

INFORMATION REPORT

TO:	Mayor and Members Board of Health
COMMITTEE DATE:	September 17, 2018
SUBJECT/REPORT NO:	Board of Health Self-Evaluation Results (BOH18011(a)) (City Wide)
WARD(S) AFFECTED:	City Wide
PREPARED BY:	Jennifer Hohol (905) 546-2424, Ext. 6004
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SIGNATURE:	

Council Direction:

On April 16, 2018, staff presented Report (BOH18011) which provided an overview of the Board of Health (BOH) self-evaluation process established in compliance with organizational requirements in the Ontario Public Health Standards. This report outlines the results of the self-evaluation survey and next steps.

Information:

Executive Summary

The self-evaluation involved an electronic 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, internal and external relationships of the BOH were highlighted as a strength of the board, specifically, the positive working relationships between the BOH and public health staff.

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The survey results also showed opportunities for improvement including:

- Greater understanding of BOH member roles and responsibilities;
- Increased familiarity with planning documents; and,
- Improved access to continuing education for BOH members.

To address these opportunities, it is recommended that the BOH consider the appointment of a consistent Vice-Chair for the Board of Health sub-committee throughout the term of Council. This will allow for consistency in understanding, leadership and advocacy of public health issues in the absence of the Mayor, Chair of the Board of Health.

In addition, many quality improvement initiatives will be implemented by staff to further support BOH good governance practices, including:

- An experiential learning approach to BOH orientation for both new and returning board members;
- Regular reporting on planning documents (Annual Service Plan & Budget, Multi-Year Business Plan);
- Continued use of BOH reports to highlight and clarify legislated roles and responsibilities of board members; and,
- An improved approach to the next BOH self-evaluation to increase participation.

Historical Background & Analysis

The Ontario Public Health Standards outline requirements that direct mandatory public health programs and services delivered by local public health units. In addition to program and service delivery requirements, the Ontario Public Health Standards outline organizational requirements of boards of health to demonstrate accountability to the Ministry of Health and Long-Term Care for the work they do, how they do it, and the results achieved. It is an organizational requirement that all boards of health conduct a self-evaluation process of its governance practices and outcomes that is completed at least every other year. The self-evaluation process must also include an analysis of the results, board of health discussion and implementation of recommendations for improvement.

The BOH conducted its first self-evaluation in 2014 (BOH14001) and repeated the evaluation again in 2016 (BOH16033). In Report (BOH18011), it was communicated that the self-evaluation process for 2018 would be conducted in a similar way to that used in previous years, as it was successful in raising considerations for the BOH and would allow for comparison across the years. BOH members had the opportunity to

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complete an anonymous self-evaluation using an electronic survey tool. A meeting was held with Mayor Eisenberger as Chair of the Board of Health as well as 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.

Overall, internal and external relationships of the BOH were highlighted as a strength of the board, specifically, the positive working relationships between the BOH and public health 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;
- They feel comfortable raising an issue that might be unpopular or controversial; and,
- A climate of mutual trust and respect exists between the BOH and the Medical Officer of Health.

The survey results also showed opportunities for improvement including a greater understanding of BOH member roles and responsibilities specifically around expectations under the Health Protection and Promotion Act, the Ontario Public Health Standards and the organizational requirements. In addition, a neutral response was noted to BOH members receiving appropriate information at the initial BOH orientation to carry out the BOH member role with confidence. Another area for improvement that was identified was the need for improved access to continuing education resources for BOH members. This includes access to population health information, provincial government structure and funding from oversight ministries, roles and responsibilities of board members and participation in education led by other organizations.

Next Steps

To address these opportunities for improvement, it is recommended that the BOH consider the appointment of a consistent Vice-Chair for the Board of Health sub-committee throughout the term of Council. This will allow for consistency in understanding, leadership and advocacy of public health issues in the absence of the Mayor, Chair of the Board of Health. The Vice-Chair role could also help to further the work started by the public health governance leads in being a champion and representing the board at governance tables, advocating for effective public health governance and healthy public policy and acting as a liaison for the BOH on governance matters. Over the past year, there has been extensive consultation of boards of health by the Ministry of Health and Long-Term Care regarding ongoing public

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health system transformation. The Vice-Chair role will allow for a consistent point of contact to collect feedback from peers and work with staff to provide input back to the Ministry.

In addition, many quality improvement initiatives will be implemented by staff to further support BOH good governance practices. To begin, an experiential learning approach to BOH orientation for both new and returning board members will be used in the upcoming year. The orientation provided will cover roles and responsibilities of board members as well as other areas that were flagged as education needs in the survey results. Staff will continue to report regularly on planning documents and use BOH reports to highlight legislative responsibilities and build clarity around the roles and responsibilities of board members. Finally, as the self-evaluation process is required at least once every other year, staff will look for ways to improve the approach taken for the next self-evaluation to increase participation by board members.

Appendices and Schedules Attached:

Not Applicable.

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