



INFORMATION REPORT

TO: Mayor and Members Board of Health	WARD(S) AFFECTED: CITY WIDE
COMMITTEE DATE: December 3, 2012	
SUBJECT/REPORT NO: 2012 PHS Strategic Business Plan - Progress Report BOH11016(c) (City Wide)	
SUBMITTED BY: Elizabeth Richardson, MD, MHSc, FRCPC Medical Officer of Health Public Health Services Department	PREPARED BY: Debra Clarke (905) 546-2424, Ext. 5752
SIGNATURE: 	

Council Direction:

Not Applicable

Information:

The Public Health Services (PHS) 2012 Strategic Business Plan (SBP) was approved by the Board of Health in June 2012. The Business Plan aligned with the City's Vision, the 2012-2015 City Strategic Plan, priorities expressed and approved by the Board of Health and Council over the previous year, provincial direction and community need. This report provides an update on the progress toward the approved objectives, describes the transition and connection between the 2012 PHS SBP and the 2013 Departmental Business Plan (DBP) and outlines the changes to the next planning cycle and relationship to the budget process and Service Delivery Review (SDR).

The PHS 2012 SBP was structured to reflect the three Corporate priorities:

- A Prosperous and Healthy Community
- Valued and Sustainable Services
- Leadership and Governance

The priorities were also incorporated into divisional work plans and program operational plans.

Appendix A provides details of each of the PHS approved objectives and priorities, status updates and additional comments to clarify implementation progress and projected activities to the end of 2012.

The following are some of the key accomplishments since the June 2012 report to the Board of Health. The progress made on all the objectives was in addition to the usual on-going daily work of providing programs and services to the community.

Highlights of the 2012 Status Report:

i) Foundation Building

Every organization must have a strong foundation from which to provide its programs and services. These include work planning and monitoring systems, training programs, budgeting systems, effective partnerships and many others. For Public Health Services, there are legislated requirements for this business infrastructure, as outlined in the Foundational Standard of the Ontario Public Health Standards, as well as the Organizational Standard for Public Health. Accreditation provides peer review of PHS business practices on an annual basis. The 2012 SBP activities under the ***Valued and Sustainable Services*** and ***Leadership and Governance*** priorities focused PHS on building and renewing this foundation.

One key priority area was to develop workforce competencies, or skills, abilities and knowledge. This is essential for staff to work effectively and address community needs. In 2012, two activities were undertaken. Firstly, the development and implementation of the Management Development Program, based on the previous Management Needs Assessment undertaken in 2011. By the end of 2012, four sessions will have been delivered with six further sessions to be held in 2013. Secondly, a Core Competencies Needs Assessment was undertaken for all staff, and a Development Plan is being created.

A second key priority for the foundation was the building of processes and systems to monitor progress, demonstrate accountability and provide the feedback needed to ensure PHS is going in the right direction, identify where improvements can be made and provide information to support effective decision-making. In 2012, program indicators were developed to help measure compliance with the Ontario Public Health Standards and the Accountability Agreement with the Province. A data warehouse is also in the early stages of development, the purpose of which is to house data from all program areas which can be analyzed and reported on to better inform program, management and Board of Health decision making.

PHS has also been fully engaged with the Service Delivery Review (SDR) process which has provided an overview of the programs and services PHS provides, where each program sits in comparison with required service levels, and the costs of each program. This will be used by management to identify what we do well and where improvements may be made to ensure that resources are being optimally utilized optimally.

Finally, every business needs an effective base from which to operate, and a key initiative for 2012 was finding offices for PHS which would optimize work across the department, and with key partners, in addition to supporting the development of the downtown core. This year, key accomplishments included establishing the lease with McMaster to co-locate in the new health campus, and progress towards the lease for the second downtown location for most of the remainder of PHS staff. The physical consolidation of PHS also means preparing for a new way of doing business that leverages technology and improves business processes, while supporting staff through the changes. To this end, work groups have been established which include staff from all levels, so that employees are engaged in the process to create the most functional workspaces possible.

ii) *Contributing to a Prosperous and Healthy Community*

PHS has been engaged in several initiatives to improve the *built environment* and act on the *determinants of health*, leading to health equity.

In relation to *built environment area*, PHS staff have:

- Been involved in consultations with a number of committees and plans related to transportation;
- Made great strides towards healthy communities with implementation of the Smoke-free Outdoor Recreational Areas By-law;
- Implemented the Air Quality Health Index (AQHI); and
- By the end of 2012, staff will also have reported back on the Air Quality Task Force and moving forward on recommendations to further improve Hamilton's air quality.

In relation to the *determinants of health* PHS staff have:

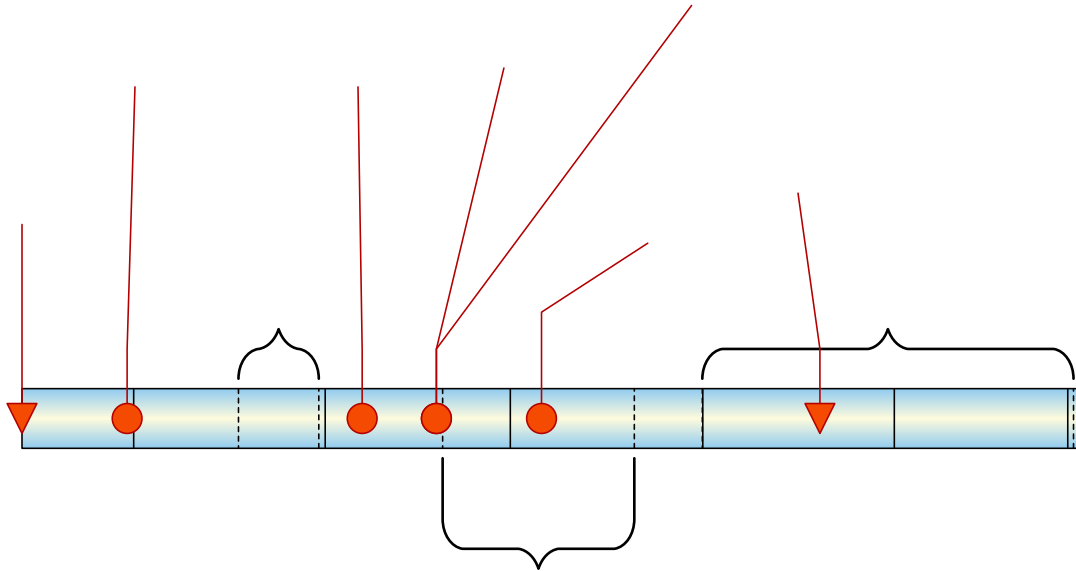
- Been working with community partners around the Mental Health and Addictions Strategy, while awaiting final plans from the Local Health Integration Network (LHIN) expected by the end of 2012;
- Developed a secondary school curriculum on the social determinants of health which will be piloted into 2012; and
- Been working closely with the Neighbourhood office to develop and respond to Neighbourhood Action Plans.

2013 - Building on the Foundation:

In order to have a more effective and efficient process of planning and resourcing work, the City has aligned its strategic and business planning with budget planning. This will ensure that goals are set first within the context of community need, and then resources planned keeping in mind the community's ability to pay. Diagram 1 below provides an overview of the relationship between the planning and the budget processes, as well as with the SDR.

The PHS 2013 DBP was based on the 2012-2015 City Strategic Plan, and also incorporated provincial directives and community need. The coming year will see the consolidation of the foundational elements built in 2012 into ongoing business practices, and further supporting the planning cycle by providing better access to key information necessary for effective decision-making. Further highlights will be provided in the presentation on the 2013 DBP.

Diagram 1: Relationship of the Planning Cycle (DBP) to Budget and SDR Cycle



Next Steps:

On-going monitoring of the 2013 DBP is essential to ensure that implementation is on track and to assess any need for adjustment. The Public Health Services Management Team will monitor the DBP quarterly and provide an annual report to the BOH in Q4 2013, consistent with other departments.

Appendices / Schedules

Appendix A – Public Health Services 2012 Strategic Business Plan Progress Report

PUBLIC HEALTH SERVICES 2012 STRATEGIC BUSINESS PLAN

Progress Report as of October 15, 2012

*Working to be the best place in Canada to raise a child,
promote innovation, engage citizens and provide diverse economic opportunities*

*Delivering quality public services
that contribute to a healthy, safe and prosperous community, in a sustainable manner*

Living Our Values:

* **Accountability** * **Cost Consciousness** * **Equity** * **Excellence** * **Honesty** * **Innovation** * **Leadership** * **Respect** * **Teamwork** *

Status Legend	
★	Completed
✓	On Schedule
←	Behind Schedule

Objective Legend	
CSP	City Strategic Plan Project
BOH	Board of Health Project
PD	Provincial Directive and/or required under Ontario Public Health Standards or Ontario Public Health Organizational Standards
N	New Department Project

Corporate Priority #1 – A Prosperous & Healthy Community


WE enhance our image, economy and well-being by demonstrating that Hamilton is a great place to live, work, play and learn.

Objective	Strategic Action	PHS Lead & Divisions involved	Activities	Status	Comments
CSP 1.3 Promote economic opportunities with a focus on Hamilton's downtown core, all downtown areas and waterfronts.	Finalize plans for the creation of the Downtown McMaster Health Campus including the consolidation of Public Health Services	T. Bendo All Divisions CMO FCS PED - Real Estate PW - Facilities	Present accommodations options for second downtown office to GIC	⊗	Approval with conditions received at May 16th, 2012 GIC.
			Finalize Functional Program for offices	✓	Functional program finalized for McMaster Health Campus. Finalization of second downtown office delayed until lease negotiations completed.
			Determine best utilization of shared space	⊗	Functional program for shared space completed 2012.
			Procure furniture and fixtures	✓	Furniture and fixtures to be procured once physical plans for office sites finalized
			Finalize leases	✓	Lease finalized with McMaster. Lease negotiations continue with Yale Properties, City Manager and property management.
			Undertake Administrative Review	✓	Administrative review to start in June 2012 Opportunities depend on option chosen. RFP issued.
CSP 1.4 Improve the City's transportation system to support multi-modal mobility and encourage inter-regional connections.	Develop an integrated, multi-modal, public transportation program, including implementation of rapid transit, conventional transit, active transportation (e.g. pedestrian, cycling) and the associated transportation demand management plan	E. Pezetta HL HP	Provide consultation regarding health implications (risks, benefits, strategies) of transportation planning	✓	HP responding as related issues are identified. HL Chronic Disease Prevention and Injury Prevention involved with consultation with Active & Safe Routes to School Committee; Hamilton Cycling Committee; Transportation Master Plan; Pedestrian Master Plan; Public Works Lead, Completed Stepping IT Up pilot project; School Site Design and Planning report completed Sept 2012.

Objective	Strategic Action	PHS Lead & Divisions involved	Activities	Status	Comments
<p>CSP</p> <p>1.5 Support development and implementation of neighbourhood and City wide strategies that will improve the health and well-being of residents.</p>	<p>Complete the development of neighbourhood plans in selected priority neighbourhoods and complete a funding strategy to guide how the City of Hamilton will support the implementation of neighbourhood plans</p>	<p>N. Tran G. McArthur All Divisions</p>	<p>Establish links with corporate approaches</p>	<p>✓</p>	<p>Manager seconded to Neighbourhood Office. Quarterly meetings held between PHS and Neighbourhood Development Strategy</p>
			<p>Identify PHS linkages with corporate Neighbourhood Development Strategy, including membership on corporate workgroups by end of 2011</p>	<p>★</p>	<p>SDOH PHN participating in neighbourhood planning workgroups as of Q2, 2012.</p>
	<p>Develop a mental health and addiction services coordination strategy between City of Hamilton and community partners to rationalize existing services and improve access to care (e.g. CREMS, social navigator)</p>	<p>G. McArthur E. Richardson CPS FH HL HP</p>	<p>Establish internal steering committee</p>	<p>★</p>	<p>Steering committee established with CSD, HES, PHS, Police Q1, 2012.</p>
			<p>Establish community leadership committee</p>	<p>✓</p>	<p>Initial meetings held with police, hospitals, City staff, LHIN. Larger community steering committee to be developed subsequent to release of LHIN strategic plan Q1 2013</p>
			<p>Maintain linkages with pilots: Police Social Navigator Pilot, Hospital ER Pilot</p>	<p>✓</p>	<p>Social Navigator pilot began in June 2012. Linkages established with SJHC and Family Health Team navigators. Pilot completion Q2 2013</p>
			<p>Determine priorities for first year</p>	<p>✓</p>	<p>LHIN is releasing strategic plan for Mental Health & Addictions by Dec 2013. Project manager will be hired by Q1 2013 to map existing programs and support community steering committee.</p>
			<p>Develop 3 year workplan</p>	<p>✓</p>	<p>Will be developed subsequent to release of LHIN strategic plan by Q2 2013</p>

Objective	Strategic Action	PHS Lead & Divisions involved	Activities	Status	Comments
	Develop and implement a maternal health strategy to decrease low birth weight by targeting smoking, nutrition and access to primary care	D. Barr-Elliott FH	<p>Work with a community coalition to develop and implement a maternal health strategy to decrease low birth weight by targeting smoking, nutrition and access to primary care</p> <p>Protect, promote and support breastfeeding by working towards Baby Friendly Community accreditation status</p> <p>Support the implementation of the Nurse-Family Partnership program at both local and provincial level</p> <p>Ensure that all relevant PHS programs and services are provided in manner that is congruent with the Hamilton Parent Charter of Rights</p> <p>Plan for and implement changes to Healthy Babies Healthy Children protocol</p> <p>Develop with community partners an integrated seamless system of support for all postpartum women consistent with change in HBHC policy direction</p>	<p>✓</p> <p>✓</p> <p>✓</p> <p>✓</p> <p>✓</p> <p>✓</p>	<p>An inventory of related services in a specific neighbourhood is being completed to inform the development of a pilot project by community partners.</p> <p>Developing corporate policy and staff training strategy, collecting local data through Infant Feeding Study, developing BFI community coalition</p> <p>The Hamilton Nurse-Family Partnership team is providing consultation to BC sites. One additional Public Health Nurse will be funded by the Hamilton Community Foundation for three years.</p> <p>In 2012 the focus is on increasing awareness among PHS staff and the community. In 2013 the focus will be on supporting implementation of toolkit.</p> <p>Awaiting release of revised HBHC protocol; no dates for release available from the Ministry of Children and Youth Services.</p> <p>Awaiting release of revised HBHC protocol; no dates for release available from the Ministry of Children and Youth Services.</p>

Objective	Strategic Action	PHS Lead & Divisions involved	Activities	Status	Comments
	Improve access to children and family services in collaboration with community partners through the implementation of a single access point initiative	D. Barr-Elliott N. Tran FH	Work with Best Start to determine how best to provide a single point of access to services and information for children and families	✓	Contributing to Best Start deliberations
	Support HRPR action plan and develop a program to improve access to healthy food for those in greatest need	N. Tran E. Pezzetta HL	Develop pilot food voucher program for BOH consideration	✓	Options presented to May BOH. Decision made not to pursue further. BOH presented in Oct 2012 with alternative Good Food Box option targeting 500 out of the 6,000 eligible single OW recipients. Funding from CSD and HCF. PHS to provide evaluation. Pending approval of Council Oct 2012.
	Develop a plan to prevent childhood obesity (with cost impacts)	D. Barr-Elliott E. Pezzetta FH HL	Participate in development of school nutrition programs Complete situational assessments for activity friendly communities and healthy food system and define priority areas for action	✓ ✓	Awaiting further direction from CMO. Situational assessments completed; priority areas definition underway;
			Identify two topics with potential of policy development and complete position papers for endorsement by BOH	✓	Position papers for Active Friendly Communities and Healthy Food Systems have been developed. Planned presentation of position papers to BOH for endorsement by end of 2012.

Objective	Strategic Action	PHS Lead & Divisions involved	Activities	Status	Comments
			Review results of Peel Health Units literature review to determine effective interventions to prevent childhood obesity in children 0-6 years		Peel Health Unit literature review has been reviewed, completed in Q3, 2012
			Develop a plan based on effective interventions that focuses on preventing childhood obesity in children 0-6 years	✓	Overall plan under development: Raising the Bar and Nutristep have been implemented in child care centres for completion by end of 2012.
			Develop linkages to provincial childhood obesity strategy	✓	Provincial "Healthy Kids Panel" developed with provincial PH representation to reduce childhood obesity. Awaiting further actions from Healthy Kids Panel
	Protect, promote and support breast feeding for healthy mothers and babies by achieving Baby Friendly Community Accreditation Status by 2014	D. Barr-Elliott	Corporate and PHS policy development Education of all PHS employees	✓	Corporate and PHS policies have been developed. Implementation of education plan beginning Q4 2012.
	Development of a Comprehensive Rental Housing Licensing Program	TBD	Further specific objectives to be developed in 2013 SBP	✓	Part of 2013 SBP Planning Department is leading the development of the Licensing process and the first report has been approved by Council. The draft Bylaw and report will follow with Health Protection Division participating in the review of this draft Bylaw.
	Implement 10 year Housing and Homelessness Action Plan	TBD	Provide individualized supports to facilitate housing retention and ownership	✓	Further specific objectives to be developed in 2013 SBP

Objective	Strategic Action	PHS Lead & Divisions involved	Activities	Status	Comments
BOH	Take action on the Social Determinants of Health	N. Tran G. McArthur All Divisions	Support development of quality, safe and suitable housing options	✓	Further specific objectives to be developed in 2013 SBP
BOH			Establish PHS SDOH Committee	⊛	Committee Established Q2 2011
BOH			Each division apply an equity lens to one program	✓	Equity lens from PHO has been adopted as tool each division to use in at least one program area. Equity lens tool has been piloted by one program in each division as of Q3 2012.
BOH			75% of PHS managers and 50% of front-line staff will attend SDOH workshop	⊛	At least 75% of PHS managers and 50% of front-line staff attended SDOH workshop in 2011/12
BOH			Identify one health advocacy initiative and begin preparation for BOH	✓	Initiatives selected: Activity friendly communities and healthy food systems. Position papers planned to be presented to BOH Q4 2012.
BOH			Complete development of resource for schools on SDOH	✓	Draft teaching resource document on poverty developed collaboratively with school boards. Select high schools are currently piloting resource document (Q4 2012)
BOH			Develop PHS-wide definition of priority populations	⊛	Completed in Q4 2011
BOH	Reduce public health risks related to environmental health issues	R. Hall H. Meghani HP	Develop and deliver Rural Water Quality Report to rural residents	⊛	Completed Q2 2012
BOH		R. Hall M. Lawson	Implement public reporting of the Air Quality Health Index (AQHI)	⊛	Completed Q2 2012

Objective	Strategic Action	PHS Lead & Divisions involved	Activities	Status	Comments
		R. Hall HP PBI	That, staff bring forward the Terms of Reference, and Action Plan to the Board of Health, and a funding request be submitted to the Ministry of the Environment to assist with the costs of a pollution study;	✓	Staff to report back by the end of Q4, 2012.
		R. Hall HP PBI	That staff be directed to establish an Air Quality Task Force, which is to include key stakeholders to determine whether pollution in neighbourhoods near Hamilton's industrial core is impacting human health, and report back to the Board of Health	✓	On schedule to report back to the Board by the end of 2012 on the progress of the development of the Task Force and its objectives.
		R. Hall HP	Investigate and inspect known and reported contaminated lands in the City that may present a health hazard to the public	Ongoing	Ongoing This is a mandatory program requirements as part of fulfilling OPHS requirements.
		R. Hall HP	Develop framework to better define and identify types of environmental health hazards	✓	Undertaking external scan of other jurisdictions - target for Q1 2013
		R. Hall HP	Develop and deliver an environmental lead awareness program that will attempt to reduce exposure to environmental lead for high-risk groups (children <7yrs, pregnant women and women who may become pregnant)	✓	Initial report to BOH Q3 2011. Campaign under development. Scheduled for June 2012 BOH meeting. Campaign is implemented and being monitored. Ongoing monitoring is required for effectiveness.

Objective	Strategic Action	PHS Lead & Divisions involved	Activities	Status	Comments
		R. Hall HP	Meet with environmental groups from across Hamilton to clarify mandate and hear their perspective on environmental priorities	☑	Completed Q1 2012 – information has been incorporated into SDOH/ Neighbourhood Strategy
BOH	Reduce Exposure to Second Hand Smoke – Implementation of the Smoke-Free Outdoor Recreational Areas By-Law	N. Tran E. Pezzetta HL PBI	Develop and deliver a public education strategy	✓	Public education continues throughout 2012, including paid newspapers, radio, Facebook advertisements, posters, Tobacco Hotline and City of Hamilton website. Receive complaints via Hotline and website.
			Develop and implement strategically targeted visible, attractive promotions and signage for recreational and park areas	☑	Completed. Q3 2012.
			Enforce By-law on a complaint basis using existing Tobacco Enforcement Officers applying a risk management model.	✓	Initial phase of enforcement beginning in May 2012 will primarily consist of education, and then move towards warnings and/or charges as appropriate.
			Develop and implement a City of Hamilton staff education and awareness program concerning compliance with the By-law.	✓	A variety of corporate communications channels and forums such as eNet, JHSCs, Bulletins, Orientation Manuals, and staff training have been developed and initiated across relevant departments/divisions.

Objective	Strategic Action	PHS Lead & Divisions involved	Activities	Status	Comments
BOH	Healthy Smiles Ontario (Low Income Dental Program Implementation)	G. McArthur CPS PBI	Develop and implement an evaluation of implementation process and outcomes after the first year of enforcement activities.	✓	Planned for 2013, after first year of enforcement activities to allow for assessment of a season of full enforcement. Can inform any adjustments necessary in preparation for 2015 Pan Am events. Preliminary plans for evaluation include measuring prevalence of exposure to smoking in parks, frequency of complaints and number of tickets issued, cigarette butt litter audits
BOH			Increase capacity at 1447 Upper Ottawa clinic Fee for service budget to refer to private dental services Enhanced screening services for children 0-4 years and youth 14-17 years	★	Clinic renovations completed Q2, 2012. Clients referred to private dentists Q1, 2012. Dental screening capacity has been increased using community locations including Ontario Early Years Centres, Arrell Youth Centre., Notre Dame House, Living Rock and City of Hamilton Libraries Q3, 2012.
CSP 1.6 Enhancing Overall Sustainability	Development of a Community-based Climate Change Action Plan	R. Hall HP	Mobile Preventive Services Promotion to increase uptake	★	East End Public Health Clinic; Beasley Community Centre; Good Shepherd Centre Q2, 2012. Promotion activities included bus, mall, newspaper, radio, TV ads, and events with Women Health Educators to reach diverse cultural groups Q4, 2012. Report to go to BOH in Q 4 2012 with further specific objectives to be developed as part of 2013 DBP

Corporate Priority #2 – Valued & Sustainable Services







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

Objective	Strategic Action	PHS Lead & Divisions involved	Activities	Status	Comments
<p>CSP</p> <p>2.1 Implement processes to improve services, leverage technology and validate cost effectiveness and efficiencies across the Corporation.</p>	Complete a Service Delivery Review, establishing performance measures and identification of recommended service levels	T. Bendo J. Kohut All	Participate in City Service Delivery Review	✓	Service profiles completed to be presented to Council in October 2012.
	Develop and implement a redeveloped website and associated management plan to provide more on-line transactions	T. Bendo J. Kohut All	Participate in redevelopment of City website	✓	Project team developed, to begin work Oct 1. Budget for project approved by Council.
	Implement the call handling review recommendations	T. Bendo All	Participate as required and as plan is developed	✓	Awaiting steps from the Strategy Team
	Develop an Information Services governance model and identify areas for improvement, consolidation and savings	T. Bendo J. Kohut All	Participate in development of new governance model and service rationalization	✓	Awaiting next steps from Strategy Team
	Review the feasibility regarding the implementation of an Employee Suggestion Program for the City of Hamilton.	R. Hall All	Participate on Employee Suggestion Committee	★	As per City Managers direction, this initiative is over.
	Develop and implement a Financial Sustainability Plan	E. Richardson	Participate in development of financial sustainability plan	✓	Awaiting next steps from CMO/Corporate Services


Objective	Strategic Action	PHS Lead & Divisions involved	Activities	Status	Comments
	Implement a Value for Money performance audit program	E. Richardson	Provide advice to internal audit on appropriate areas for VFM Audits	✓	Awaiting next steps from Internal Audit
			Participate in audits and develop Management Action Plans as required	✓	Awaiting next steps from Internal Audit
	Develop a Corporate template for the Departmental business plans, aligning to the 2012 – 2015 Strategic Plan and future budgets	E. Richardson	Participate in development of template, and implement once approved	★	Completed and implemented for the 2013 DBP.
BOH	Respond to critical demand work in priority (incl. outbreaks, infectious diseases, adverse water results, health hazards)	R. Hall J. Emili All	Develop policy and framework for critical response activities, including prioritized list of critical demand activities in each division with identified timelines for response	★	Framework developed and consultation occurred with councillors. Approved at BOH in May 2012.
			Develop monitoring and reporting system for critical demand driven activities in each division	✓	Work in progress. Completion expected by Q4 2012
			Report annually to BOH on performance on response within identified timelines	✓	Developing Reporting framework. Completion expected by Q3 2012.
			Provide community with information and a Public Health response for critical health issues in a timely manner.	Ongoing	Ongoing

Objective	Strategic Action	PHS Lead & Divisions involved	Activities	Status	Comments
			Review and improve Food Safety Zone website accessibility	✓	Implementation of changes to the website will occur in 2013. Unable to complete in 2012 due to other priorities related to Green Card system.
BOH, PD	Managing Program Performance	T. Bendo E. Richardson All	Develop performance indicators and targets for all programs	✓	Indicators and targets to be developed for all programs, and initial report on baseline to be completed by Q4 2012. Initial indicators developed as part of Accountability Agreement. Updating Ministry of Health & Long-term Care as requested.
			Develop system to monitor compliance	✓	Service Performance and Accountability Committee established, mandate includes development of monitoring system. Initial compliance report to BOH in fall 2012.
			Review Organizational Standard and make recommendations for compliance	✓	Initial review of Organizational Standards complete and reviewed with BOH. Plans to address gaps incorporated into departmental plans. Continuing to address gaps.
			Work with province to develop Accountability Agreement for BOH consideration	⊗	Completed. Baseline measures and 2012 performance targets successfully negotiated Q2, 2012.
			Work with province on Developmental Indicators	✓	Awaiting further steps from province

Objective	Strategic Action	PHS Lead & Divisions involved	Activities	Status	Comments
BOH	Program Operational Plans	E. Richardson All	Complete operational plans for all programs.	Ongoing	Operational plans completed for 2011 and 2012 for all programs. 2013 Operational Plans to be developed following approval of 2013 DBP.
BOH	Financial Accountability - improve financial monitoring, reporting and performance	E. Richardson All	Achieve 100% compliance with corporate and provincial policies Accurately forecast monthly position	Ongoing ✓	Ongoing - Implemented new procurement procedures as per new policy. Major revision in HR policies to be rolled out Q3/4 2012. Continuing to develop and utilize new tools for financial monitoring. Completed Business Process Review on BERs. Implemented recommendations. Improved tools developed for forecasting. Moved forecasting to 6 times per year. Will incorporate analysis of historical trends into BER tool.
BOH	E-Health Solutions Multi-year plan	T. Bendo E. Richardson All	Proactively manage budget based on forecasts Develop plan to implement electronic methods for client scheduling and registration, nursing documentation and clinic management	✓ ⊛	Identified strategies to target systemic issues creating budget variances Plan presented to BOH October 2011

Objective	Strategic Action	PHS Lead & Divisions involved	Activities	Status	Comments
			Develop business case and capital budget requests for plan		Business case included in October BOH report. Capital request approved in 2012 budget. One time funding request submitted to the Province in 2012 budget submission. Funding request not received.
			Implement OSCAR: - Mental Health Q2 2012 - Sexual Health Q4 2012 - Family Health Q1 2013		OSCAR currently being implemented for flu clinics in fall 2012.
BOH	Evidence-based practice and decision-making	T. Bendo All	Develop data architecture for PHS which will support key performance indicator reporting and surveillance PHS wide		Consultant has provided recommendations for data architecture for PHS. 2013 capital request submitted to expand Information system to include all of Public Health.
		J. Emili T. Bendo	Align research activities with the Strategic Plan/Strategic Business Plan		Consultations within PHS complete. Report to BOH Q4 2012. Key partners to be identified and MOUs developed Q2 2013
		T. Bendo J. Emili	Develop staff competencies to support evidence-based decision-making		Review roles of program staff and specialized staff, and develop staff competency development plan. Completion Q4 2013.
		T. Bendo J. Emili	Review model for health status monitoring and surveillance activities		Plan to be developed in Q1 2013 for surveillance and Q3 2013 for health status.

Objective	Strategic Action	PHS Lead & Divisions involved	Activities	Status	Comments
		T. Bendo All	Produce 5 new health status reports - Cancer incidence and mortality - Alcohol, gambling and drugs - Oral health - Emergency Preparedness - Food Safety	✓	<p>4 Completed:</p> <ul style="list-style-type: none"> - Healthy Eating, Healthy Weights & Physical Activity in Hamilton - Emergency Preparedness - Cancer incidence & Mortality - Alcohol, gambling & drugs <p>3 for Completion in Q4:</p> <ul style="list-style-type: none"> - Oral health - Child Health - Food safety <p>Completion for Q1 2013:</p> <ul style="list-style-type: none"> - Healthy Eating Healthy Weights & Physical Activity in Hamilton: SES differences
BOH	Continually improve programs and services	T. Bendo All	Undertake program evaluations/situational assessments within 7 programs: - Media Evaluation; - Non-Management Learning Needs; - Vector-Borne Disease Logic Model Development & Evaluation Framework; - Waterdown Sexual Health Clinic Service Evaluation; - VPD School Program Evaluation; - Prenatal Evaluation;	✓	<p>4 completed:</p> <ul style="list-style-type: none"> - Media Evaluation; - Non-management Learning Needs - Vaccine Preventable Diseases School Program Evaluation - Vector-Borne Disease Logic Model Development & Evaluation Framework <p>1 scheduled for completion Q4:</p> <ul style="list-style-type: none"> - Waterdown Sexual Health Clinic Service Evaluation; <p>Withdrawn:</p> <ul style="list-style-type: none"> - Prenatal Evaluation
	Monitoring and Evaluation	All	Document monitoring and evaluation activities in operational plans and ensure used to inform/change subsequent year's program planning.	Ongoing	Program monitoring & evaluation activities are being integrated into operational plans. Documentation of changes to subsequent year's program planning is incorporated into operational plans.

Objective	Strategic Action	PHS Lead & Divisions involved	Activities	Status	Comments
BOH	Rationalization of Schedule 20 of the Licensing By-Law subsequent to Ontario Retirement Homes Act	R. Hall HP	Review new Ontario Retirement Homes Act and its regulations, and make recommendations to Board of Health for modifications to Schedule 20 to reduce duplication while ensuring health and safety of residents of Schedule 20 facilities remain protected.		Analysis of draft regulations completed and recommendations submitted to Province. Report approved by council in 2012 with recommendations to amend Licensing Bylaw and monitor the financial impacts as part of 2013 budget process.

Corporate Priority #3 – Leadership & Governance

We work together to ensure we are a government that is respectful toward each other and that the community has confidence and trust in

Objective	Strategic Action	PHS Lead & Divisions	Activities	Status	Comments
<p>CSP</p> <p>3.1 Engage in a range of inter-governmental relations (IGR) work that will advance partnerships and projects that benefit the City of Hamilton.</p>	<p>Develop and maintain a list of priority and “shovel-ready” projects, across all Departments, in order to more efficiently present opportunities for collaboration with other levels of government</p>	<p>E. Richardson</p>	<p>Develop a list of PHS priority initiatives</p>	<p>Ongoing</p>	<p>Priority initiatives developed yearly as part of the planning process.</p>
<p>CSP</p> <p>3.2 Build organizational capacity to ensure the City has a skilled workforce that is capable and enabled to deliver its business objectives</p>	<p>Implement a workforce management strategy</p>	<p>E. Richardson</p>	<p>Develop profile of current workforce, including early retirements</p> <p>Forecast workforce supply and skill demands</p> <p>Participate in development of and implement a succession planning program for leadership and critical need positions</p> <p>Develop and implement a leadership and management development plan</p> <p>Developing an attraction and retention strategy that fosters a diverse and inclusive workforce</p> <p>Develop the role of the Nursing Practice Advisor</p>	<p>✓</p> <p>✓</p> <p>✓</p> <p>✓</p> <p>✓</p> <p>✓</p>	<p>Initial steps to be accomplished as part of succession planning for leadership and critical need positions (see below)</p> <p>Awaiting next steps from HR</p> <p>Contributed to development as member of SMT.</p> <p>Management development program developed based on needs assessment in coordination with HR, and implementation began Q3 2012 to run to Q4 2013.</p> <p>Awaiting next steps from HR</p> <p>Developing logic model and work plan for the Nursing Practice Advisor.</p>

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BOH	Revise the existing performance management system and implement across organization	E. Richardson	Participate in HR process using information gained from PHS Core Competency Pilot	✓	Contributed to development of new corporate core competencies and PA tool. HR to pilot in 2013; Incorporated new competencies in Management Development Program.
	Manage performance to improve workforce effectiveness	E. Richardson	Achieve 90% completion of performance appraisals	✓	Increased completion rate from 58% to 81% in 2011. Final 2012 numbers available Q1 2013.
	Develop core competencies of staff	T. Bendo E. Richardson	Determine staff competency development priorities	↔	Survey of staff professional development needs completed. Plans will be developed to address priority needs in 2013. Delayed due to vacancy of position. To be restarted in Q4 2012.
CSP 3.3 Improve employee engagement	Develop and implement an internal communication strategy	T. Hall	Participate in corporate process	✓	Awaiting next steps from CMO
	Development of new Corporate Employee Recognition Program	E. Richardson	Participate in corporate process	✓	Awaiting next steps from CMO
N	Implement the Healthy Workplace Strategy	K. Leung L. Beaudoin	Participate in corporate process	✓	Awaiting Healthy Workplace Advisory Committee to present Strategy to SMT.
	Develop an organizational effectiveness strategy and implementation plan to support the successful achievement of PHS strategic goals.	G. McArthur E. Richardson	Development of a change management process about organizational effectiveness and demonstrating the values in PHS	✓	Change Management process adopted. Application to organizational effectiveness initiatives ongoing
			Consolidation plans are aligned with organizational effectiveness and values	✓	Change Management plan under development for PHS Consolidation Project Team. Plan completion by Q1 2013
			Track progress through Employee Engagement Survey beginning in 2013 and every 2-3 years ongoing.	✓	Recommend employee engagement survey tools for PHS by Q2 2013

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CSP 3.4 Enhance opportunities for administrative and operational efficiencies	Leverage technology to streamline workflow processes, enable better workforce management, and assist in management decision making	E. Richardson	Implement Position Management	✓	Verification completed for second time in Q1 2012
		E. Richardson	Participate in Automated Workflow & Approvals & Employee & Manager Self-Service	✓	Awaiting next steps from HR
	Implement the Employee Attendance Management Action Plan to decrease absenteeism	E. Richardson	Participate in implementation	✓	Participating in HR's Management Action Plan to reduce sick absences by 10% by Q4 2014.
BOH	Human Resources Policies and Procedures	G. McArthur All Corporate HR	Complete review of all human resource policies and procedures and establish more formal mechanisms for regular review.	✓	Corporate HR workplan established for 2013. Related PHS Departmental policies and procedures are continuing to be updated based on approved Corporate policies and procedures
			Develop policies for volunteers.	↩	PHS draft volunteer policies and procedures have been shared with Human Resources. HR policy is delayed and no new end date has been determined. PHS will complete Dept P&P by Q1 2013.
BOH	Position Descriptions	E. Richardson All Corporate HR	Collaborate with Human Resources to develop position descriptions for all staff.	↩	Director and AMOH job descriptions completed in 2010. Manager and non-union job descriptions completed as posted during 2011. New corporate competency model being piloted in 2013.
Previous CSP Foster positive relationships between staff and Board of Health	Ensure requests from individual BOH members are addressed in the most appropriate manner		Recommend approaches for the consideration of the Board of Health on how to appropriately address such requests	⊙	Completed 2012
BOH Support effectiveness of Board of Health members	Continuing education of BOH members	E. Richardson	OCCHA encouraged Board of Health members to Participate in continuing education opportunities to facilitate their knowledge skills, and understanding relative to their roles and responsibilities.	↩	Notifications for educational opportunities continue to be sent to BOH. First BOH Workshop delivered in Q3 2012 on Emergency Response.

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BOH	Health & Safety	T. Bendo	<p>Conduct monthly workplace inspections in a manner consistent with agency policy & legislation.</p> <p>Provide WHMIS training to all new staff and assess training needs annually.</p>	<p>Ongoing</p> <p>✓</p>	<p>Workplace inspections are being conducted on a monthly basis.</p> <p>On-line WHMIS training developed and incorporated into Orientation to PHS Project. To date approximately 90% of staff have completed training. New employees complete training as part of their orientation.</p>