

Clause 18 in Report No. 9 of Committee of the Whole was adopted, without amendment, by the Council of The Regional Municipality of York at its meeting held on May 21, 2015.

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Public Health Accountability Agreement
Performance Management Report

Committee of the Whole recommends adoption of the following recommendation contained in the report dated April 24, 2015 from the Commissioner of Community and Health Services and Medical Officer of Health:

1. Recommendation

It is recommended that Council receive this report for information.

2. Purpose

Receipt and consideration of this report allows Council to carry out its legislative duties and responsibilities as the board of health under the *Health Protection and Promotion Act*. It summarizes York Region Public Health's performance under the Accountability Agreements with the Ministry of Health and Long-Term Care.

3. Background

Accountability Agreements between the Ministry of Health and Long-Term Care and boards of health were introduced in 2011

The Accountability Agreements with the Ministry of Health and Long-Term Care (MOHLTC) provide a framework for setting specific performance expectations of public health units across Ontario. They set out the obligations for a three-year period, the first of which ended in 2013. The agreements outline the respective roles and responsibilities of the MOHLTC and the board of health and serve as a monitoring tool to support and inform continuous quality improvement strategies. They also establish the data reporting requirements to support monitoring of the performance indicators.

The performance management system reports on, and responds to the performance of boards of health and health units

Accountability Agreement performance indicators are common across all 36 public health units in Ontario. The performance indicators are measurements that reflect the status of the public health system at a particular point in time. Indicators reveal the direction of the system and whether it is improving, deteriorating or staying the same. The data collected through the performance management system assists both MOHLTC and York Region Public Health in understanding the public health system and how to improve it. While the Integrated Public Health Information System collects some of the data required, there is currently no provincial data system that reports on all the indicators included in the Accountability Agreement.

4. Analysis and Options

The 2013 year end data is the most recent data available which provides a comparison of York Region Public Health performance against the average performance for all 36 Ontario public health units. While York Region has received its individual performance data for the 2014 reporting period, the 2014 comparison data will not be available to Public Health Units until late summer 2015.

Table 1 illustrates York Region Public Health’s performance on five key performance indicators, where it has met all targets set by MOHLTC. It also demonstrates that York Region’s performance is slightly better than the Ontario Public Health Unit average across five indicators. These five indicators are the only ones for which the Ontario Public Health Unit average is available and reported by MOHLTC.

Table 1
Performance Indicators where York Region met the Provincial Targets

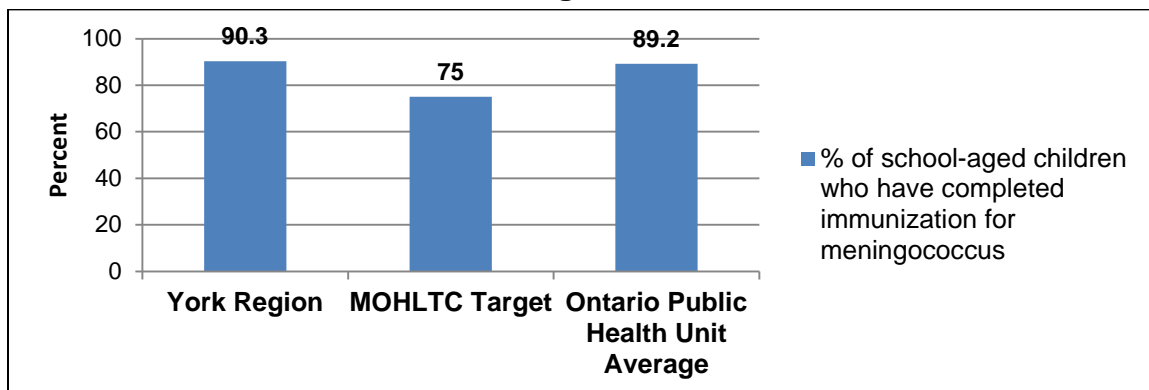
Indicator	York Region Performance	MOHLTC Performance Targets	Ontario Public Health Unit Average
% of high risk food premises inspected once every 4 months while in operation	100%	100%	98.4%
% of class A pools inspected while in operation	100%	100%	96.5%

Public Health Accountability Agreement

Indicator	York Region Performance	MOHLTC Performance Targets	Ontario Public Health Unit Average
% of high-risk Small Drinking Water Systems inspections completed for those that are due for re-inspection	100%	100%	96.3%
% of confirmed gonorrhoea cases where initiation of follow-up occurred within 0-2 business days	100%	100%	98.6%
% confirmed Invasive Group A Streptococcal Disease cases where initiation of follow-up occurred on the same day as receipt of lab confirmation of a positive case	100%	100%	99%
% of high risk food premises inspected once every 4 months while in operation	100%	100%	98.4%

Figure 1 illustrates the percentage of school-aged children who have completed their immunizations for meningococcus, the bacterium that causes Meningitis. The 2009/2010 school year baseline data recorded 65.5% of school-aged children had completed immunizations for meningococcus. In 2013, York Region exceeded the MOHLTC target on this performance indicator.

Figure 1
Percentage of school-aged children who have completed immunizations for meningococcus



In Figure 2, the percentage of both the HPV and Influenza vaccines wasted that were stored and/or administered by the Public Health Unit once again demonstrates that York Region is exceeding the provincial average. With respect to HPV vaccine wastage, York Region has achieved better results than the target set by MOHLTC. The targets set in 2013 were based on baseline data that was provided to the MOHLTC in 2010. When targets were set for 2013, MOHLTC relied on baseline data that was reported by York Region in 2010, which was 0% of influenza vaccine being wasted. As a result, York Region Public Health was not able to meet the performance target. The performance targets in the new 2014-2016 Accountability Agreement have been renegotiated with the MOHLTC to a more realistic percentage point.

Figure 2
Percentage of Vaccines Wasted that were Stored/Administered by Public Health

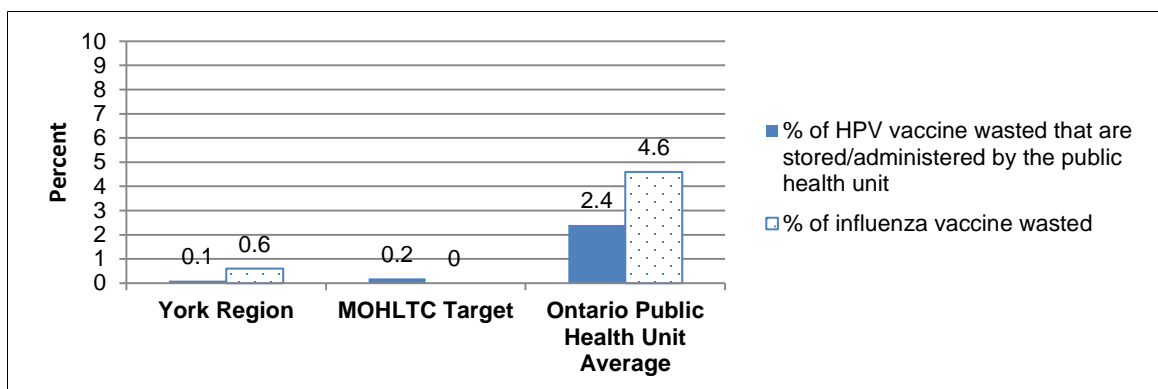


Table 2 provides a summary of York Region Public Health’s performance results related to indicators for which average Ontario Public Health Unit performance data was not released by MOHLTC. For all five indicators, York Region has met, or performed slightly better than, the MOHLTC performance targets.

Table 2
Performance indicators for which Average Ontario Public Health Unit
Performance Data was not Released or not Applicable

Indicator	York Region Performance 2013	MOHLTC Performance Targets
% of youth (ages 12 - 18) who have never smoked a whole cigarette	92.9%	92.6%
% of tobacco vendors in compliance with youth access legislation at the time of last inspection	97.6%	≥90%
Fall-related emergency visits in older adults aged 65 +	4512.8 per 100,000 population	Maintain or improve current rate (4447 in 2009 baseline)
% of population (19+) that exceeds the Low-Risk Drinking Guidelines	15.8%	Not applicable
Baby Friendly Initiative (BFI) Status	Advanced	Advanced

2014-2016 Accountability Agreement performance indicators

Additional performance indicators have been included in the 2014-2016 Accountability Agreement. Additional performance indicators focus on the Health Protection and Health Promotion activities of the Public Health, including food safety, personal service settings, tobacco control, rabies, vaccine wastage, oral health and nutrition. There is a specific requirement in the 2014-2016 Accountability Agreement to inform the Board of Health on the implementation status of the NutriSTEP® Preschool Screen. NutriSTEP® is a simple risk screening questionnaire used to assess eating habits and identify nutrition problems early in children 3-5 years of age. This will be rolled-out across the Region in 2015. York Region has been involved in the NutriSTEP® research and pilot testing of different implementation methods as a member of the NutriSTEP® National and Provincial Advisory Committees.

Link to key Council-approved plans

This report directly contributes to supporting the *2015-2019 Strategic Plan* objectives to “support community health and well-being” and “protecting public health”.

5. Financial Implications

The Public Health operating budget is managed within the Regional approved budget. In 2014, the Public Health gross operating budget was \$66.4 million offset by provincial funding of \$45.6 million, Other Revenues (such as fees, charges and other sundry revenues) of \$0.5 million, and Net Regional Tax Levy of \$20.3 million.

At present, performance measures are not directly tied to the amount of funding York Region Public Health receives from MOHLTC. However, given the government's focus on accountability and performance management, it is possible that in the future, the amount of funding Public Health receives from MOHLTC could be dependent on how well York Region Public Health performs at meeting the requirements set out in the accountability agreements.

6. Local Municipal Impact

The annual results of Public Health's year-end performance assists with program planning processes and evaluation of public health programs and services for all York Region residents.

7. Conclusion

In accordance with the requirements of the Accountability Agreement with the Ministry of Health and Long-Term Care, York Region Public Health will continue to report on all performance indicators, as requested. Public Health staff will continue to keep the Board of Health informed on MOHLTC's response regarding York Region's performance. Reports produced by MOHLTC will be reviewed by staff to enable cross-health unit analysis for improvement opportunities.

For more information on this report, please contact Shelley Stalker, Manager, Epidemiology & Research at ext. 74507.

The Senior Management Group has reviewed this report.

April 24, 2015

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Accessible formats or communication supports are available upon request