

**Report to
Rapport au:**

**Ottawa Board of Health
Conseil de santé d'Ottawa
17 October 2016 / 17 octobre 2016**

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Ward: CITY WIDE / À L'ÉCHELLE DE LA VILLE File Number: ACS2016-OPH-IQS-0008

**SUBJECT: OTTAWA BOARD OF HEALTH PUBLIC HEALTH FUNDING AND
ACCOUNTABILITY AGREEMENT 2016 MID-YEAR UPDATE**

**OBJET: ENTENTE DE RESPONSABILISATION ET DE FINANCEMENT EN
SANTÉ PUBLIQUE DU CONSEIL DE SANTÉ D'OTTAWA – COMPTE
RENDU DE MI-ANNÉE (2016)**

REPORT RECOMMENDATIONS

That the Board of Health for the City of Ottawa Health Unit receive the following for information:

- 1. A summary of Amending Agreement No. 5 to the Public Health Funding and Accountability Agreement between the Board of Health and the Ministry of Health and Long-Term care, as outlined in this report;**
- 2. Completed 2015/16 school year results for Oral Health Assessment and Surveillance indicators, as outlined in this report; and**
- 3. 2016 year-to-date results, as outlined in this report.**

RECOMMANDATIONS DU RAPPORT

Que le Conseil de santé de la circonscription sanitaire de la ville d'Ottawa reçoive les renseignements suivants à titre d'information :

- 1. Un sommaire de l'entente modificatrice n° 5 de l'Entente de responsabilisation et de financement en santé publique entre le Conseil de santé et le ministère de la Santé et des Soins de longue durée, comme l'indique le présent rapport;**
- 2. Résultats de l'année scolaire de 2015-2016 obtenus pour les évaluations de santé bucco-dentaire et les indicateurs de surveillance; et**
- 3. Résultats de 2016 depuis le début de l'année, comme l'indique le présent rapport.**

BACKGROUND

In January 2014, the Ministry of Health and Long-Term Care (MOHLTC) released the 2014-2016 Public Health Funding and Accountability Agreement (PHFAA), formerly the Public Health Accountability Agreement (PHAA) ([ACS2014-OPH-IQS-0001](#)). The goal of the PHFAA is to drive continual improvement in public health performance and accountability.

The 2016 PHFAA includes the Board's: fiscal responsibility, performance obligations (e.g. performance indicators and compliance with Ontario Public Health Standards), reporting requirements and approved financial funding. Each of the performance indicators is monitored by the MOHLTC but not all performance indicators have specific PHFAA targets. For indicators where the MOHLTC does not establish specific targets, OPH endeavours to maintain or improve upon past performance. In situations where

MOHLTC targets are not achieved or performance of monitoring indicators declines then the MOHLTC may require submission of a Performance Report to document the cause and quality improvement plan. While the PHFAA and its related processes continue to evolve over time, staff engages the Board of Health at key times during the year to keep the Board apprised of annual indicators and targets, final results from the previous year, and mid-year results for the current year.

In April 2016, the Board of Health (BOH) received an update on 2015 year-end results, approved five Performance Reports and was informed that the PHFAA contains 37 indicators for 2016, with MOHLTC targets pending ([ACS2016-OPH-IQS-0001](#)).

DISCUSSION

Summary of Amending Agreement No. 5

The Ottawa Board of Health's PHFAA with the MOHLTC has been amended (Amending Agreement No. 5), effective January 1, 2016. The amendments address financial and performance aspects of the agreement. The performance aspects of this amendment include the 2016 performance indicators, previously communicated to the Board of Health ([ACS2016-OPH-IQS-0001](#)), and the associated 2016 targets (Document1). Targets have been established for 14 of the 37 indicators and reflect consideration of: previous Ottawa public health unit targets, universally mandated targets based on the Ontario Public Health Standards and Protocols, and historic performance of Ottawa Public Health. Targets are becoming increasingly stringent based upon past strong performance (e.g. follow-up of rabies and salmonellosis cases). The Medical Officer of Health approved this amending agreement on behalf of the Board of Health and returned it to the MOHLTC. The signed agreement is available on file for review.

Oral Health Assessment and Surveillance results

Since the last BOH update, the 2015/16 school year has finished and Ottawa Public Health met established provincial targets related to oral health:

- Oral health assessment and surveillance: 100% of schools were screened; and
- 100% of JK, SK and Grade 2 students were screened in all publicly funded schools;

2016 year-to-date results

OPH is currently on track to meet expectations for all 14 performance indicators that have been assigned explicit MOHLTC targets.

- Tobacco vendors in compliance with youth access legislation at the time of last inspection;
- % of secondary schools inspected once per year for compliance with section 10 of the *Smoke-Free Ontario Act*;
- % of tobacco retailers inspected for compliance with section 3 of the *Smoke-Free Ontario Act* [non-seasonal]
- % of tobacco retailers inspected for compliance with section 3 of the *Smoke-Free Ontario Act* [seasonal]
- % of tobacco retailers inspected once per year for compliance with display, handling and promotion sections of the *Smoke-Free Ontario Act*;
- Oral health assessment and surveillance: % of schools screened;
- % of JK, SK and Grade 2 students screened in all publicly funded schools;
- Implementation status of NutriSTEP® preschool screen;
- Baby-Friendly Initiative (BFI) status;
- % of high-risk Small Drinking Water Systems inspections completed for those that are due for inspection;
- % of suspected rabies exposures reported with investigation initiated within 1 day of Public Health Unit notification;
- % of Salmonellosis cases where one or more risk factor(s) other than 'unknown' was entered into iPHIS;
- % of influenza vaccine wasted that is stored/ administered by the public health unit.
- % of refrigerators storing publicly funded vaccines that have received a complete routine annual cold chain inspection.

Environmental Health Protection is experiencing increasing community demands for service (e.g. enhanced responses related to infrastructure, increasing numbers of special events requiring food vendor inspections, increasing numbers of service requests including the incidence of human - animal interactions with a risk of rabies infection). As a result, the following health protection monitoring indicators are currently

experiencing challenges and mitigation plans are in place to ensure performance is maintained.

- % of Class A pools inspected while in operation [year-round facilities]
- % of public spas inspected while in operation [year-round facilities]
- % of personal services settings inspected annually

In addition, within the monitoring indicators, a single case of iGas missed its target for same day follow-up. Quality improvement has been implemented and 96% performance has been achieved.

NEXT STEPS

Staff will continue to monitor performance related to PHFAA indicators, participate in MOHLTC data verification and reporting processes and implement quality improvement.

RURAL IMPLICATIONS

There are no rural implications to this information 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 the information in this report.

RISK MANAGEMENT IMPLICATIONS

This report meets the requirements of the PHFAA and reporting to the MOHLTC.

FINANCIAL IMPLICATIONS

There are no financial implications to receiving this report.

ACCESSIBILITY IMPACTS

There are no accessibility implications to receiving this report.

TECHNOLOGY IMPLICATIONS

There are no technology implications associated with receiving this report.

SUPPORTING DOCUMENTATION

Document 1: Targets for 2016 PHFAA Indicators

DISPOSITION

This report is presented to the Board for information purposes.