



STAFF REPORT ACTION REQUIRED

2014-2016 Toronto Public Health Accountability Agreement

Date:	December 22, 2014
To:	Board of Health
From:	Medical Officer of Health
Wards:	All Wards
Reference Number:	

SUMMARY

This report provides the Toronto Board of Health (BOH) with an overview of the Ministry of Health and Long-Term Care (MOHLTC) three year Accountability Agreement (AA). This is the second three-year agreement entered into, and is specifically designed to support public health programming and its continuous quality improvement in the areas of; local program management and service delivery; communicable disease surveillance, policy development and risk assessment, and public reporting.

This agreement was signed on December 5, 2014 by the MOHLTC and the Medical Officer of Health on behalf of the Board of Health.

RECOMMENDATIONS

The Medical Officer of Health recommends that:

1. The Medical Officer of Health report to the Board of Health annually on Toronto Public Health's achievements on the performance indicators included in the Accountability Agreement.

Financial Impact

There are no financial impacts related to the AA.

It is important to note that provincial funding approval is not contingent on performance measure outcomes.

DECISION HISTORY

At its August 18, 2014 meeting, the BOH approved a report on the results of Toronto Public Health's (TPH) performance indicators for 2013:

<http://app.toronto.ca/tmmis/viewAgendaItemHistory.do?item=2014.HL33.8>

At its April 29, 2013 meeting, the BOH approved a report on the results of TPH's performance indicators for 2012:

<http://app.toronto.ca/tmmis/viewAgendaItemHistory.do?item=2013.HL21.6>

At its June 25, 2012 meeting, the BOH approved a report on the results of TPH's performance indicators for 2011:

<http://app.toronto.ca/tmmis/viewAgendaItemHistory.do?item=2012.HL15.9>

At its October 17, 2011 meeting, the BOH approved the first three year Accountability Agreement with the Ministry of Health and Long-Term Care. The BOH also delegated authority to the Medical Officer of Health to negotiate, finalize and execute future Accountability Agreements, and requested the Medical Officer of Health to report annually to the BOH on the Accountability Agreement:

<http://app.toronto.ca/tmmis/viewAgendaItemHistory.do?item=2011.HL8.2>

ISSUE BACKGROUND

In 2010, as part of a commitment by the provincial government to simplify BOH reporting requirements, the MOHLTC developed a public health accountability agreement for the first time in Ontario. The process involved extensive consultation between the MOHLTC and all 36 local public health agencies. In addition, representatives of TPH, the BOH and the City's legal division participated on provincial AA committees and provided subject matter advice on the appropriate performance indicators for Toronto.

As a result of the consultation process, the 2011-2013 AA was finalized and associated schedules were customized to reflect each BOH's approved provincial funding envelope, relevant reporting requirements and the new performance indicators. The BOH adopted and authorized entering into a three year AA on October 17, 2011.

Since that time, TPH has reported annually to the BOH on its progress. Over the period of the previous agreement, TPH continued to improve performance and in the final year (2013) achieved the following results:

Five indicators exceeded performance expectations including:

- % of high risk food premises inspected once every 4 months while in operation
- % of Class A pools inspected while in operation
- % of confirmed gonorrhoea cases where initiation of follow-up occurred within 2 days
- % of influenza vaccine wasted

- % of tobacco vendors in compliance with youth access legislation at the time of last inspection

Two indicators met performance expectations:

- % of confirmed iGAS cases where initiation of follow-up occurred on the same day as receipt of lab confirmation of a positive case
- Baby Friendly Initiative (BFI) Status

Two indicators underachieved performance expectations:

- % of HPV vaccine wasted
- % of school-aged children who have completed immunization for meningococcus

Toronto Public Health was able to exceed or meet expectations through review and implementation of program delivery and business processes to achieve efficiencies. The two underachieved indicators were for immunization programs and were a result of unanticipated MOHLTC additional vaccine program requirements. TPH will monitor performance in 2014 and anticipates improvement, since these were unique events in 2013.

COMMENTS

Content of the Accountability Agreement

In 2013, the MOHLTC set up another consultation process to develop the next three year AA (2014-2016). Throughout the process, TPH provided input and negotiated 27 indicators, including 12 new indicators for the existing programs and services requiring annual reporting. Given the fact that the provincial election was called in May 2014, the completion of the 2014-2016 AA was delayed. In November, the AA was finalized, along with customized schedules, and issued to each local public health agency for signature. On November 14, 2014 the Medical Officer of Health signed the 2014-2016 AA. On December 5, 2014 the MOHLTC signed the 2014-2016 AA and it was implemented. See Appendix 1 for contents of the AA.

The 27 indicators include 17 Health Protection and 10 Health Promotion indicators. The performance indicators and targets are detailed in Appendix 2. The 12 new indicators are:

Health Protection Indicators (7)

- % of moderate risk food premises inspected once every 6 months while in operation (new)
- % of public spas inspected while in operation
- % of personal services settings inspected annually
- % of suspected rabies exposures reported with investigation initiated within one day of notification
- % of confirmed gonorrhoea cases treated according to recommended Ontario treatment guidelines
- % of salmonella cases where one or more risk factor(s) other than “Unknown” was entered into the integrated Public Health Information System (iPHIS)

- % of refrigerators storing publicly funded vaccines that have received a completed routine annual cold chain inspection

Health Promotion Indicators (5)

- % of secondary schools inspected once per year for compliance with section 10 of the Smoke-Free Ontario Act (SFOA)
- % of tobacco retailers inspected for compliance with section 3 of the Smoke-Free Ontario Act (SFOA)
- % of tobacco retailers inspected once per year for compliance with display, handling and promotion sections of the Smoke-Free Ontario Act (SFOA)
- Oral Health Assessment and Surveillance: % of all JK, SK and Grade 2 students screened in publicly funded schools
- Implementation of NutriStep® Preschool Screen

Accountability Agreements are an important, commonly used tool throughout the provincial health system. As under the previous AA, the data collected and performance outcomes for each indicator will better inform decision making at the local and provincial level.

It is important to note that the on-going discussions and negotiations of indicators and targets support TPH in its quality improvement, public reporting and resource allocation efforts. No concerns or issues have been identified throughout the process or in the 2014-2016 AA which would impact TPH or the BOH, including the provincially-funded programs and services that TPH delivers.

Additionally, the 2014-2016 AA contains a new Schedule (E-1), Board of Health Financial Controls, to support the integrity of the Board of Health's financial statements. Toronto Public Health has these mechanisms in place including compliance with City By-Laws and financial processes. Schedule E-1 will be reported to the MOHLTC through a Financial Controls checklist.

CONTACT

Debra Williams
Director, Performance and Standards
Toronto Public Health
Tel: 416-338-8134
Email: dwillia4@toronto.ca

SIGNATURE

Dr. David McKeown
Medical Officer of Health

APPENDICES

Appendix 1: Content of the 2014-2016 Accountability Agreement

Appendix 2: 2014-2016 Accountability Agreement Indicators and Targets

Appendix 1: Content of the 2014-2016 Accountability Agreement

Agreement Article	Title
Article 1	Interpretation and Definitions
Article 2	Representations, Warranties, and Covenants
Article 3	Term of this Agreement
Article 4	Grant
Article 5	Performance Improvement
Article 6	Acquisition of Goods and Services, and Disposal of Assets
Article 7	Conflict of Interest
Article 8	Reporting, Accounting and Review
Article 9	Freedom of Information and Protection of Privacy
Article 10	Indemnity
Article 11	Insurance
Article 12	Termination on Notice
Article 13	Termination where no Appropriation
Article 14	Event of Default, Corrective Action and Termination for Default
Article 15	Return of the Grant
Article 16	Notice
Article 17	Consent by Province
Article 18	Severability of Provisions
Article 19	Waiver
Article 20	Independent Parties
Article 21	Assignment of Agreement or The Grant
Article 22	Governing Law
Article 23	Further Assurances
Article 24	Joint and Several Liability
Article 25	Rights and Remedies Cumulative
Article 26	Failure to Comply with Other Agreements
Article 27	Schedules
Article 28	Survival
Article 29	Counterparts
Article 28	Entire Agreement
Schedule A-1	Program-Based Grants
Schedule B-1	Related Program Policies and Guidelines
Schedule C-1	Reporting Requirements
Schedule D-1	Performance Obligations
Schedule E-1	Board of Health Financial Controls

Appendix 2: 2014-2016 Accountability Agreement Indicators and Targets

Health Protection Indicators

#	Health Protection Indicator	Baseline	2014 Target	2015 Target	2016 Target
2.1	% of high risk food premises inspected once every 4 months while in operation	97.8%	100.0%	tbd	tbd
2.2	% of moderate risk food premises inspected once every 6 months while in operation (new)	54.4%	85.0%	tbd	tbd
2.3	% of Class A pools inspected while in operation	98.5%	100.0%	tbd	tbd
2.4	% of high-risk Small Drinking Water Systems (SDWS) inspections completed for those that are due for re-inspection	n/a *	n/a *	n/a *	n/a *
2.5	% of public spas inspected while in operation (new)	80.4%	n/a **	n/a **	n/a **
3.1	% of personal services settings inspected annually (new)	88.5%	90.0%	tbd	tbd
3.2	% of suspected rabies exposures reported with investigation initiated within 1 day of PHU notification (new)	tbd	n/a	tbd	tbd
3.3	% of confirmed gonorrhoea cases where initiation of follow-up occurred within 2 days	90.5%	100.0%	tbd	tbd
3.4	% of confirmed iGAS cases where initiation of follow-up occurred on the same day as receipt of lab confirmation of a positive case	100%	n/a **	n/a **	n/a **
	% of confirmed gonorrhoea cases treated according to recommended Ontario treatment guidelines (new in 2015)	tbd	n/a	tbd	tbd
	% of salmonella cases where one or more risk factor(s) other than "Unknown" was entered into iPHIS (new in 2015)	tbd	n/a	tbd	tbd
4.1	% of HPV vaccine wasted that is stored/administered by the PHU	0.1%	1.0%	tbd	tbd
4.2	% of influenza vaccine wasted that is stored/administered by the PHU	1.9%	1.9%	tbd	tbd
4.3	% of refrigerators storing publicly funded vaccines that have received a completed routine annual cold chain inspection (new)	96.3 %	97.0%	tbd	tbd
4.4	% of school-aged children who have completed immunizations for hepatitis B	tbd ***	n/a	tbd	tbd
4.5	% of school-aged children who have completed immunizations for HPV	tbd ***	n/a	tbd	tbd
4.6	% of school-aged children who have completed immunizations for meningococcus	tbd ***	n/a	tbd	tbd

* no small drinking water systems in Toronto

** monitoring indicator, no target

*** returning in 2015

Health Promotion Indicators

#	Health Promotion Indicator	Baseline	2014 Target	2015 Target	2016 Target
1.1	% of population (19+) that exceeds the Low-Risk Drinking Guidelines	22.2%	n/a [†]	n/a [†]	n/a [†]
1.2	Fall-related emergency visits in older adults aged 65+ (rate per 100,000 per year)	tbd	n/a ^{††}	n/a ^{††}	††
1.3	% of youth (ages 12-18) who have never smoked a whole cigarette	tbd	n/a ^{††}	n/a ^{††}	††
1.4	% of tobacco vendors in compliance with youth access legislation at the time of last inspection	96.3%	≥90%	≥90%	tbd
1.5	% of secondary schools inspected once per year for compliance with section 10 of the Smoke-Free Ontario Act (new)	tbd	100%	100%	tbd
1.6	% of tobacco retailers inspected for compliance with section 3 of the Smoke-Free Ontario Act (new)	53.5%	100%	100%	tbd
1.7	% of tobacco retailers inspected once per year for compliance with display, handling and promotion sections of the Smoke-Free Ontario Act (new)	74.9%	100%	100%	tbd
1.8	Oral Health Assessment and Surveillance: % of all JK, SK and Grade 2 students screened in publicly funded schools (new)	tbd	100%	100%	tbd
1.9	Implementation of NutriStep® Preschool Screen (new)	Preliminary	Intermediate	tbd	tbd
1.10	Baby Friendly Initiative Status	Designated	Designated	Designated	tbd

† monitoring indicator, no target

†† one long-term target to be set for 2016