

## **Strengthened Accountability**



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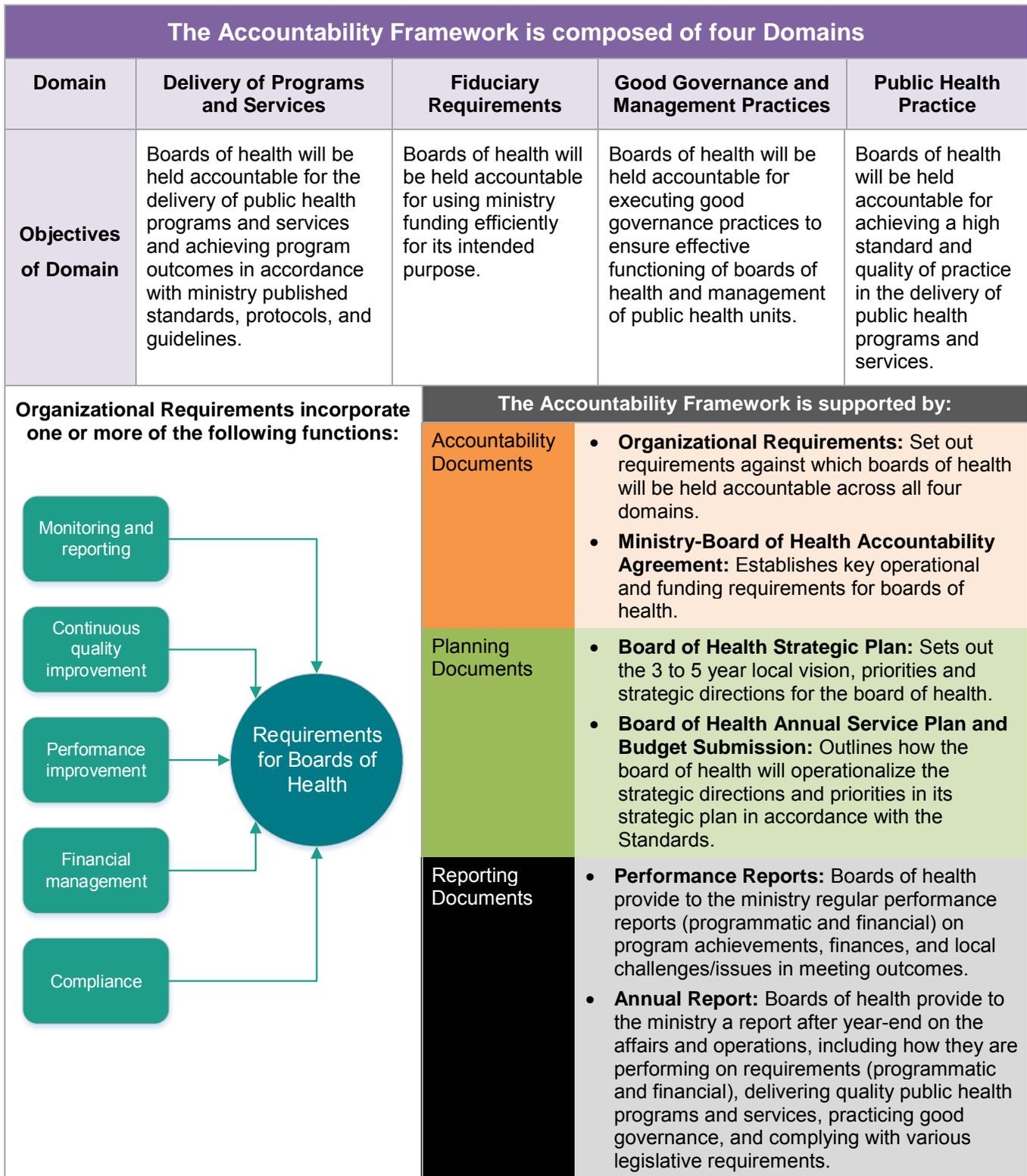
# Public Health Accountability Framework

The **Public Health Accountability Framework** (Figure 5) outlines the parameters and requirements to hold boards of health accountable for the work they do, how they do it, and the results achieved. It articulates the expectations of the ministry of boards of health to promote a transparent and effective accountability relationship. Enhanced accountability supports the implementation of public health programs and services by ensuring boards of health have the necessary foundations related to the delivery of programs and services, financial management, governance, and public health practice. It also supports a strong public health sector that can provide evidence of the value of public health and its contribution to population health outcomes leading to better health for Ontarians.

The Organizational Requirements specify the requirements where monitoring and/or reporting are required of boards of health to demonstrate accountability to the ministry. They are organized according to the following four domains of the accountability framework:

- Delivery of Programs and Services;
- Fiduciary Requirements;
- Good Governance and Management Practices; and
- Public Health Practice.

Figure 5: Public Health Accountability Framework



Organizational Requirements incorporate one or more of the following functions:

- **Monitoring and reporting** to measure the activities and achievements of boards of health and assess the results (to demonstrate value and contribution of public health);
- **Continuous quality improvement** to encourage changes in processes, address identified problems, and improve efficiency and effectiveness;
- **Performance improvement** to ensure boards of health achieve the best results possible and contribute to local, provincial, and population health outcomes;
- **Financial management** to ensure that resources are used efficiently and in line with local and provincial requirements; and
- **Compliance** to ensure boards of health meet ministry expectations for required activities articulated in legislation, standards, funding agreements, and policies.

Accountability across the domains is demonstrated through accountability, planning, and reporting tools, including: Ministry-Board of Health Accountability Agreements; Board of Health Strategic Plan; Board of Health Annual Service Plan and Budget Submission; performance and other ad hoc reports; and an annual report. These tools enable boards of health to demonstrate that they comply with all legal requirements and provide appropriate oversight for public funding and resources. They also support the achievement of a high standard and quality of public health practice and good governance and management practices that provide the foundation for the effective delivery of public health programs and service. Furthermore, they demonstrate the value that Ontarians receive for the funding invested in public health, and how that investment contributes to population health outcomes for all Ontarians.

# Organizational Requirements

The Organizational Requirements are those requirements where reporting and/or monitoring are required of boards of health to demonstrate accountability to the ministry.

The ministry uses a range of reporting and measurement approaches to assess board of health compliance with these requirements, including:

- Routine board of health audits and year-end attestations;
- Narrative reports and documentation; and
- Indicators and other metrics.

# Delivery of Programs and Services Domain

Boards of health are held accountable for the delivery of public health programs and services and achievement of program outcomes in accordance with the Foundational and Program Standards and incorporated protocols and guidelines.

## Objective of Requirements

The ministry has a responsibility to ensure that boards of health are delivering mandated programs and services that reflect a level of provincial consistency and local flexibility, and that the services delivered are effective in achieving their intended purposes.

## Requirements

1. The board of health shall deliver programs and services in compliance with the Foundational and Program Standards.
2. The board of health shall comply with programs provided for in the *Health Protection and Promotion Act*.
3. The board of health shall undertake population health assessments including identification of priority populations, social determinants of health and health inequities, and measure and report on them.
4. The board of health shall describe the program of public health interventions and the information used to inform them including how health inequities will be addressed.

5. The board of health shall publicly disclose results of all inspections or other required information in accordance with the Foundational and Program Standards.
6. The board of health shall prepare for emergencies to ensure 24/7 timely, integrated, safe, and effective response to, and recovery from emergencies with public health impacts, in accordance with ministry policy and guidelines.
7. The board of health shall collect and analyze relevant data to monitor trends over time, emerging trends, priorities, and health inequities, and report and disseminate the data and information in accordance with the Foundational and Program Standards.
8. The board of health shall have a strategic plan that establishes strategic priorities over 3 to 5 years, includes input from staff, clients, and community partners, and is reviewed at least every other year.

# Fiduciary Requirements Domain

Boards of health are held accountable for using ministry funding efficiently for its intended purpose.

## Objective of Requirements

The ministry has a responsibility to ensure that public health funding is used in accordance with accepted accounting principles, legislative requirements, and government policy expectations.

The ministry must also ensure that boards of health make efficient use of public resources by delivering high quality, effective program interventions, ensuring value for money.

## Requirements

1. The board of health shall comply with the terms and conditions of the Ministry-Board of Health Accountability Agreement.
2. The board of health shall provide costing information by program.
3. The board of health shall submit budget submissions, quarterly financial reports, annual settlement reports, and other financial reports as requested.
4. The board of health shall place the grant provided by the ministry in an interest bearing account at a Canadian financial institution and report interest earned to the ministry if the ministry provides the grant to boards of health prior to their immediate need for the grant.
5. The board of health shall report all revenues it collects for programs or services in accordance with the direction provided in writing by the ministry.
6. The board of health shall report any part of the grant that has not been used or accounted for in a manner requested by the ministry.
7. The board of health shall repay ministry funding as requested by the ministry.
8. The board of health shall ensure that expenditure forecasts are as accurate as possible.
9. The board of health shall keep a record of financial affairs, invoices, receipts and other documents, and shall prepare annual statements of their financial affairs.
10. The board of health shall comply with the financial requirements of the *Health Protection and Promotion Act* (e.g., remuneration, informing municipalities of financial obligations, passing by-laws, etc.), and all other applicable legislation and regulations.
11. The board of health shall use the grant only for the purposes of the *Health Protection and Promotion Act* and to provide or ensure the provision of programs

and services in accordance with the *Health Protection and Promotion Act*, Foundational and Program Standards, and Ministry-Board of Health Accountability Agreement.

12. The board of health shall spend the grant only on admissible expenditures.
13. The board of health shall comply with the *Municipal Act, 2001* which requires that boards of health ensure that the administration adopts policies with respect to its procurement of goods and services. All procurement of goods and services should normally be through an open and competitive process.
14. The board of health shall ensure that the administration implements appropriate financial management and oversight which ensures the following are in place:
  - a) A plan for the management of physical and financial resources;
  - b) A process for internal financial controls which is based on generally accepted accounting principles;
  - c) A process to ensure that areas of variance are addressed and corrected;
  - d) A procedure to ensure that the procurement policy is followed across all programs/services areas;
  - e) A process to ensure the regular evaluation of the quality of service provided by contracted services in accordance with contract standards; and
  - f) A process to inform the board of health regarding resource allocation plans and decisions, both financial and workforce related, that are required to address shifts in need and capacity.
15. The board of health shall negotiate service level agreements for corporately provided services.
16. The board of health shall have and maintain insurance.
17. The board of health shall maintain an inventory of all tangible capital assets developed or acquired with a value exceeding \$5,000 or a value determined locally that is appropriate under the circumstances.
18. The board of health shall not dispose of an asset which exceeds \$100,000 in value without the ministry's prior written confirmation.
19. The board of health shall not carry over the grant from one year to the next, unless pre-authorized in writing by the ministry.
20. The board of health shall maintain a capital funding plan, which includes policies and procedures to ensure that funding for capital projects is appropriately managed and reported.
21. The board of health shall comply with the Community Health Capital Programs policy.

# Good Governance and Management Practices Domain

Boards of health are held accountable for executing good governance practices to ensure effective functioning of boards of health and management of public health units.

## Objective of Requirements

The organizational requirements within this domain support the use of recommended best practices in governance and organizational processes. By adhering to these practices, boards of health are able to improve the quality and effectiveness of programs and services, prioritize the allocation of resources, improve efficiency, and strive for resiliency in their organizational culture.

## Requirements

1. The board of health shall submit a list of board members.
2. The board of health shall operate in a transparent and accountable manner, and provide accurate and complete information to the ministry.
3. The board of health shall ensure that members are aware of their roles and responsibilities and emerging issues and trends by ensuring the development and implementation of a comprehensive orientation plan for new board members and a continuing education program for board members.
4. The board of health shall carry out its obligations without a conflict of interest and shall disclose to the ministry an actual, potential, or perceived conflict of interest.
5. The board of health shall comply with the governance requirements of the *Health Protection and Promotion Act* (e.g., number of members, election of chair, remuneration, quorum, passing by-laws, etc.), and all other applicable legislation and regulations.
6. The board of health shall comply with the medical officer of health appointments requirements of the *Health Protection and Promotion Act*, and the ministry's policy framework on medical officer of health appointments, reporting, and compensation.
7. The board of health shall ensure that the administration establishes a human resources strategy, which considers the competencies, composition and size of the workforce, as well as community composition, and includes initiatives for the recruitment, retention, professional development, and leadership development of the public health unit workforce.
8. The board of health shall ensure that the administration establishes and implements written human resource policies and procedures which are made

- available to staff, students, and volunteers. All policies and procedures shall be regularly reviewed and revised, and include the date of the last review/revision.
9. The board of health shall engage in community and multi-sectoral collaboration with LHINs and other relevant stakeholders in decreasing health inequities.
  10. The board of health shall engage in relationships with Indigenous communities in a way that is meaningful for them.
  11. The board of health shall provide population health information, including social determinants of health and health inequities, to the public, community partners, LHINs, and health care providers in accordance with the Foundational and Program Standards.
  12. The board of health shall develop and implement policies or by-laws regarding the functioning of the governing body, including:
    - a) Use and establishment of sub-committees;
    - b) Rules of order and frequency of meetings;
    - c) Preparation of meeting agenda, materials, minutes, and other record keeping;
    - d) Selection of officers;
    - e) Selection of board of health members based on skills, knowledge, competencies and representatives of the community, where boards of health are able to recommend the recruitment of members to the appointing body;
    - f) Remuneration and allowable expenses for board members;
    - g) Procurement of external advisors to the board such as lawyers and auditors (if applicable);
    - h) Conflict of interest;
    - i) Confidentiality;
    - j) Medical officer of health and executive officers (where applicable) selection process, remuneration, and performance review; and
    - k) Delegation of the medical officer of health duties during short absences such as during a vacation/coverage plan.
  13. The board of health shall ensure that by-laws, policies and procedures are reviewed and revised as necessary, and at least every two years.
  14. The board of health shall provide governance direction to the administration and ensure that the board of health remains informed about the activities of the organization on the following:
    - a) Delivery of programs and services;
    - b) Organizational effectiveness through evaluation of the organization and strategic planning;
    - c) Stakeholder relations and partnership building;

- d) Research and evaluation;
  - e) Compliance with all applicable legislation and regulations;
  - f) Workforce issues, including recruitment of medical officer of health and any other senior executives;
  - g) Financial management, including procurement policies and practices; and
  - h) Risk management.
15. The board of health shall have a self-evaluation process of its governance practices and outcomes that is completed at least every other year. Completion includes an analysis of the results, board of health discussion, and implementation of feasible recommendations for improvement, if any.
16. The board of health shall ensure the administration develops and implements a set of client service standards.
17. The board of health shall ensure that the medical officer of health, as the designated health information custodian, maintains information systems and implements policies/procedures for privacy and security, data collection and records management.

# Public Health Practice Domain

Boards of health are held accountable for achieving a high standard and quality of practice in the delivery of public health programs and services.

## Objective of Requirements

The organizational requirements within this domain include some of the key requirements of the Effective Public Health Practice Standard within the Foundational Standards, and support the fostering of a culture of excellence in professional practice with boards of health.

A culture of quality and continuous organizational self-improvement is part of effective public health practice, which underpins effective program interventions, and therefore is necessary for the achievement of the desired goals and outcomes of public health programs and services.

## Requirements

1. The board of health shall ensure that the administration establishes, maintains, and implements policies and procedures related to research ethics.
2. The board of health shall designate a Chief Nursing Officer.
3. The board of health shall demonstrate the use of a systematic process to plan public health programs and services to assess and report on the health of local populations describing the existence and impact of health inequities and identifying effective local strategies to decrease health inequities.
4. The board of health shall employ qualified public health professionals in accordance with the *Qualifications for Public Health Professionals Protocol, 2018* (or as current).
5. The board of health shall support a culture of excellence in professional practice and ensure a culture of quality and continuous organizational self-improvement. This may include:
  - a) Measurement of client, community, and stakeholder/partner experience to inform transparency and accountability; and
  - b) Regular review of outcome data that includes variances from performance expectations and implementation of remediation plans.

# Common to All Domains

The following list of organizational requirements contains those that are relevant to all four domains of the Public Health Accountability Framework, and have been grouped together here to avoid duplication.

## Requirements

1. The board of health shall submit an Annual Service Plan and Budget Submission to include all programs and services delivered by boards of health and program costing for ministry-funded programs.
2. The board of health shall submit action plans as requested to address any compliance or performance issues.
3. The board of health shall submit all reports as requested by the ministry.
4. The board of health shall have a formal risk management framework in place that identifies, assesses, and addresses risks.
5. The board of health shall produce an annual financial and performance report to the general public.
6. The board of health shall comply with all legal and statutory requirements.

## **Transparency and Demonstrating Impact**



## Transparency and Demonstrating Impact

In addition to the accountability planning and reporting tools, the ministry uses indicators to monitor progress and measure success of boards of health. The **Public Health Indicator Framework** (Figure 6) describes the indicators that are used to monitor progress in the delivery of public health programs and services, measure achievement of program outcomes, and assess public health's contributions to population health outcomes.

Measurement at the program outcome level measures the impacts achieved through direct delivery of public health programs and services by boards of health (i.e., by meeting the requirements in the Foundational and Program Standards). Impacts can include changes in awareness, knowledge, skills, and behaviors of populations, service delivery agents, and community partners, as well as changes in environments and policies. Indicators that will be used at the provincial level to measure achievement of outcomes per standard are listed in the **Public Health Indicator Framework** (Figure 6). Boards of health shall establish program outcome indicators locally for those standards that allow for variability to respond to local needs, priorities, and contexts (i.e., Chronic Disease Prevention and Well-Being, Healthy Growth and Development, School Health, and Substance Use and Injury Prevention). The Foundational Standards underlie and support all Program Standards; therefore, it is expected that the outcomes of the Foundational Standards will be achieved through the effective delivery of programs and services.

It is expected that the achievement of program outcomes will contribute to the achievement of population health outcomes. Measurement at the population health outcome level includes measures of improved health and quality of life, reduced morbidity and premature mortality, and reduced health inequities among population groups as articulated in the **Framework for Public Health Programs and Services** (Figure 2).

**Figure 6: Draft Public Health Indicator Framework<sup>22</sup>**

<b>Goal</b>	To provide an evidence-informed basis for monitoring progress and measuring success of boards of health in achieving program outcomes, and understanding the contribution to population health outcomes	
<b>Objectives</b>	<ul style="list-style-type: none"> <li>Monitoring progress in the delivery of public health programs and services</li> <li>Measuring board of health success in achieving program outcomes</li> <li>Assessing public health's contributions to population health outcomes</li> </ul>	
<b>Indicator and Information</b>		
<b>Contribution to Population Health Outcomes</b>	<b>Program Outcomes</b>	
<b>Improved Health &amp; Quality of Life</b> <ul style="list-style-type: none"> <li>Adoption of healthy lifestyle behaviours</li> <li>Perceived health</li> <li>Health expectancy</li> <li>Life satisfaction</li> </ul>	<b>Chronic Disease Prevention and Well-Being; Healthy Growth and Development; School Health; Substance Use and Injury Prevention</b>	<ul style="list-style-type: none"> <li>Locally determined program outcome indicators</li> <li>Indicators will be developed in accordance with locally determined programs of public health interventions</li> </ul>
	<b>Reduced Morbidity and Mortality</b> <ul style="list-style-type: none"> <li>Overweight/Obesity</li> <li>Incidence and prevalence of chronic diseases</li> <li>Chronic disease and substance use related morbidity and mortality</li> <li>Life expectancy</li> <li>Avoidable deaths</li> <li>Infant mortality</li> <li>Small for gestational age</li> <li>Rate per 100,000 of VPD outbreaks by disease</li> <li>Incidence rates of reportable VPDs</li> <li>% of the public with confidence in immunization programs</li> </ul>	<b>Food Safety</b>
<b>Reducing Health Inequities among Population Groups</b> <ul style="list-style-type: none"> <li>Relative index of inequality associated with: <ul style="list-style-type: none"> <li>Chronic Diseases</li> <li>Injuries</li> <li>Substance Use</li> <li>Healthy Growth and Development</li> </ul> </li> <li>Vulnerability associated with: <ul style="list-style-type: none"> <li>Early development</li> <li>School readiness</li> </ul> </li> <li>Deprivation Index</li> <li>Food Security</li> <li>Disability Rates</li> </ul>	<b>Healthy Environments</b>	<ul style="list-style-type: none"> <li>% of the public with knowledge of the impact of climate change locally, particularly heat related illness</li> <li>% of the public with knowledge of and positive behaviours related to the impact of air quality on health using the AQHI</li> <li>% of the public with awareness and knowledge about the health risks of radon in indoor air quality</li> <li>% of the public with awareness of the risk of cancer related to exposure to solar ultraviolet radiation</li> <li>% of priority populations who are aware of increased risk for adverse health effects related to high heat events</li> </ul>
	<b>Immunization</b>	<ul style="list-style-type: none"> <li>% of doses wasted by publicly funded vaccine annually</li> <li>% of 7 and 17 year olds vaccinated for all ISPA designated diseases</li> <li>% of students with a valid religious or conscience exemption by ISPA designated disease annually</li> <li>% of immunization providers of publicly funded vaccines indicating they have adequate information to support optimal immunization practices</li> <li>% of inspected vaccine storage locations that meet storage and handling requirements</li> </ul>
	<b>Infectious and Communicable Diseases Prevention and Control</b>	<ul style="list-style-type: none"> <li># of Ceftriaxone prescriptions distributed for treatment of gonorrhea annually</li> <li># and type of IPAC lapse by sector (PSS, dental office, community laboratories or independent health facility)</li> <li># and rate per 100,000 of new active TB infections annually</li> <li># of cases of acquired drug-resistance among active TB cases</li> <li># of cases of identified LTBI that are initiating prophylaxis and/or the number completing treatment</li> <li># of potential rabies exposures investigated by health units annually</li> <li># of animals investigated that are current on their rabies vaccination</li> <li># of persons given rabies post-exposure prophylaxis (PEP)</li> </ul>
<b>Safe Water</b>	<ul style="list-style-type: none"> <li># of days that fluoride levels were below recommended levels at municipal drinking water systems that add fluoride</li> <li># of drinking water advisories (DWAs) and boil water advisories (BWA) issued by days advisories were in effect</li> <li>% of the public who use private drinking water supplies (e.g., private wells) who are aware of how to safely manage their own drinking water systems</li> <li># of small drinking water systems where risk categories change from high risk to moderate or low risk indicating improvement in system performance</li> <li>% of days per season beaches are posted</li> </ul>	

<sup>22</sup>The Indicator Framework is draft and subject to change.

To support enhanced transparency in the public sector and promote public confidence in the public health system, boards of health are required to ensure public access to pertinent information through disclosure. The purposes of public disclosure include: helping the public to make informed decisions to protect their health; and sharing information about the work of boards of health and associated level of investment. The **Transparency Framework** (Figure 7) summarizes the types of information that boards of health are required to publicly disclose in accordance with the Foundational and Program Standards and Organizational Requirements.

**Figure 7: Draft Transparency Framework<sup>23</sup>**

<b>Goal</b>	Promote awareness, understanding, and public confidence in Ontario’s public health system.	
<b>Domains</b>	<b>Protecting the Public’s Health</b>	<b>Public Reporting</b>
<b>Objectives</b>	The public knows of the work of public health to protect and promote individual and community health	The public knows how Boards of Health are responding to local community needs
<b>BOH Responsibilities</b>	<p>Post on the board of health website:</p> <ul style="list-style-type: none"> <li>• Results of routine and complaint based inspections of: <ul style="list-style-type: none"> <li>○ Food Premises</li> <li>○ Public Pools and Spas</li> <li>○ Recreational Water Facilities</li> <li>○ Personal Services Settings</li> <li>○ Tanning Beds</li> <li>○ Recreational Camps</li> <li>○ Licensed Child Care Settings</li> <li>○ Small Drinking Water Systems</li> </ul> </li> <li>• Convictions of tobacco and e-cigarette retailers</li> <li>• Infection prevention and control lapses</li> <li>• Drinking water advisories for small drinking water systems</li> <li>• Status of beach water quality</li> </ul>	<p>Post on the board of health website:</p> <ul style="list-style-type: none"> <li>• Strategic Plan</li> <li>• Annual performance and financial report</li> </ul>

<sup>23</sup>The Transparency Framework is draft and subject to change.

