, Population and Public Health Division, MOHLTC