2014 Board of Health Governance and Compliance Update

Date: February 4, 2014
To: Board of Health
From: Medical Officer of Health
Wards: All Wards
Reference Number: 

SUMMARY

This report provides the Board of Health (BOH) with an update on governance and compliance requirements as stated in the Ontario Public Health Organizational Standards, an overview and status of the current and formal committees of the BOH, and an update on the BOH follow up reports for 2014.

The BOH is asked to review the committees in Table 1 of this report, and to appoint BOH members to serve on these committees in 2014. In addition, this report recommends the BOH pay expenses associated with BOH participation at the Association of Local Public Health Agencies (alPHA) board meetings and conferences; as well as to consider and approve the recommendations brought forward through the 2013 BOH Self Evaluation.

RECOMMENDATIONS

The Medical Officer of Health recommends that:

1. The Board of Health review current membership and appoint BOH members as required to the Budget Committee, the Performance Appraisal of Medical Officer of Health (MOH) Committee, and the 2014 Public Health Champion Awards Selection Committee.

2. The Board of Health pay expenses incurred by the current BOH representative on the alpha Board of Directors when participating at alPHA board meetings, alPHA Board of Health Section meetings and alPHA semi-annual meetings/conferences in 2014, within the approved 2014 budget.

3. The Board of Health encourage the participation of all BOH members at alPHA Board of Health Section meetings and semi-annual meetings/conferences held in
Toronto in 2014, and pay expenses associated with this participation within the approved 2014 budget.

4. The Board of Health adopt the recommendations brought forward through the 2013 BOH Self Evaluation including:

   Direct the Medical Officer of Health to work with the City Clerk's Office and the Chair to:

   a. Develop new orientation/training program and materials for newly appointed BOH members, which will include:
      - a user friendly guide on BOH bylaws and procedures;
      - the dissemination of newly launched provincial BOH e-learning modules;
      - special orientation/training sessions on specific aspects of BOH governance as needed (such as legal authority, budget process, BOH procedures and bylaws, role of the Clerk's Office etc.);
      - contact list of senior Toronto Public Health Staff for BOH members to contact for follow up on BOH reports and presentations;

   b. Create a mentorship initiative that matches new public members of the Board with appointed City Councillors (or vice-versa); and arrange seating based on mentoring matches; and

   c. Establish additional mechanisms to support BOH member input on agenda planning and strategic planning processes.

Financial Impact
There are no financial impacts related to this report.

DECISION HISTORY
At its April 4, 2011 meeting, the BOH received a report on the newly released Ontario Public Health Organizational Standards (HL3.2 Ontario Public Health Standards).

At its October 17, 2011 meeting, the BOH received a report on the 2011 – 2013 Toronto Public Health Accountability Agreement, which is based on the Ontario Public Health Standards, the Organizational Standards, the Foundational Standard, and other legislative requirements under the Health Protection and Promotion Act (HL8.2 2011 – 2013 Toronto Public Health Accountability Agreement).

At its February 27, 2012 meeting, the BOH reviewed the list of committees and working groups and appointed BOH members to participate (HL11.6 Board of Health Sub-Committees and Working Groups).

At its February 11, 2013 meeting, the BOH reviewed the list of committees and working groups and determined which should be reconstituted and appointed BOH members to participate (HL19.7 2013 Board of Health Committees and Working Groups).
At its January 20, 2012 meeting, the BOH received a report to approve an appointment of a BOH to serve as a representative on the alPHa Board of Directors, to pay the expenses associated with the participation; and encouraged the participation of its members at any alPHa Board of Health Section meetings and semi-annual meetings/conferences held in Toronto in 2012 and pay expenses associated with this participation (HL10.8 Board of Health Representation and Attendance at 2012 Association of Local Public Health Agencies (alPHa) Meetings).

At its February 27, 2012 meeting, the BOH selected a member to serve as its representative on the alPHa Board of Directors, Dr. Abdul Fattah (HL11.7 Board of health Representation and Attendance at 2012 Association of Local Public Health Agencies (alPHa) Meetings).

**ISSUE BACKGROUND**

**Ontario Public Health Organizational Standards:**

In February 2011, the Ministry of Health and Long-Term Care, and the former Ministry of Health Promotion and Sport (now a division within the Ministry of Health and Long-Term Care), released the Ontario Public Health Organizational Standards (OPHOS or "The Organizational Standards"), which set out a number of management and governance requirements for all 36 boards of health and local public health agencies across Ontario.

The Organizational Standards were recommended in the provincial Capacity Review Committee’s Final Report “Revitalizing Ontario’s Public Health Capacity” (2) as a performance standard to promote organizational excellence, establish the foundation for effective and efficient governance, program and service delivery, and contribute to a public health sector with a greater focus on performance, accountability and sustainability. There are 44 requirements within The Organizational Standards, which are grouped in to the following six categories:

1. **Board Structure** – goal/objective is to ensure that the structure of the board of health facilitates effective governance and respects the required partnerships with municipalities as well as the need for local flexibility in board structure. All eight requirements in this category are drawn from the Health Protection and Promotion Act (HPPA).

2. **Board Operations** – the goal/objective of this category is to enable boards of health to operate in a manner that promotes an effective board, effective communication and transparency. Only one of the ten requirements is new, all others reiterate HPPA requirements.

3. **Leadership** – the aim of the two new requirements is to ensure board of health members develop a shared vision for the organization, use proactive, problem solving approach to establishing the organization’s strategic directions, and take responsibility for governing the organization to achieve their desired vision.

4. **Trusteeship** – the goal/objective of the three new requirements is to ensure that board of health members have an understanding of their fiduciary roles and
responsibilities, that their operations are based on the principles of transparency and accountability, and that board of health decisions reflect the best interest of the public’s health.

5. Community Engagement and Responsiveness – the aim of the five new requirements is to ensure that the board of health is responsive to the needs of the local communities and shows respect for the diversity of perspectives of its communities in the way it directs the administration of the health unit in planning, operating, evaluating and adapting its programs and services.

6. Management Operations – the intent of this grouping of requirements is to ensure that the administration of the board of health uses a proactive, problem solving approach to establishing its operational directions, demonstrates its organizational priorities and objective through its actions on program delivery, and functions in an efficient and effective manner. Eleven out of sixteen of the requirements in this category are new.

Board of Health Committees:
The BOH establishes various committees and working groups to provide advice and recommendations on operational and public health issues to support informed decision-making by the BOH as a whole. Each year, the BOH reviews the list of committees of the previous year and appoints board members as required.

Formal committees of the BOH are supported by the City Clerk's Office and Toronto Public Health (TPH) staff. This includes the Budget Committee and the Performance Appraisal of the Medical Officer of Health Committee.

The Public Health Champion Awards Selection Committee is an informal committee of the BOH, but an important committee. The Toronto Public Health Champion Awards were established in 2008 as a legacy initiative commemorating the 125th anniversary of public health in Toronto, and recognizes individuals and organizations that have made outstanding contributions to protecting and promoting the health of Toronto's residents each year. The role of this committee is to review individual and organization nominations, assess and rate the nominations based on the established criteria, and select annual award recipients. Support for this committee is provided by TPH staff.

alPHa Representation:
The Toronto Board of Health is an active member of alpha. In January 2012, with the appointment of new public members, the BOH selected Dr. Abdul Fattah as its representative to serve on the alPHa Board of Directors, and approved paying for expenses incurred for this participation. The BOH also recommended that all members participate in alPHa meetings, specifically Board of Health Section meetings, as well as semi annual conferences and meetings, if held in Toronto. Historically, the reimbursement of expenses incurred for BOH member participation at alPHa meetings and conferences is approved at the start of each year, and must be within the approved annual budget.
Ontario Public Health Organizational Standards:
The provincial government does not assess health unit compliance with the OPHOS. The intent is to operationalize The Organizational Standards via the Accountability Agreement (AA), which has been achieved through specific measures developed and included in the signed AA. However, the Medical Officer of Health initiated a process to periodically assess the ongoing achievement and compliance with all 44 requirements.

An initial assessment was conducted in 2011, and results indicated that the BOH and TPH were almost 100% compliant with the OPHOS requirements. Two areas in particular were identified as requiring further work:

1. Trusteeship category - **Board of health self-evaluation**: Establish a board of health self-evaluation and process
2. Community Engagement category – **Public reporting**: Disseminate an annual financial and performance report to the public.

In addition to the two areas above, a further, more comprehensive review in 2012 indicated that improvement can be made by TPH on six sub-requirements of The Operational Standards, these include:

1. Board Operations category - **Board of health policies**: The board of health shall ensure that board of health by-laws, and policies and procedures are reviewed and revised as necessary, and at least every two years.
2. Leadership category - **Strategic plan**: The board of health shall have a strategic plan and shall ensure that it is reviewed at least every other year and revised as appropriate.
3. Management Operations category – **Service level agreements**: Where a board of health functions as part of a municipal or regional government and is required to contribute financially to the corporate provision of services (e.g., IT, HR), the board of health shall ensure the administration negotiates a service level agreement with its local government which includes a description of the scope, volume and timeliness of services to be provided for a specific cost.
4. Management Operations category - **Communications strategy**: The board of health shall ensure that the administration develops an overall communication strategy (*external communication strategy*)
5. Management Operations category – **Research ethics**: The board of health shall ensure that the administration establishes, maintains and implements policies and procedures related to research ethics that reflect accepted standards of practice.
6. Management Operations category – **Human resources strategy**: The board of health ensures that the administration establishes a human resources strategy.

**Action and Outcomes:**
In 2013, an assessment of the actions taken on the above was undertaken. Following the completion of the BOH Self Evaluation in the Fall 2013, the BOH and TPH are 100% compliant with the OPHOS. See Attachment 1 - Level of Achievement with the OPHOS Requirements for details on action taken.
Board of Health Self Evaluation:
With respect to the BOH Self Evaluation, the process was initiated October 3, 2013, and involved two components: an online survey and one-on-one interviews (conducted by staff in the City's organizational development division to preserve integrity of the process). The evaluation was designed based on the OPHOS BOH Self Evaluation Guidelines, best practices from other health units in Ontario (e.g., North Bay and Ottawa), and Accreditation Canada's Governance Functioning Tool. The evaluation focused on four key areas including: BOH Roles & Responsibilities; Information Sharing; BOH Relations; and BOH Planning.

Overall, the BOH self evaluation had positive results and verified strong governance, functioning, accountability (as a team and as individuals) and support for public health and decision making. For example, BOH members report they have a clear understanding of their roles and responsibilities, there is appropriate structure to exercise this responsibility and are aware of their powers, limitations and restrictions.

Board of Health members assessed TPH staff as very supportive, well – informed and professional, and believe that TPH staff roles at BOH meetings are helpful. Members also reported that the Chair conducts meetings in a way that moves the business of the BOH forward. These are important elements of a well functioning board.

In regard to individual member evaluation, BOH members reported they take their role, leadership and competencies (skills they contribute) seriously; and all members reported they take the time to prepare for meetings in order to participate fully in the discussions, debate and decision making.

While there were no significant concerns or issues arising from the evaluation process, room for improvement was identified in the areas of individual roles/responsibilities; information sharing and BOH relations, as well as improving opportunities to participate in BOH planning. Below are recommendations for improvement which will enhance and support the four pillars of BOH governance and accountability:

1. Develop a new orientation/training program and materials for newly appointed BOH members. This would include user friendly guide on BOH bylaws and procedures; the dissemination of newly launched provincial BOH e-learning modules; and special orientation sessions on specific aspects of BOH governance as needed (such as legal authority, budget process, BOH procedures and bylaws, and the role of the City Clerk's Office). New orientation material will also include senior TPH staff contact information for follow up related to BOH reports and presentations.

A new BOH orientation/training program will further support BOH members and enhance members' knowledge of key governance, administrative and accountability requirements. It will also improve information sharing and BOH relations and planning;
2. Create a mentorship initiative that matches new public members of the Board with appointed City Councillors (or vice-versa); and arrange seating based on mentoring matches.

This will provide additional support to public members new to the BOH when they have questions about reports and BOH procedures and bylaws, and will build stronger relations amongst all BOH members; and

3. Establish additional mechanisms to support BOH member input on agenda planning and strategic planning processes. This could be accomplished through the Medical Officer of Health and the Chair of the BOH asking members to identify additional public health issues and priorities.

This will improve BOH relations and planning, allow for more engagement of the public members in governance process, and will clarify how BOH agendas relate to the health unit's strategic plan and BOH organizational priorities and requirements, as well as the legislative mandate.

In addition to recommendation #3, it should be noted that the City Clerk's Office and TPH staff work together to support BOH agenda planning by tracking decisions pertaining to specific reports, including requests for report backs within a specified timeframe. This tracking helps ensure that the BOH decisions are carried out within the directed timelines, and activities are not lost in the administrative process.

In 2013, the Medical Officer of Health was directed to report back to the BOH on a number of public health issues and policy related reports. There are a total of 13 follow up reports, which are tracking for submission to the BOH between February 10 and November 17, 2014. In alphabetical order, the issues for report back in 2014 include:

Active Transportation Pilots Update
Cycling Safety Update
Health and Social Impacts of Climate Change in Toronto
Healthy Babies/Healthy Children & TPH Services
Mental Health Supports/Model in Racialized Communities
Preschool Speech Language
Personal Service Settings – Training and Certification
Smoke Free Public Squares
Smoking Regulation Patios
Status of the Restaurant Pilot Project/Menu Labelling
Student Nutrition Program Update of Year Two of the Five-Year Plan
Suicide Prevention
Tobacco Cessation Services

Board of Health Committees:
At the February 2012 meeting, the BOH received a report to review current BOH Committees and Working Groups, and to appoint BOH members as required. In addition to appointing BOH members to the two formal committees, the BOH also reconstituted
the Public Health Champion Awards Selection (which was on hold for a review and assessment as directed by the BOH), and appointed BOH members.

It is important to know that the BOH can establish committees and working groups as needed at any time. Committees and working groups are supported by TPH staff. Table 1 below provides a description of current committees of the BOH and includes scope, meeting frequency, number of BOH members to appoint, and current BOH membership.

Table 1: Toronto Board of Health Committees

<table>
<thead>
<tr>
<th>Board of Health Committees</th>
<th>Purpose/Scope</th>
<th>Meeting Frequency &amp; Membership</th>
<th>BOH Membership 2013</th>
<th>Recommendation for BOH Consideration</th>
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<tbody>
<tr>
<td><strong>Budget Committee</strong></td>
<td>The purpose of the Budget Sub-Committee is to make recommendations to the BOH on the capital and operating budgets, and review other matters that may have a significant impact on a future budget, as required</td>
<td>Three times per year or at the discretion of the BOH Chair, Six to seven BOH members</td>
<td>Councillor John Filion, Councillor Sarah Doucette, Councillor Joe Mihevc, Councillor Gord Perks, Councillor Kristyn Wong-Tam, Kristle Calisto Tavares, Dr. Abdul Fattah</td>
<td>Appoint members for 2014</td>
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<tr>
<td><strong>Performance Appraisal of the MOH Committee</strong></td>
<td>Established annually to conduct the performance appraisal of the Medical Officer of Health</td>
<td>Annual meeting in-camera, Three to four BOH members</td>
<td>Councillor Sarah Doucette, Councillor Joe Mihevc, Kristle Calisto Tavares, Dr. Abdul Fattah</td>
<td>Appoint members for 2014</td>
</tr>
<tr>
<td><strong>Public Health Champion Awards Selection Committee</strong></td>
<td>The purpose of the Public Health Champions Awards Committee is to review nominations and select the award recipients</td>
<td>Two to three times between April and June, Three to five members</td>
<td>Councillor Kristyn Wong-Tam, Dr. Abdul Fattah, Trustee Pamela Gough, Dr. Jennifer Sarjeant, Rumina Velshi</td>
<td>Appoint members for 2014</td>
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**alPHa Representation:**
Dr. Abdul Fattah is the current BOH representative on the alPHa Board of Directors, and there are no specific term requirements for this appointment (unless the BOH representative officially steps down from this appointment, resigns from the BOH, or a new BOH is put in place).

The BOH is asked to approve reimbursement of the costs associated with the participation of Dr. Fattah on the alPHa Board of Directors, and associated meetings and conferences in 2014. In addition, to help facilitate and encourage other BOH member participation at alPHa meetings/conferences held throughout the year in Toronto, it is recommended that the BOH approve all member attendance at alPHa meetings/conferences held in Toronto, and reimburse costs associated with this participation, within the 2014 approved budget.

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**SIGNATURE**

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Dr. David McKeown  
Medical Officer of Health

**ATTACHMENTS**
Attachment 1: Toronto Public Health - Level of Achievement with OPHOS Requirements