

If this information is required in an accessible format, please contact 1-800-372-1102 ext. 3111



The Regional Municipality of Durham Information Report

From: Commissioner & Medical Officer of Health
Report: #2024-INFO-31
Date: April 26, 2024

Subject:

Public Health Program Planning, Accountability & Reporting

Recommendation:

Receive for information

Report:

1. Purpose

- 1.1 To provide an overview of the Durham Region Health Department's (DRHD) program planning process, accountability requirements and reporting processes.
- 1.2 To respond to the results of the Board of Health Self-Evaluation Survey which identified a need share more information about DRHD's planning process and annual reports.

2. Background

- 2.1 Regional Council is Durham Region's Board of Health (BOH). The duties of BOHs are articulated in the [Health Protection and Promotion Act](#) (HPPA). BOHs are required to "superintend, provide or ensure the provision of the health programs and services required by the [Health Protection and Promotion] Act and the regulations to the persons who reside in the health unit served by the board" (section 4, clause a, HPPA).
- 2.2 The [Ontario Public Health Standards: Requirements for Programs, Services, and Accountability](#) (OPHS) are published as the public health standards for the provision of mandatory health programs and services by the Minister of Health, pursuant to Section 7 of the HPPA.

- 2.3 The Province provides grants to the BOH under the HPPA pursuant to section 76 of the HPPA for delivery of mandatory and related public health programs and services that meet the OPHS and HPPA.
- 2.4 Provincial funding for delivery of mandatory public health and related programs is set out in the Public Health Funding and Accountability Agreement (PHFAA).
- 2.5 In accordance with the Organizational Requirements of the OPHS, the BOH must operate in a transparent and accountable manner and is required to produce an annual financial and performance report to the general public.
- 2.6 Additionally, the BOH must ensure a culture of quality and continuous improvement and demonstrate transparency and accountability to clients, the public and other stakeholders, which may include the use of external peer reviews, such as accreditation.
- 2.7 With oversight by Regional Council as the BOH, DRHD implements and operationalizes provincially mandated requirements.
- 2.8 Key resources and background information to support Regional Council in fulfilling its duties as Durham Region's BOH are available on the [Board of Health Manual](#) webpage.

3. Public Health Program Planning

- 3.1 DRHD's Planning and Evaluation policy articulates its strategic and operational planning process, including its planning cycle. In accordance with the policy, all DRHD programs are established through a strategic and operational planning process, while ensuring compliance with the OPHS and HPPA.
- 3.2 DRHD's program plans are documented using its program logic model (PLM) template. DRHD's program planning process and tools were updated in 2017 based on best practices, policy documents, published tools, and key informant interviews with DRHD staff.
- 3.3 The revised PLM was developed to ensure transparency, compliance with the OPHS, and alignment with Ministry of Health (MOH) reporting requirements. Using a PLM for program planning purposes is well supported in the literature as PLMs are seen as effective tools for planning, evaluation and accountability.
- 3.4 In the PLMs, each program is required to provide a summary of the key data and information that demonstrates the communities' needs for the program as well as information on priority populations if available. PLMs document all program activities and objectives, linkages to the OPHS requirements, relevant community partners and level of engagement, performance indicators, mid-year and year-end updates and key accomplishments.

3.5 Each program selects up to three priorities, from all the activities and objectives planned for the year, to highlight and report on for the calendar year. Managers present progress on their priorities internally through management meetings and through public reporting.

4. Accountability and Reporting

4.1 Since 2017, DRHD has been accredited by Accreditation Canada. Accreditation is an ongoing process of assessing health care and social services organizations against national and international standards of excellence to identify areas for improvement to their services.

4.2 DRHD's accreditation status requires review every four years. DRHD's most recent review occurred in December 2022.

4.3 The accreditation process demonstrates DRHD's commitment to continuous quality improvement and helps to ensure that DRHD is providing the highest quality of services. The process also helps to ensure DRHD is meeting organizational standards and requirements as mandated by the Province.

4.4 DRHD publicly reports program priorities in its annual Health Plan available on durham.ca on the [Health Check-Up! Reports and Health Plans](#) webpage. The Health Plan includes only those program priorities identified by Program Managers to highlight each year. It does not include the full scope of activities and objectives implemented across all programs.

4.5 In accordance with the OPHS and to ensure transparency, DRHD is required to produce an annual performance report to share with the public. The annual Health Check-Up!, also available on the [Health Check-Up! Reports and Health Plans](#) webpage, summarizes DRHD's accomplishments by program and highlights key achievements through data, infographics and descriptive stories.

4.6 DRHD provides regular updates to Regional Council on its programs and services through quarterly program reports in the Council Information Package (CIP). Program specific updates are also provided to Health & Social Services Committee through presentations, as needed.

4.7 The annual Advocacy, Engagement & Partnerships Report (AEP) highlights the groups/partners that DRHD collaborates with to deliver programs and services. The AEP is available to Regional Council on the [Board of Health Manual](#) webpage.

4.8 DRHD is required to provide detailed program plans and program budgets in its Annual Service Plan & Budget (ASPB) submission to the MOH. The ASPB requires that all program plans align with programs as articulated in the OPHS and detailed program budgets.

- 4.9 In accordance with the OPHS and the PHFAA, DRHD is required to submit an Annual Report and Attestation to the MOH. The Annual Report and Attestation requires BOHs to:
- a. Provide a year-end summary report on program achievements, finances, identify any changes to planned program activities and demonstrate compliance with program and financial requirements.
 - b. Describe the activities undertaken for one-time initiatives funded by the MOH and any related outcomes achieved.
 - c. Attest to compliance with the Organizational Requirements in the OPHS as well as some program specific requirements.
- 4.10 DRHD is also required to submit quarterly program activity reports to the MOH, in accordance with the PHFAA. Quarterly program activity reports include program data and information that are used and collected as part of the MOH's oversight role of on-going monitoring of public health programs and services.
- 4.11 Annually, DRHD is also required to report on any high risks it is managing including any controls and processes in place to minimize the risks identified.

5. Relationship to Strategic Plan

- 5.1 This report aligns with the following strategic goal and priority in the Durham Region Strategic Plan:
- a. Goal 5: Service Excellence: 5.3: Demonstrate commitment to continuous quality improvement and communicating results.

6. Conclusion

- 6.1 DRHD Programs review and confirm their program plans following Regional Council approval of DRHD's Business Plans & Budgets.
- 6.2 The annual Health Plan reports DRHD's program priorities.
- 6.3 DRHD reports year-end accomplishments in its annual Health Check-Up!
- 6.4 Updates on program activities are provided to Regional Council through quarterly Program Reports included in the CIP.
- 6.5 Ongoing DRHD updates are provided to HSSC and Regional Council, as required.

Respectfully submitted,

Original signed by

R.J. Kyle, BSc, MD, MHSc, CCFP, FRCPC, FACPM
Commissioner & Medical Officer of Health