

**Report to
Rapport au:**

**Ottawa Board of Health
Conseil de santé d'Ottawa
5 February 2018 / 5 février 2018**

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Ward: CITY WIDE / À L'ÉCHELLE DE LA VILLE File Number: ACS2018-OPH-KPQ-0001

**SUBJECT: OTTAWA BOARD OF HEALTH PUBLIC HEALTH FUNDING AND
ACCOUNTABILITY AGREEMENT – 2017 YEAR-END RESULTS**

**OBJET: RESULTATS DE FIN D'EXERCISE 2017 – ENTENTE DE
RESPONSABILISATION ET DE FINANCEMENT EN SANTE PUBLIQUE
DU CONSEIL DE SANTE D'OTTAWA**

REPORT RECOMMENDATIONS

**That the Board of Health for the City of Ottawa Health Unit receive for information
the 2017 year-end results and related information, as outlined in this report.**

RECOMMANDATIONS DU RAPPORT

Que le Conseil de santé de la circonscription sanitaire de la Ville d'Ottawa reçoive, à titre d'information, les résultats de fin d'exercice 2017 ainsi que l'information reliée, comme l'indique le présent rapport.

BACKGROUND

As noted in the 2017 mid-year update, presented to the Board on September 18, 2017, (ACS2017-OPH-PQK-0001), the Public Health Funding and Accountability Agreement (PHFAA) between the Ministry of Health and Long-Term Care (MOHLTC) and the Board of Health has been in place since 2014. This document sets out the Board's fiscal responsibilities for Ottawa Public Health (OPH), as well as reporting requirements and performance obligations. Performance obligations for selected areas are tracked with indicators to measure compliance with the Ontario Public Health Standards as well as related reporting requirements to the Ministry. Indicators are monitored regularly by the MOHLTC, and, in the past, PHFAA targets were assigned to specific indicators. Where no MOHLTC targets are established for particular indicators, OPH has endeavoured to maintain or improve on past performance.

The MOHLTC released the current suite of 2017 PHFAA monitoring indicators for 2017 in June 2017. It is expected that a new Ministry-Board Accountability Agreement will be released by the MOHLTC later this year. Further details on the accountability agreement and any related indicators are expected from the Ministry as part of its ongoing work relating to the implementation of the new *Ontario Public Health Standards: Requirements for Programs, Services, and Accountability* (the OPHS), which were published in December 2017.

Further, as part of its release of the OPHS, the MOHLTC announced the establishment of an Indicator Implementation Task Force in early 2018, whose work will include the identification of indicators to be reported on by public health units by the end of 2018. OPH staff will continue to provide updates to the Board on the accountability agreement as well as relevant performance and reporting obligations as more information is received from the Ministry.

DISCUSSION

As previously reported to the Board (ACS2017-OPH-PQK-0001):

- The suite of 2017 PHFAA indicators is comprised of 15 indicators without any explicit targets set by the Ministry, which means that they are for monitoring only by the Ministry.

- While there were no explicit targets set by the MOHLTC for 2017, OPH continues to monitor and assess levels of performance using internal benchmarks, based on previous targets and past performance, as appropriate.

A summary of the 2017 performance for the indicators is found in Table 1, below. Of the 15 indicators, 6 that have specific internal benchmarks have either met or performed better than the internal targets. Three areas had challenges with meeting internal benchmarks in relation to specific indicators:

HPV Vaccine Wastage

An update was previously provided to the Board on the HPV vaccine wastage issue for the 2016/17 school year as well as the mitigation measures that were implemented (ACS2017-OPH-PQK-0001). For this 2017/18 school year, the HPV indicator is currently on track with the internal benchmark.

High-Risk Food Premises

Overall, the weekly monitoring and reassignment of food premises to ensure completion of inspections has worked well for 2017. Inspections of high-risk food premises largely remained on track with the year-end internal benchmark. All premises were inspected three times over the year as required, except for one, which was temporarily closed when the third inspection was attempted. This single premise has since been inspected.

Personal Services Settings

While still below the internal benchmark, the team has made considerable progress with personal services settings (PSS) inspections in 2017, despite the challenges previously reported to the Board (ACS2017-OPH-PQK-0001). Specifically, a backlog of inspections resulted from the diversion of resources to support the additional pressures of 2017, including the Ottawa River Flood Enhanced Response, *Ottawa 2017* special events, and new provincial requirements for the Healthy Menu Public Health Inspectors. PSS routine inspections alone accounted for almost 900 inspections conducted during the year. It should be noted that all high-risk PSS were inspected as required, except for one, which was temporarily closed when the inspection was attempted. This single high-risk PSS has since been inspected and uninspected PSS will be prioritized in early 2018.

Table 1: Summary of the PHFAA indicators and their status

Indicator	Time Frame	Status
% of tobacco vendors in compliance with youth access legislation at the time of last inspection	2017	Met internal benchmark
% of tobacco retailers inspected once per year for compliance with display, handling and promotion sections of the Smoke-Free Ontario Act (SFOA)	2017	Met internal benchmark
% of high-risk food premises inspected once every 4 months while in operation	2017	Off, but largely met internal benchmark (missed one)
% of Class A pools inspected while in operation <ul style="list-style-type: none"> • year-round Class A pools • seasonal Class A pools 	2017	Met internal benchmark
% of personal services settings inspected annually	2017	Off internal benchmark
% of laboratory confirmed gonorrhea cases treated according to guidelines	2017	Better than internal benchmark
% of HPV vaccine wasted that is stored/administered by the public health unit	2016/17 school year	Off benchmark
	2017/18 school year	On track
% of refrigerators storing publicly funded vaccines that have received a completed routine cold chain inspection	2017	Met internal benchmark
% of school-aged children who have completed immunizations for hepatitis B	2016/17 school year	Monitoring only
	2017/18 school year	
% of school-aged children who have completed immunizations for HPV	2016/17 school year	Monitoring only
	2017/18 school year	
% of school-aged children who have completed immunizations for meningococcus	2016/17 school year	Monitoring only
	2017/18 school year	
% of MMR vaccine wasted (OPH + other health care providers)	2017	Monitoring only
% of 7 or 8 year old students in compliance with the ISPA	2016/17 school year	Monitoring only
	2017/18 school year	
% of 16 or 17 year old students in compliance with	2016/17	Monitoring only

Indicator	Time Frame	Status
the ISPA	school year	
	2017/18 school year	
% of influenza vaccine wasted (OPH + other health care providers)	2016/17 flu season	Monitoring only
	2017/18 flu season	

RURAL IMPLICATIONS

There are no rural implications in relation to this report.

CONSULTATION

The purpose of this report is administrative in nature, and therefore no public consultation is required.

LEGAL IMPLICATIONS

There are no legal impediments to receiving this report for information

RISK MANAGEMENT IMPLICATIONS

The current suite of monitoring indicators for 2017 has no specific MOHLTC targets. OPH continues to monitor and assess levels of performance using internal benchmarks (based on previous targets and past performance), as appropriate.

FINANCIAL IMPLICATIONS

There are no financial implications associated with receiving this report for information.

ACCESSIBILITY IMPACTS

There are no accessibility implications in this report.

DISPOSITION

This report is for information. On a go-forward basis, OPH will respond to any MOHLTC reporting requirements as they arise.