

TO: Chair and Members of the Board of Health

FROM: Christopher Mackie, Medical Officer of Health

DATE: 2013 November 21

CRITERIA WEIGHTS FOR 2014 BUDGET

Recommendation

It is recommended that the Board of Health endorse the criteria presented in Report No.121-13 re Criteria Weights for 2014 Budget.

Key Points

- Following approval of the 12 criteria to guide the 2014 budget process, the next step is to assign weight to each criterion that reflects its relative importance.
- Criteria weights developed based on input from all members of the Board of Health and the Senior Leadership Team at the retreat on November 1 2013 are being used to guide the PBMA process.
- While these weights will be reviewed for the next budget year and all budget decisions are subject to the final approval of the Board of Health, it is important that the Board of Health has the opportunity to fully discuss them and consider whether they are acceptable for guiding the 2014 process.

Background

At the October 2013 meeting, Board of Health members will recall approving 12 criteria to guide investments and dis-investments as part of the 2014 budget development process ([Report No. 117-13](#)). These criteria are an essential part of the Program Budgeting and Marginal Analysis (PBMA) process, which transparently uses pre-defined criteria to facilitate the reallocation of resources based on maximizing the value of services. The use of PBMA was approved by the Board at the September 2013 meeting ([Report No. 094-13](#)).

Criteria Weights

The next step in the PBMA process was to establish weightings for each of the 12 criterion. These weightings reflect the relative importance of each criterion in budgetary decision-making. The criteria weights reported below were developed based on the input of all members of the Board of Health and the Senior Leadership Team at the retreat on November 1 2013. The total weight of all the criteria must add up to 100%.

<u>Criteria</u>	<u>Weight</u>
1. Legislative Requirements – Legal Mandate	15%
2. Legislative Requirements – Strategic Directions	6%
3. Need – Health	7%
4. Need – Health Equity and Social Determinants	8%
5. Impact – Health	14%
6. Impact – Health Equity and Social Determinants	14%
7. Impact – Client Experience	11%
8. Capacity – Other Organizations	4%
9. Partnerships/Collaboration – Achieving Shared Goals	6%
10. Organizational Risks – Litigation, Reputation	8%
11. Organizational Risks – Implementation Challenges	3%
12. Organizational Risks – Impact on Culture	4%
Total	100%

Next Steps

The criteria will be applied to developing proposals for additional resource investment and disinvestment within the Health Unit. Each resource investment/disinvestment proposal is rated against these criteria and given a score that reflects the extent to which it maximizes value of those resources to the community. The areas for potential investment/disinvestment will be presented to the Board at a future meeting, and appropriate proposals will be incorporated into the 2014 budget for Board of Health approval.

This report was prepared by Mr. Ross Graham, Manager of Strategic Projects.



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