

AGENDA
MIDDLESEX-LONDON BOARD OF HEALTH
Governance Committee

399 Ridout Street, London
Middlesex-London Board of Health Boardroom
Thursday, June 18, 2015 6:00 p.m.

- 1. DISCLOSURE OF CONFLICTS OF INTEREST**
- 2. APPROVAL OF AGENDA**
- 3. APPROVAL OF MINUTES** – April 16, 2015
- 4. BUSINESS ARISING FROM THE MINUTES**
- 5. NEW BUSINESS**
 - 5.1. 2012-14 Strategic Plan – Final Report on Strategic Directions (10-15GC)
 - 5.2. Draft Middlesex-London Health Unit 2015-2020 Strategic Plan and Next Steps (11-15GC)
 - 5.3. Board of Health Development Plan (12-15GC)
- 6. CONFIDENTIAL**
- 7. OTHER BUSINESS** – September 17, 2015 @ 6:00 p.m.
- 8. ADJOURNMENT**

PUBLIC SESSION MINUTES
MIDDLESEX-LONDON BOARD OF HEALTH
Governance Committee

399 Ridout Street, London
Middlesex-London Board of Health Boardroom
Thursday, April 16, 2015 6:00 p.m.

Committee Members Present: Mr. Mark Studenny (Chair)
 Mr. Ian Peer
 Ms. Viola Poletes Montgomery
 Mr. Kurtis Smith

Regrets: Mr. Stephen Turner

Others Present: Dr. Christopher Mackie, Medical Officer of Health & CEO
 Ms. Sherri Sanders, Executive Assistant to the Board of Health
 (Recorder)
 Mr. Jordan Barringa, Manager, Strategic Projects
 Ms. Laura Di Cesare, Director, Human Resources and Corporate
 Strategy
 Dr. Trevor Hunter, Board member
 Ms. Sarah Maaten, Epidemiologist
 Ms. Joanne Vanderheyden, Board member

Committee Chair, Mr. Mark Studenny, called the Committee meeting to order at 6:00 p.m.

1. DISCLOSURES OF CONFLICT(S) OF INTEREST

Mr. Studenny inquired if there were any disclosures of conflict of interest to be declared. None were declared.

2. APPROVAL OF AGENDA

It was moved by Mr. Peer, seconded by Mr. Meyer *that the [AGENDA](#) for the April 16, 2015 Governance Committee meeting be approved.*

Carried

3. APPROVAL OF MINUTES

It was moved by Mr. Smith, seconded by Ms. Vanderheyden *that the Minutes from the [February 19, 2015](#) Governance Committee meeting be approved.*

Carried

4. BUSINESS ARISING FROM THE MINUTES - none

5. NEW BUSINESS

5.1. Orientation Update (**07-15GC**)

Ms. Laura Di Cesare, Director, Human Resources and Corporate Strategy, assisted Committee members with their understanding of this report. She announced that the Board Orientation for new Board members will take place at 4:30 p.m. on Thursday, May 21, 2015, prior to the May Board meeting. A light supper will be provided.

Ms. Di Cesare also reported that all Board of Health members are required to complete the second phase of the Accessibility for Ontarians with Disabilities Act (AODA) training. A link for the Online Training will be provided by email.

5.2. Governance Committee Reporting Calendar (08-15GC)

Mr. Jordan Barringa, Manager, Strategic Projects, reviewed the Governance Committee Reporting Calendar which provides a recommended quarterly schedule for topics to be discussed at the Governance Committee.

It was moved by Ms. Poletes Montgomery, seconded by Mr. Meyer *that Reports No. 07-15GC Orientation Update and 08-15GC re Governance Committee – Reporting Calendar be received for information* .

Carried

5.3. 2015 Board of Health Self-Assessment Results (09-15GC)

Ms. Sarah Maaten, Epidemiologist, assisted Committee members with their understanding of this report by providing an overview of the Self-Assessment results, including that a strong majority of Board members agree that the Board is achieving its outcomes.

After discussion, it was moved by Ms. Poletes Montgomery, seconded by Mr. Peer that:

- 1) *The Governance Committee receive the findings of the March 2015 Board Self-Assessment as outlined in Report No. 09-15GC re 2015 Board of Health Self-Assessment Results, and further*
- 2) *The Governance Committee task Health Unit staff to develop a plan for continuous improvement of Board of Health effectiveness and engagement based on the findings of the survey and best practices to present at a future Governance Committee.*

Carried

In response to a question about the next step for the Strategic Plan, Dr. Mackie replied that next will be presented to the Governance Committee at the June 18, 2015, meeting.

6. CONFIDENTIAL

At 6:25 p.m., it was moved by Ms. Poletes Montgomery, seconded by Mr. Meyer *that the Governance Committee move in camera to discuss personal matters about an identifiable individual.*

Carried

At 6:35 p.m., it was moved by Ms. Poletes Montgomery, seconded by Mr. Peer that the Governance Committee return to a public forum and report *that progress was made concerning an issue dealing with personal matters about an identifiable individual.*

Carried

7. OTHER BUSINESS

The next meeting of the Governance Committee is scheduled for Thursday, June 18, 2015 at 6:00 p.m. Items for this agenda will include the following:

- MLHU Strategic Plan
- Board of Health Self-Assessment Professional Development Plan

8. ADJOURNMENT

At 6:40 p.m., it was moved by Ms. Poletes Montgomery, seconded by Mr. Smith *that the meeting be adjourned.*

Carried

MARK STUDENNY
Chair

CHRISTOPHER MACKIE
Secretary-Treasurer



TO: Chair and Members of the Governance Committee

FROM: Christopher Mackie, Medical Officer of Health

DATE: 2015 June 18

2012-14 STRATEGIC PLAN – FINAL REPORT ON STRATEGIC DIRECTIONS

Recommendation

It is recommended that the Governance Committee receive Report No.10-15GC re: “2012-14 Strategic Plan – Final Report on Strategic Directions” for information.

Key Points

- The 2012-14 Strategic Plan concluded at the end of 2014.
- There were significant accomplishments for each of the strategic directions and some initiatives have sustained momentum and will continue to deliver strategic organizational impact going forward.
- Lessons learned from the 2012-14 Strategic Plan have been applied to the 2015-2020 strategic planning process and implementation.

Background

The Middlesex-London Health Unit 2012-14 Strategic Plan was initiated in 2011 with a staff and community consultation process spearheaded by Maria Sanchez-Keane at the Centre for Organizational Excellence. The product of this work was the 2011 Middlesex-London Health Unit Discovery Report. For a more detailed background on the 2012-14 strategic planning process, see [Report No. 008-13](#).

The 2012-14 strategic directions that resulted from the staff and community consultation process were:

- Strategic Direction (A): Improved Health Outcomes
- Strategic Direction (B): Organizational Health and Vitality
- Strategic Direction (C): Infrastructure

These strategic directions were operationalized through the establishment of Strategic Achievement Groups (SAGs). Five internal committees were formed and tasked with specific requirements and performance reporting obligations. The five SAGs included:

<i>Improved Health Outcomes</i>	<i>Organizational Health and Vitality</i>	<i>Infrastructure</i>
Physical Activity and Healthy Eating Group Health Inequities Group	Organizational Health and Vitality Group	Communications Group Information Technology Group

Key Accomplishments of the 2012-2014 Strategic Plan

The 2012-2014 Strategic Plan helped to move the Middlesex-London Health Unit forward in a number of positive ways. Items of note include:

- **in motion community challenge** - over 11,600 people actively participated in 2014 in motion campaign with 4.7 million minutes of physical activity being logged in Middlesex and London. This doubled the initial goal of 2 million minutes, and most importantly drastically increased awareness surrounding the benefits of physical activity.
- **Staff education on the impact of social determinants of health on health status** – health equity 101 session was developed by the Health Inequities group and rolled out in 11 different sessions in 2014. The intent of these sessions is to increase the knowledge, attitudes and practices across MLHU relating to health equity.
- **Expanding the use of health equity impact assessments** – Dr. Ingrid Tyler provided training to staff on how to strategize, plan, manage and apply health equity impact assessment to programs and services.
- **Launch of a redeveloped MLHU website and increase social media presence** – a new MLHU website was launched in the spring of 2013 and MLHU now boasts 3,236 unique “likes” on Facebook and 7,605 followers on Twitter.
- **Launch of the HUB intranet** – a SharePoint intranet platform, Health Unit Business was introduced in fall 2013 and has allowed us to streamline business processes and improve internal communication and coordination.

See [Appendix A](#) for a more detailed summary of Strategic Achievement Group activities and outcomes.

Lessons Learned

The 2012-14 strategic plan was successful in driving positive change throughout the organization. However, there are lessons to be learned from the process and implementation that were taken into consideration in the development of the 2015-2020 MLHU Strategic Plan.

<i>2012-14 Strategic Plan Challenges</i>	<i>Plans to mitigate for 2015-2020 Strategic Plan</i>
Increasing board of health and staff engagement	The Board of Health and Senior Leadership Team developed a new mission and vision. This was later then validated and refined by the Strategic Plan Advisory Committee, a committee made up of employees at all levels across the health unit. Five staff consultation sessions were held in the summer of 2014 that product of which was the development of a “values tree” for our organization.
Strategic work defined and addressed by all staff, not just committees	The balanced scorecard was adopted during the 2015-20 strategic planning process to ensure that we are able to create alignment from the organizational level to the individual. This helps to ensure that our strategic objectives are reached through the day-to-day work of our staff and not just additional work on committees.
Taking an evidence-based approach to understanding and defining the key question - “what makes a high	The 2015-2020 strategic planning process was informed by the research report – “What Makes a

performing health unit “	High Performing Health Unit” (See GC Report 01-15GC) Appendix C
Greater focus on monitoring and accountability	The balanced scorecard acts a communications and performance monitoring tool that allows us to understand the work we are doing, how it align with our strategic priorities. This allows us to continuously adjust and refine our initiatives and measures to ensure we are improving.

Next Steps

The 2012-14 Strategic Plan drove significant progress at the Middlesex-London Health Unit. The items noted in this report are meant to provide a high level overview of key accomplishments; it certainly does not capture everything that was a result of the strategic plan. It also served a higher purpose of focusing our energy and resource around common goals that shape and guide what we do, who we serve, and why we do it, with a focus on the future.

Celebrating our successes and learning from past strategic planning experiences will allow us to grow as an organization and deliver value and impact to our community into the future.

This report was prepared by Mr. Jordan Banninga, Manager of Strategic Projects.



Christopher Mackie, MD, MHSc, CCFP, FRCPC
 Medical Officer of Health

Incomplete/Not
Feasible

Ongoing

Achieved



Area	Desired Outcome	Progress	Notes
Physical Activity Healthy Eating	<ul style="list-style-type: none"> ↑ opportunities for physical activity in the community 		<ul style="list-style-type: none"> Numerous programs launched (e.g., Middlesex-London <i>in motion</i> campaign) Internal review of related activities and programs
	<ul style="list-style-type: none"> ↑ opportunities for youth and vulnerable families to improve healthy cooking skills 		<ul style="list-style-type: none"> ↑ opportunities for healthy cooking skills targeting vulnerable youth
	<ul style="list-style-type: none"> Advocate for policies that make it easier for families to purchase and consume fruits and vegetables, and engage in physical activity 		<ul style="list-style-type: none"> Numerous advocacy initiatives in collaboration with community partnership and the Child & Youth Network (CYN) to develop active safe routes to school, physical literacy and daily physical activity policy
Health Inequities	<ul style="list-style-type: none"> Ensure our services are as accessible as possible to all members of the community 		<ul style="list-style-type: none"> Two internal health equity reviews completed Health equity impact assessment pilots
	<ul style="list-style-type: none"> Dedicate extra staff to support disadvantaged individuals and families 		<ul style="list-style-type: none"> Numerous initiatives strengthened/launched using provincial social determinants of health nursing funds. Enhancements to health equity work as part of the 2014 PBMA proposal – Health Equity Knowledge Broker and Systems Integration Lead
	<ul style="list-style-type: none"> Support the knowledge and skill building of MLHU staff surrounding the social determinants of health 		<ul style="list-style-type: none"> Staff education sessions (SDOH 101) have been completed and will continue at MLHU through integration into staff training and education calendars
Organizational Health, Vitality	<ul style="list-style-type: none"> Enhance leadership and organizational culture 		<ul style="list-style-type: none"> Cultural assessment completed by SLT and culture visioning session held with all management
	<ul style="list-style-type: none"> Improve communication and coordination 		<ul style="list-style-type: none"> Numerous new strategies to enhance internal communications and coordination – enhance use of the hub and streamlined communications request process are two notable examples
Communications	<ul style="list-style-type: none"> Redevelop MLHU website 		<ul style="list-style-type: none"> New website launched in spring 2013
	<ul style="list-style-type: none"> ↑ use of social media tools 		<ul style="list-style-type: none"> ↑ use of Facebook and Twitter and ↑ staff social media training
Information	<ul style="list-style-type: none"> Upgrade electronic recordkeeping systems 		<ul style="list-style-type: none"> Review of EMR systems conducted

Technologies			<ul style="list-style-type: none"> Progress halted given MOHLTC announcement of pending release of provincial EMR strategy
	<ul style="list-style-type: none"> Launch new intranet platform 		<ul style="list-style-type: none"> New intranet platform launched in fall 2013
	<ul style="list-style-type: none"> Addressing recommendations from the privacy audit 		<ul style="list-style-type: none"> IT SAG has met to review recommendations from the privacy audit and implement solutions. A notable achievement is the implementation of a secure email attachment system “Whisper”
Facilities	<ul style="list-style-type: none"> Develop a long-term Facilities Plan 		<ul style="list-style-type: none"> Long-term facilities plan still under development



TO: Chair and Members of the Governance Committee

FROM: Christopher Mackie, Medical Officer of Health

DATE: 2015 June 18

DRAFT 2015-2020 STRATEGIC PLAN

Recommendation

It is recommended that the Governance Committee recommend that the Board of Health endorse the draft 2015-2020 Strategic Plan, and direct staff to continue with public and client consultations to gather input on areas of Health Unit activity and refine the Plan.

Key Points

- The Middlesex-London Health Unit 2015-2020 Strategic Plan articulates our vision, mission and values and lays out our strategic priorities for the next five years.
- The strategic plan utilizes the balanced scorecard strategic plan model to communicate our strategic priorities, ensure successful implementation and monitoring and align work at all levels.
- Public consultation will help refine the Plan to ensure that it aligns with community needs and values.

Background

A strategic plan expresses the vision, mission and values that drive our organization and a framework to align our work with our strategic priorities. Maintaining a strategic plan is also required of Boards of Health by the Ontario Public Health Organizational Standards and is considered best practice to help drive organizational performance.

The Middlesex-London Health Unit 2015-2020 Strategic Plan ([Appendix A](#)) articulates our vision, mission and values and sets out the strategic priorities, objectives and initiatives that we aim to accomplish in the next five years.

Strategic Planning Process

Strategic planning has been ongoing since November 2014 and has been guided over the last 10 months by the Strategic Planning Advisory Committee (SPAC) and the Senior Leadership Team (SLT). Extensive staff consultation, review of literature and consideration of local data has enabled us to identify priorities for next five years that will contribute to MLHU's mission.

Our Vision, Mission and Values

The vision, mission and values express where we want to go, why we are doing what we are doing, and our enduring core beliefs and principles that we must embody in order to be successful. MLHU has expressed these components as part of our Values Tree.

The Middlesex-London Health Unit Balanced Scorecard

The balanced scorecard allows us to take balanced perspective of the health unit and areas that must focus on to be successful. It allows us to align strategy with day-to-day work, improve our internal and external communication regarding our strategic priorities and accomplishments, and provides accountability at all levels of the organization.

The four priorities that MLHU will focus on over the course of this strategic plan area:

<i>Priority</i>	<i>Priority Statement</i>
Program Excellence	<i>Deliver maximum value and impact with our resources</i>
Client and Community Confidence	<i>Foster client satisfaction and community confidence</i>
Employee Engagement and Learning	<i>Engage and empower all staff</i>
Organizational Accountability	<i>Enhance governance, accountability and financial stewardship</i>

Implementation and Monitoring

Key components of the balanced scorecard are cascading balanced scorecards. These cascading scorecards will be developed by each service area and team to align with the strategic priorities of the organization. For many strategic initiatives, these balanced scorecards will capture work that is currently being done, while for other initiatives, service areas and team will develop innovative ways to contribute to MLHU's strategic priorities.

Next Steps

Further public and client consultations through electronic means are envisioned to help refine the Plan to ensure that it aligns with community needs and values. It is anticipated that the results of these consultations will be available in early July.

This report was prepared by Mr. Jordan Banninga, Manager of Strategic Projects



Christopher Mackie, MD, MHSc, CCFP, FRCPC
Medical Officer of Health

2015-2020 MLHU Strategic Plan

Executive Summary

The Middlesex-London Health Unit is the largest autonomous public health unit in Canada and has a strong track record of delivering high quality public health programs and services to our community. However, we must continue to drive excellence. The sands of public health are continuously shifting – novel infectious diseases, political priorities, economic and demographic trends – all present challenges that we must be ready to respond to by being future-oriented and clear in our purpose and mandate.

The 2015-2020 Middlesex-London Health Unit Strategic Plan allows our organization to align our work with our vision, mission and values to continuing delivering impactful programs and services to our community. Our strategic plan is future looking and adaptive, it details those things that we must do in order to make us the best health unit that we can possibly be.

OUR VISION: *People Reaching Their Potential*

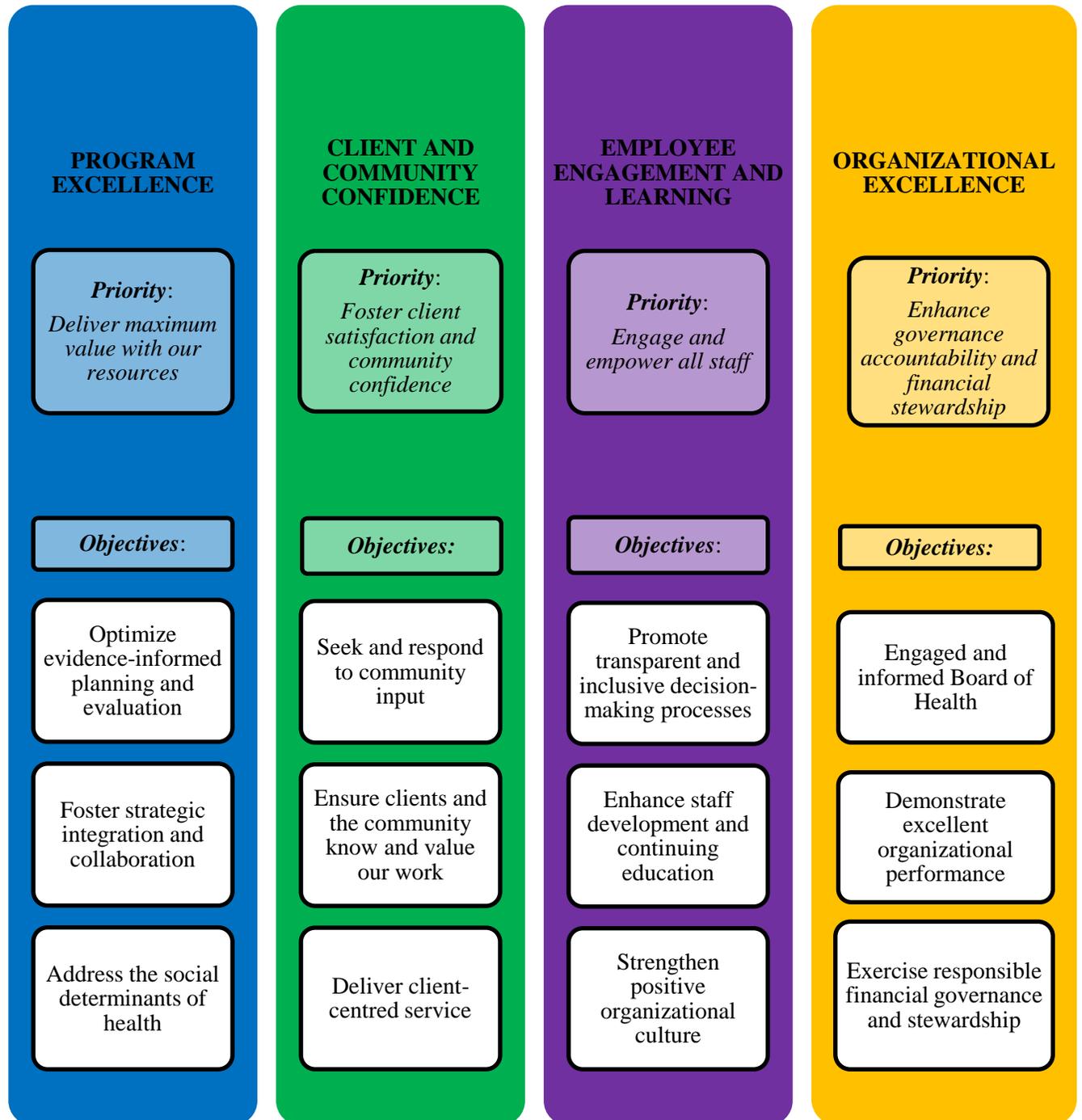
OUR MISSION: *To promote and protect the health of our community*

OUR VALUES:



The Middlesex-London Health Unit Balanced Scorecard

The balanced scorecard is a strategic framework that allows us to translate our vision, communicate and link strategic priorities across the organization, integrate strategy into planning processes and gather feedback and progress to continuously learn and improve.



Acknowledgements

The 2015-2020 Middlesex-London Health Unit Strategic Plan is a result of the sizable contributions made by all of the staff at MLHU. Through numerous consultations, surveys and feedback forums, the strategic directions that are set out in this document are a result of an iterative process that couldn't have been possible without engagement from the staff in our organization.

The Board of Health provided significant input in setting the vision and mission for our organization and providing feedback at key points in the planning process. Their buy-in and support is essential to achieve all that we have set out to do with this plan.

Another key group in setting our strategic priorities is the Senior Leadership Team consisting of the Medical Officer of Health & Chief Executive Officer, the Associate Medical Officer of Health and the Directors of Environmental Health and Chronic Disease Prevention, Family Health Services, Finance Information Technology & Operations, Human Resources and Corporate Strategy and Oral Health Communicable Disease and Sexual Health.

Providing a key interface between staff and management and driving much of the work that needed to be done with the strategic planning process was the Strategic Planning Advisory Committee (SPAC). Members of this group reviewed research, presented concepts at team meetings, provided feedback on draft strategic plan components and helped steer the plan from its initial stages to completion.

Members of SPAC included:

<i>Wally Adams, EHCDP</i>	<i>Jordan Banninga, HRLR</i>
<i>Mary Lou Albanese, EHCDP</i>	<i>Laura Di Cesare, HRLR - Chair</i>
<i>Sarah Maaten, EHCDP</i>	<i>Trudy Sweetzir, OMOH</i>
<i>Ruby Brewer, FHS</i>	<i>Chris Blain, OHCDSH</i>
<i>Shelley Steele, FHS</i>	<i>Heather Lokko, OHCDSH</i>
<i>Deneen Langis, FOS/IT</i>	

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DRAFT – For Discussion Purposes

Message from the Medical Officer of Health and CEO

Dr. Christopher Mackie, MD, MHSc, CCFP, FRCPC
Medical Officer of Health and Chief Executive Officer

Message from the Chair of the Board of Health Chair

Mandate of Public Health

The Middlesex-London Health Unit is mandated under the Health Protection and Promotion Act to provide delivery of public health programs and services to prevent the spread of disease and to promote and protect the health of people in Middlesex County and the City of London. Our work is further guided by the Ontario Public Health Standards and the Ontario Public Health Organizational Standards. Together, these documents set out the minimum requirements that health units must adhere to.

Public health is different, but complimentary to the work performed throughout the health care system. We focus not only on individuals, such as patients in our vaccination clinics, but also on sub-groups who experience particular health outcomes like low-income children and cavities, and the population as a whole through advocating for evidence-informed public health policy at all levels. This is just a small snapshot of the multitude of things we do.

The Board of Health is the governing body of the Middlesex-London Health Unit and is directly accountable to Middlesex and London residents for the cost-effective management and delivery of public health programs and services. The Board is comprised of three city council appointees, three county council appointees and five provincial appointees.

The Health Protection and Promotion Act (HPPA) is the principal enabling and operating statute for the Board of Health. Boards of Health, as defined by the HPPA, must provide or ensure the provision of a minimum level of public health programs and services in the following areas: community sanitation, control of communicable disease, preventive dentistry, family health, nutrition, and public health education. Boards of Health are expected to deliver additional programs and services in response to local needs and they are also directed by federal, provincial and municipal legislation other than the HPPA. The Board delegates responsibility to administer these programs to the Medical Officer of Health in his/her capacity as the Chief Executive Officer of the Middlesex-London Health Unit.

Purpose of the Strategic Plan

The fundamental purpose of the 2015-2020 Middlesex-London Health Unit Strategic Plan is to align our work with our vision and mission.

Our vision, mission and values, together with the strategic priorities and objectives that have been identified in this strategic plan are intended to do one thing: to help us be the best possible health unit that we can be so that we can positively impact our community.

The 2015-2020 Strategic Planning Process

At the outset of the process, it was imperative that best practices for strategic planning and lessons learned from the 2012-2014 strategic plan were incorporated into this iteration. Several of the lessons learned included: increasing Board of Health and staff engagement, aligning strategic priorities with day-to-day work, driving and increasing monitoring and accountability.

The elements outlined below incorporate the lessons learned and best practices for strategic planning to ensure that we were able to consider staff, stakeholder and public perspectives in the development of this plan.

1. Increased *Board of Health and staff engagement*

The Middlesex-London Health Unit Board of Health initiated the strategic planning process at a November 1, 2013 retreat by identifying our “noble cause” – our vision. –The Board of Health has also been instrumental at guiding the strategic planning process and providing key input into our values and our strategic priorities.

Staff engagement has also been integral to the development of our vision, mission and values tree as well as our strategic priorities, objectives and initiatives. This engagement was sought in various ways:

- The planning process was guided by the Strategic Planning Advisory Committee (SPAC). This group provided key input and recommendations to the Senior Leadership Team on all aspects of the strategic plan (11 members representing all 5 service areas)
- At the launch event in summer 2014, all staff were able to share their comments regarding the “One thing we must do as part of the 2015-2020 strategic planning process” (99 responses were received with 145 comments); these comments were used as guiding principles as we worked through the planning process
- Focus groups were also held throughout the summer where staff were able to explore the values that drive our work at MLHU. Through a series of 5 focus groups that were facilitated by the Medical Officer of Health, we developed our “Values Tree” (146 participants)
- Staff consultation on the proposed balanced scorecard for MLHU took place March 2015, where staff were given the opportunity to comment on our strategic priorities in terms of identifying what resonated with them and what they thought was missing (158 survey responses)
- An Extended Leadership Team Conversation Café allowed MLHU non-union leaders to provide in person feedback and engage in dialogue with members of SPAC on the development of the strategic priorities and objectives (30+ managers and SPAC participated)

- A Town Hall was held in May 2015 where staff were able to preview the 2015-2020 strategic plan scorecard and comment on the proposed priorities, objectives and initiatives (220 staff attended and working in groups completed 86 feedback forms completed)

2. Strategic work *defined and addressed by all staff, not just committees*

Previous strategic plans have utilized the efforts of additional work groups to drive the organization's priorities forward. While positive outcomes were accomplished by the groups, many of the staff at MLHU did not feel a strong connection to the strategic priorities of the organization in their everyday work. The 2015-2020 strategic planning process addressed this issue by utilizing the balanced scorecard as our strategic planning model and intensively involving staff in the development of our strategic priorities.

The balanced scorecard allows strategic priorities to be operationalized at all levels of the organization and enables staff to contribute to the strategic priorities through participation in organization-wide, service area, program and individual activities.



3. The use of *local data* in decision-making

Local data can provide insight into the strengths, weaknesses, opportunities and threats that impact an organization's people, processes, performance, culture, morale and stakeholders. To have a comprehensive understanding of these local insights, local data from key documents and stakeholder consultations were used in the strategic planning process. Key data sources included:

- Environics Analytics - Focus Ontario Fall 2013 – (Environics Research Group, 2013)
- 2011 MLHU Discovery Report (Centre for Organizational Effectiveness, 2011)
- A Statistical Portrait of London – Neighborhood Profiles (City of London, 2014)
- Ontario Municipal Benchmarking Initiative – 2012 Performance Report (Ontario Municipal CAO's Benchmarking Initiative, 2013)
- Forum Research – 2012 poll of satisfaction with municipal services (Bozinoff, L., 2012)
- Rapid Risk Factor Surveillance System (RRFSS) data – Familiarity with the Health Unit
- 2015-2020 MLHU Strategic Plan – Public Consultation Survey (Middlesex-London Health Unit, 2015)

This information helped us to identify future opportunities, as well as threats that we must mitigate in order to reach our full potential as an organization. It was also imperative that we consider the perspective of the community and our clients in setting our strategic priorities for the next five years.

4. Using evidence to answer the question: “*what must we do to make MLHU the best public health unit that we can be?*”

The Middlesex-London Health Unit prides itself in delivering evidence-informed programs and services to the community. Likewise, we wanted to take a similar approach with our strategic plan. To do this, a research report was prepared that reviewed the literature on what makes a high performing health unit. Information was drawn from peer-reviewed research and data from the local community and used to help the Strategic Planning Advisory Committee and the Senior Leadership Team make evidence-informed decisions about where we should set our strategic priorities.

5. Increased focus on *monitoring and accountability*

Sustaining momentum over the course of a 5 year strategic plan can be a challenging task. Initiatives that had a burst of momentum to begin can sometimes taper off if there is a lack of monitoring, accountability, evaluation and reporting. The balanced scorecard is intended to alleviate these concerns by assigning clear targets and measures to the strategic priorities and providing a clear communication tool to track progress against our strategic priorities at the organization, service-area, team and individual level.

Our Vision, Mission and Values Tree

The mission, vision and values tree was developed following two Board of Health and Senior Leadership Team (SLT) retreats, 5 MLHU staff consultation, subsequent review and validation from the Strategic Plan Advisory Committee (SPAC) and approval from Senior Leadership Team (SLT) and the Board of Health. Our vision articulates what we would like MLHU to achieve or accomplish in the long-term future; our mission is the declaration of the organization’s core purpose and focus; and our values tree represents the core beliefs and principles under which we operate in our day to day work, with each other and in the delivery of public health programs and services for our community.



The Middlesex-London Health Unit Balanced Scorecard

Understanding the challenges of the previous strategic plan, the Senior Leadership Team made the decision to use the balanced scorecard strategic planning model. The balanced scorecard is a strategic management tool that helps us to align the performance of the Middlesex-London Health Unit around our vision, mission, values and strategic priorities. It also ensures that we take a balanced perspective of what makes our organization successful in accomplishing our vision and mission, that progress is monitored and assessed, that there is accountability for performance at all levels of the organization and that we are able to easily communicate our progress and successes.

The Senior Leadership Team developed the balanced scorecard by integrating the findings from the research report “what makes a high performing health unit”, an environmental scan of balanced scorecards used in public health and refinement and validation from the Strategic Plan Advisory Committee. Additional feedback was also solicited from staff and community partners and stakeholders and integrated into the balanced scorecard for the 2015-2020 Strategic Plan.

<p>PROGRAM EXCELLENCE “Deliver maximum value and impact with our resources”</p>	<p>CLIENT AND COMMUNITY CONFIDENCE “Foster client satisfaction and community confidence”</p>
<p>EMPLOYEE ENGAGEMENT AND LEARNING “Engage and empower all staff”</p>	<p>ORGANIZATIONAL ACCOUNTABILITY “Enhance governance, accountability and financial governance”</p>

Our Priorities

Program Excellence

The strategic priority of Program Excellence is to deliver maximum value and impact with our resources.

To do this, we will:

OBJECTIVES	INITIATIVES
Optimize evidence-informed planning and evaluation	<ol style="list-style-type: none">1) Formalize a MLHU planning and evaluation framework that integrates: evidence-informed program planning, innovation, research advisory committee (when applicable), and the regular evaluation of programs2) Utilize continuous quality improvement processes
Foster strategic integration and collaboration	<ol style="list-style-type: none">1) Identify ideal organizational structure, programs and processes to ensure our services are focused on our core mission
Address the social determinants of health	<ol style="list-style-type: none">1) Increase knowledge exchange and skill building activities for social determinants of health (SDOH)2) Expand health equity impact assessment implementation and monitoring3) Establish a policy development and advocacy framework

Client and Community Confidence

The strategic priority of Client and Community Confidence is to foster client satisfaction and community confidence.

To do this, we will:

OBJECTIVES	INITIATIVES
Seek and respond to community input	1) Use community input and feedback to inform program planning and evaluation
Ensure clients and the community know and value our work	1) Increase the awareness of public health and the role of the Middlesex-London Health Unit
Deliver client-centred service	1) Use client input and feedback to inform service delivery and evaluation 2) Deliver appropriate outreach services where people live, work, learn and play

Employee Engagement and Learning

The strategic priority of Employee Engagement and Learning is to engage and empower all staff.

To do this, we will:

OBJECTIVES	INITIATIVES
Promote transparent and inclusive decision making processes	1) Increase opportunities (surveys, town halls, fire side chats) for staff to share input in MLHU decision-making (structure, location, budgets) 2) Inclusive planning days and follow-up processes
Enhance staff development and continuing education	1) Establish and implement consistent performance management and measurement systems, tools and processes 2) Provide learning opportunities for staff are aligned with MLHU's strategic priorities and objectives
Strengthen positive organizational culture	1) Implement a comprehensive workplace wellness strategy 2) Establish processes that acknowledge staff contributions to our mission, vision and values 3) Embed our values into all that we do

Organizational Excellence

The strategic objective for Organizational Excellence is to enhance governance, accountability and financial stewardship.

To do this, we will:

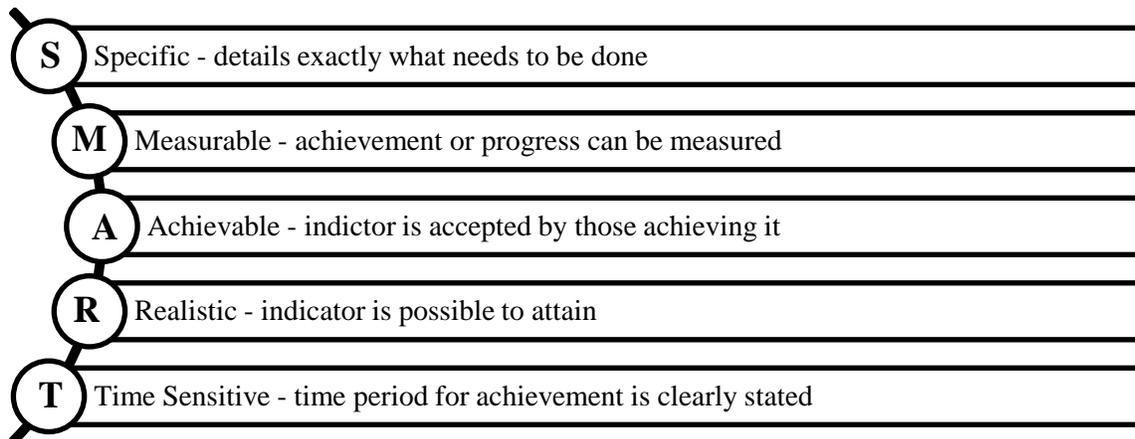
Engaged and informed Board of Health	<ol style="list-style-type: none">1) Provide appropriate recommendations and analysis to the Board of Health regarding developments affecting public health, the health unit and the community2) Deliver relevant and timely information and reports to the Board of Health
Demonstrate excellent organizational performance	<ol style="list-style-type: none">1) Board of Health performance dashboard2) Develop and implement an organizational performance management framework
Exercise responsible financial governance and stewardship	<ol style="list-style-type: none">1) Conduct financial policy compliance audits2) Ensure third parties are accountable to MLHU financial standards through agreements/reporting3) Increase staff understanding of budgets, processes, and policies

Implementation and Monitoring

The balanced scorecard is intended to help organizations set, track and achieve key strategic initiatives and objectives. The Middlesex-London Health Unit will use the balanced scorecard for precisely this task. We will do this by developing indicators for each of the strategic priorities and objectives and developing cascading balanced scorecards that will create alignment between the organization-wide scorecard and corresponding service area and team scorecards.

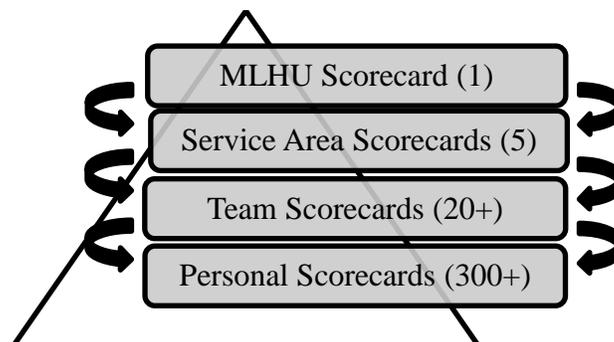
Indicator Development

Indicators are succinct measures that aim to describe as much as possible about MLHU in as few points as possible and are meant to help us understand the work of the organization, compare performance over time and to improve. It is important to remember that indicators cannot capture the richness and complexity of everything we do. On their own, they can only indicate how we are doing, but they cannot prove or disprove program or organizational success or failure. The indicators we use must be SMART:



Cascading Balanced Scorecard

Cascading balanced scorecards allow all staff to develop objectives and measures that link to overall organizational strategy. It also ensures that staff have a deep understanding of the health unit's strategic priorities and objectives. Every scorecard that is developed, whether it exists at the service area, team or individual level must link to the larger organizational priorities to derive the greatest value from the cascading process. Cascading scorecards allow all employees, regardless of position, to demonstrate their critical contributions to the overall efforts of the health unit.



Who We Serve

Middlesex-London covers 3,317 square kilometers and had a total population of 439,151 people in 2011. Middlesex County has eight municipalities: North Middlesex, Southwest Middlesex, Thames Centre, Strathroy-Caradoc, Middlesex Centre, Adelaide Metcalfe, Lucan Biddulph and the Village of Newbury. There are three First Nations communities in Middlesex-London which are located south of Strathroy-Caradoc; the Chippewas of the Thames First Nation, Munsee-Delaware Nation and Oneida.

In 2011, Middlesex-London had a greater proportion of young adults between the ages of 15 and 29 years but a slightly lower proportion of children aged 5 to 14 and people between the ages of 35 and 54 compared to Ontario. All age groups are predicted to grow over the next 25 years but the age 65 years and older group will more than double between 2006 and 2036. The overall growth rate in Middlesex-London was slower than in Ontario between 1986 and 2010 but they have similar projected growth rates between 2011 and 2036.

The proportion of the population who were immigrants and visible minorities in 2006 was much lower in Middlesex-London relative to Ontario as a whole. Compared to Ontario, Middlesex-London has fewer new immigrants as a percentage of the total immigrant community. The largest groups of people belonging to visible minorities in Middlesex-London were Black, Latin American and Arab. While 9% of the population reported speaking a language other than English or French at home, only 1% of the population of Middlesex-London was unable to communicate in one of the official languages.

Our Board of Health

The Board of Health for the Middlesex-London Health Unit is made up of Municipal and Provincial Representatives. The Board is comprised of five Provincial Representatives, three Middlesex County Representatives and three City of London Representatives.

Municipal Representatives are appointed for the duration of their term in public office, which is usually a 3-year term. Provincial Representatives are appointed for a term; the length of which is decided by the Minister of Health and Long-Term Care. The positions of Chair and Vice-Chair rotate annually.

Mr. Ian Peer, Chair - Provincial Representative

Mr. Jesse Helmer, Vice-Chair - City Representative

Ms. Trish Fulton - Provincial Representative

Ms. Nancy Poole - Provincial Representative

Dr. Trevor Hunter – City Representative
(Citizen Appointee)

Mr. Kurtis Smith - County Representative

Mr. Marcel Meyer - County Representative

Mr. Mark Studenny - Provincial Representative

Ms. Viola Poletes Montgomery - Provincial Representative

Mr. Stephen Turner, City Representative

Ms. Joanne Vanderheyden - County Representative

Dr. Christopher Mackie - Secretary-Treasurer



TO: Chair and Members of the Governance Committee

FROM: Christopher Mackie, Medical Officer of Health

DATE: 2015 June 18

BOARD OF HEALTH DEVELOPMENT PLAN

Recommendation

It is recommended that the Governance Committee:

- 1) Receive Report No. 12-15GC re: “Board of Health Development Plan” for information, and further;*
- 2) Approve the organization of an offsite workshop to contribute to Board effectiveness and engagement.*

Key Points

- The Board of Health self-assessment was conducted in February 2015 and results were discussed at the April 2015 Governance Committee.
- The Governance Committee reporting calendar provides a structured way of driving continuous improvement to the Board of Health.
- To address board development, it is proposed that an offsite workshop be held to learn about governance models and best practices and review approved guidelines for Board members.

Background

Consistent with the Middlesex-London Board of Health Bylaw 24.2 and the Ontario Public Health Organizational Standard 4.3 regarding board self-evaluation, the results of the evaluations shall be summarized by Health Unit staff and be translated into recommendations for improvements in the Board’s effectiveness and engagement. This may be supplemented by evaluation(s) from key partners and/or stakeholders.

The Board of Health self-assessment provides a snapshot of current governance practices and provides an opportunity to look at potential board development opportunities and take steps to improve board effectiveness.

At the April Board of Health Governance Committee Meeting, staff reported on the result of the Board of Health self-assessment . Where members responded “yes” or “no”, 100% agreed that the board is achieving outcomes in all questions except one: is the Board of Health structured properly (i.e. membership, size, terms of office, reporting relationships)? One respondent disagreed.

The Governance Committee tasked staff to develop a board development plan for continuous improvement of Board of Health effectiveness and engagement based on the findings of the survey and best practices to present at a future Governance Committee.

Board Development

The Governance Committee preemptively committed to addressing some of the items identified on the self-assessment through the reporting calendar. These included Board of Health orientation and development and the review of governance policies. Orientation was conducted for new Board of Health members prior to the April 2015 meeting and governance policies will be considered at next Governance Committee meeting in October 2015.

Next Steps

Based on the findings of the self-assessment, it is recommended that the Board of Health participate in an offsite workshop to learn about governance models and best practices and review approved guidelines for Board members.

This report was prepared by Mr. Jordan Banninga, Manager of Strategic Projects.

A handwritten signature in black ink, appearing to read 'C. Mackie', is positioned above the printed name and title.

Christopher Mackie, MD, MHSc, CCFP, FRCPC
Medical Officer of Health