

AGENDA
MIDDLESEX-LONDON BOARD OF HEALTH
Governance Committee

399 Ridout Street, London
Middlesex-London Board of Health Boardroom
Thursday, July 21, 2016 6:00 p.m.

1. DISCLOSURE OF CONFLICTS OF INTEREST

2. APPROVAL OF AGENDA

3. APPROVAL OF MINUTES

Public Session - April 21, 2016 Governance Committee Meeting

4. NEW BUSINESS

4.1. Board of Health Development Session (**Report No. 013-16GC**)

4.2. 2015-2020 Strategic Plan Update (**Report No. 014-16GC**)

4.3. Nomination and Appointment Process Update (**Report No. 015-16GC**)

4.4. Review of 2016 Governance Committee Meeting Dates (**Report No. 016-16GC**)

5. OTHER BUSINESS

Next meeting: To Be Determined.

6. ADJOURNMENT

MINUTES
MIDDLESEX-LONDON BOARD OF HEALTH
Governance Committee

399 Ridout Street, London
Middlesex-London Board of Health Boardroom
Thursday, April 21, 2016 6:00 p.m.

Committee Members Present: Mr. Kurtis Smith
Mr. Trevor Hunter
Mr. Jesse Helmer

Absent: Mr. Stephen Turner

Others Present: Mr. Ian Peer
Mr. Marcel Meyer
Ms. Joanne Vanderheyden
Mr. Mark Studenny
Dr. Christopher Mackie, Medical Officer of Health & CEO
Ms. Elizabeth Milne, Executive Assistant to the Board of Health & Communications (Recorder)
Mr. Jordan Banninga, Manager, Strategic Projects
Ms. Laura Di Cesare, Director, Corporate Services

Dr. Christopher Mackie called the meeting to order at 6:00 p.m. and opened the floor for nominations for Chair of the Governance Committee for 2016.

1. ELECTION OF 2016 GOVERNANCE COMMITTEE CHAIR

Dr. Mackie opened the floor for nominations for the position of Chair of the Governance Committee for 2016.

It was moved by Mr. Smith, seconded by Mr. Helmer *that Mr. Trevor Hunter be nominated as Chair of the Governance Committee for the year 2016.*

Carried

Mr. Hunter accepted and agreed to let his name stand.

Dr. Mackie invited further nominations three times. Hearing none, *Dr. Mackie declared that Mr. Hunter be named by unanimous vote as Chair of the Governance Committee for 2016.*

Carried

Chair Hunter took over as Chair at 6:02 pm

Chair Hunter acknowledged Mr. Studenny and the completion of his term. Dr. Mackie noted that Mr. Studenny would be formally recognized at the Board meeting.

2. DISCLOSURES OF CONFLICT(S) OF INTEREST

Chair Hunter inquired if there were any disclosures of conflict of interest to be declared. None were declared.

3. APPROVAL OF AGENDA

It was moved by Mr. Smith, seconded by Mr. Helmer *that the AGENDA for the April 21, 2016 Governance Committee meeting be approved.*

Carried

4. APPROVAL OF MINUTES

It was moved by Mr. Smith, seconded by Mr. Helmer *that the MINUTES from the January 21, 2016 Governance Committee meeting be approved.*

Carried

5. NEW BUSINESS

5.1 Board of Health Self-Assessment Results (Report 07-16GC)

Mr. Jordan Banninga summarized this report and answered questions.

Ms. Vanderheyden arrived at 6:07 p.m.

It was moved by Mr. Helmer, seconded by Mr. Smith *that the the Governance Committee:*

- 1) *Receive the findings of the 2016 Board Self-Assessment as outlined in Report No. 07-16GC re: 2016 Board of Health Self-Assessment Results, and further that;*
- 2) *The Governance Committee direct staff to incorporate the survey results into Board development activity planning for 2016.*

Carried

5.2 Board of Health Orientation & Development (Report 08-16GC)

Ms. Laura Di Cesare summarized this report, future plans for Board member orientation and development and answered questions.

Discussion ensued about extending the orientation process beyond a full day of training, opening orientation to all board members, capturing orientation presentations on video and providing an information session on governance and what being a Board member entails for new members.

Dr. Mackie flagged Middlesex Municipal Day for the committee, which will be hosted by the Health Unit next Thursday April 28. This would be an opportunity to see a summary of presentations about Health Unit programs and services.

It was moved by Mr. Smith seconded by Mr. Helmer *that that Board of Health orientation practices be enhanced with opportunistic exposure to Health Unit programs in operation.*

Carried

5.3 Strategic Plan Update (Report 09-16GC)

Ms. Di Cesare summarized this report and answered questions, noting that the balanced scorecard is still in draft form.

Discussion ensued about the following items:

- How the balanced scorecard will be used to monitor timelines, accountability and the completion of tasks set out in each quadrant.
- Performance indicators involving Social Determinants of Health.

It was moved by Mr. Helmer, seconded by Mr. Smith *that the the Governance Committee receive Report No.09-16GC Strategic Plan Update and Appendix A, the draft 2016 Balanced Scorecard, for information.*

Carried

5.4 Terms of Reference Revisions & Governance Policy Review (Report 010-16GC)

Ms. Di Cesare summarized and provided context to this report noting some of the revisions made to both the Finance and Facilities and Governance Committee Terms of Reference

Discussion ensued about the following items:

- How policies are applied, how flexible they will be; principled versus rules based and how roles are operationalized within these policies.
- How changes to the current policy model will be tracked.

Dr. Mackie advised that in practice the Board has always been thoughtful in how policies are applied; to ensure transparency when designing these policies going forward staff will take the direction from the committee to ensure that policies are principle-based wherever feasible.

It was moved by Mr. Smith seconded by Mr. Helmer *that the the Governance Committee:*

- 1) *Receive Report No. 010-16GC for information;*
- 2) *Recommend to the Board of Health approval of the revised Terms of Reference for the Governance Committee attached as [Appendix A](#);*
- 3) *Recommend to the Board of Health approval of the revised Terms of Reference for the Finance and Facilities Committee (FFC) attached as [Appendix B](#); and*
- 4) *Recommend that staff review, revise and develop Board of Health Governance Policies based on the proposed model in [Appendix C](#).*

Carried

5.5 Nomination and Appointment Process ([Report 011-16GC](#))

Ms. Di Cesare summarized this report and outlined some of the recommended changes to the nominations and appointment process.

Discussion ensued about the following items:

- The provincial nomination process and the Ministry of Health and Long-Term Care's request to seek socio-demographically diverse candidates who represent the population of Middlesex-London.
- The importance of skillset when considering candidates to balance the current Board complement.
- The inclusion of geographically diverse candidates in the recruitment process.
- The Board's role in the nomination and appointment process as a filtering mechanism to get better performing candidates and participate in the selection process.

Following discussion, the committee agreed to have the Board involved in the recruitment process. The Chair of the Board of Health and the Chair of the Governance Committee will assist and consult on recruitment going forward.

It was moved by Mr. Helmer, seconded by Mr. Smith *that the the Governance Committee:*

- 1) *Receive Report No. 011-16GC for information;*
- 2) *Approve the revised Nomination and Appointment Process;*
- 3) *Recommend the Board of Health conduct a skills inventory of its members; and*
- 4) *Recommend staff begin work with DiverseCity OnBoard to identify potential provincial appointees to the Board of Health.*

Carried

6. CONFIDENTIAL

Due to time constraints, this item was deferred to the Board of Health in-camera session for discussion.

7. OTHER BUSINESS

The next Governance Committee meeting is scheduled for Thursday, July 21, 2016 at 6:00 p.m.

8. ADJOURNMENT

At 7:08 p.m. it was moved by Mr. Smith, seconded by Mr. Helmer *that the meeting be adjourned.*

Carried

TO: Chair and Members of the Board of Health

FROM: Christopher Mackie, Medical Officer of Health

DATE: 2016 July 21

BOARD OF HEALTH DEVELOPMENT SESSION

Recommendation

It is recommended that the Governance Committee:

- a) Receive Report No. 013-16GC 2016 Board of Health Development Session for information; and*
- b) Recommend that the Board of Health approve the scheduling of a Board development session in the Fall.*

Key Points

- To address Board of Health development opportunities highlighted by the Self-Assessment and in consultation with the Chair of the Governance Committee, staff are recommending a risk-management training session provided by alPHa and the Ministry of Health & Long Term Care.
- This risk management training session could be held in the Fall and will also include input from staff of the Health Unit regarding the risks faced by MLHU and mitigation strategies.

Background

Based on the findings of the 2016 Board of Health Self-Assessment, it was recommended that the Board of Health continue to participate in offsite workshops that focus on three key areas:

- Learning opportunities for current best practices in public health and governance;
- Ensuring all relevant information is taken into consideration when making decisions; and
- Accomplishing our strategic outcomes in our strategic plan.

Staff has worked with the Chair of the Governance Committee to identify opportunities that would appropriately address the items noted above. This report provides additional information regarding a potential risk management session and seeks approval to arrange this training.

Proposed Board of Health Development

Staff has been in contact with Linda Stewart, Executive Director, Association of Local Public Health Agencies (alPHa) and Corinne Berinstein, Senior Audit Manager, Treasury Board Secretariat regarding potential options for risk management sessions. Specifically, they propose:

Staff Session #1	Participation in a Risk Management 101 Webinar (90 minutes)
Staff Session #2	Facilitated session with Corinne Berinstein for managers (~3 hours). This session is to identify the risks and mitigation strategies that will go to the Board Development Session. May include teleconferences as needed.
Board Development Session	Facilitated session with Corinne Berinstein for Board members(~4 hours). Corinne provides Risk Management 101 for boards followed by a management presentation of the risks and mitigation strategies already developed. The board then reviews/discusses each risk and mitigation strategy, testing for valid assessment of likelihood, impact, heat map, etc.
Staff Session #3	Webinar to build capacity for next steps, e.g., cascading things down to the rest of the organization (90 minutes)

Risk Management Requirements

Risk management is a requirement that is outlined by the Ontario Public Health Organizational Standard 6.2 stating “the board of health shall ensure that the administration monitors and responds to emerging issues and potential threats to the organization, from both internal and external sources, in a timely and effective manner. Risk management is expected to include, but is not limited to: financial risks, HR succession and surge capacity planning, operational risks, and legal issues.”

Additionally, the Governance Committee has identified Risk Management responsibilities as part of the annual reporting calendar.

This Board development session provides the opportunity to move this work forward and provide meaningful training to the board members on what risk management is and the risks and strategies for the Health Unit.

Next Steps

This Board of Health development activity would require efforts on the part of staff to prepare the risk management information and to assist with the facilitation of the session. Should the board approve the scheduling of this session, staff will proceed with making arrangements and confirming a date for the session.

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



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

TO: Chair and Members of the Board of Health

FROM: Christopher Mackie, Medical Officer of Health

DATE: 2016 July 21

2015-2020 STRATEGIC PLAN UPDATE

Recommendation

It is recommended that the Governance Committee:

- a) *Recommend that the Board of Health approve the addition of a strategic objective for Program Excellence; and*
- b) *Receive Report No. 014-16GC 2015-2020 Strategic Plan Update.*

Key Points

- Staff have used the Strategic Plan approved in September 2015 to plan and prepare Balanced Scorecards that document key activities, tasks and measures.
- During development of the Divisional Balanced Scorecards, the Senior Leadership Team identified a gap that could be met through the addition of an objective statement in Program Excellence.
- Staff will continue with Balanced Scorecard development and report back to the Board semi-

Background

The Board of Health approved the 2015-2020 Strategic Plan ([Appendix A](#)) in September of 2015 to guide the work of the Middlesex-London Health Unit for the next five years. A key tool in the deployment of the strategic plan and its priorities, objectives and initiatives is the Balanced Scorecard. The Balanced Scorecard allows us to highlight annual activities and tasks and provide reporting on performance measures.

The 2016 Middlesex-London Health Unit Balanced Scorecard was developed by the Senior Leadership Team and approved by the Board of Health at the May meeting. Staff is continuing with the cascading process and developing Divisional Balanced Scorecards that align with the Strategic Plan.

Balanced Scorecard Deployment

Draft Divisional Balanced Scorecards were considered during a half-day planning session by the senior leadership team and continuing progress has been made in aligning strategic activities of the organization and encouraging consistency of Balanced Scorecard application.

Strategic Plan Revision

A crucial element of strategic planning and Balanced Scorecards is the continual adjustment of tasks and activities to reach the strategic priorities of Program Excellence, Client and Community Confidence, Employee Engagement and Learning and Organizational Excellence. Occasionally, there is also a need to revise the strategic objectives of the Strategic Plan to reflect the ongoing needs of the organization.

The Senior Leadership Team, through the Divisional Balanced Scorecard development process identified one such revision. This proposed objective is noted below:

Program Excellence	
OBJECTIVE	INITIATIVES
“Ensure programs achieve organizationally-established performance targets”	To be determined through Divisional and Team Balanced Scorecard development.

This objective adds clarity to the intent of the Program Excellence aspect of the strategic plan, and would complement initiatives currently being actioned in the Strategic Plan and ensure there are appropriate activities at the team level with links to program delivery.

Next Steps

Should the Board of Health approve the recommended addition to the Strategic Plan, staff would revise strategic planning documents as appropriate and ensure Divisional Balanced Scorecards include this important objective.

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



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

2015 - 2020

Middlesex-London Health Unit Strategic Plan

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Acknowledgements

The 2015-2020 Middlesex-London Health Unit (MLHU) Strategic Plan is the result of an extensive collaborative process involving all of the staff at MLHU.

Through numerous consultations, surveys and feedback forums, the strategic directions that are set out in this document are the culmination 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 feedback at key points in the planning process. Their continued 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, the Chief Nursing Officer 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 for 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:

Wally Adams, EHCDP
Mary Lou Albanese, EHCDP
Sarah Maaten, EHCDP
Ruby Brewer, FHS
Shelley Steel, FHS

Jordan Banninga, HRLR
Laura Di Cesare, HRLR - Chair
Trudy Sweetzir, OMOH
Chris Blain, OHCDSH
Heather Lokko, OHCDSH
Deneen Langis, HRLR/IT



Photos taken from staff values consultations - Summer 2014

Executive Summary

The Middlesex-London Health Unit (MLHU) 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.

The sands of public health are continuously shifting – novel infectious diseases, changing political priorities, and economic and demographic trends – all present challenges to which 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 continue to deliver 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:
Collaboration
Integrity
Empowerment
Striving for excellence
Health
Equity



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 to continuously learn and improve.

 Program Excellence	 Client and Community Confidence	 Employee Engagement and Learning	 Organizational Excellence
PRIORITY			
Deliver maximum value and impact with our resources	Foster client satisfaction and community confidence	Engage and empower all staff	Enhance governance accountability and financial stewardship
OBJECTIVES			
 Optimize evidence-informed planning and evaluation <hr/> Foster strategic integration and collaboration <hr/> Address the social determinants of health	 Seek and respond to community input <hr/> Ensure clients and the community know and value our work <hr/> Deliver client-centred service	 Promote transparent and inclusive decision-making processes <hr/> Enhance staff development and continuing education <hr/> Strengthen positive organizational culture	 Engage and inform the board of health <hr/> Demonstrate excellent organizational performance <hr/> Exercise responsible financial governance and controls

Our Board of Health

The Board of Health is the governing body of the Middlesex-London Health Unit and is directly accountable to Middlesex County and City of London residents for the cost-effective management and delivery of public health programs and services. 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.



Front row:

Ms. Trish Fulton, Provincial Representative, Mr. Kurtis Smith, County Representative; Mr. Ian Peer, Chair, Provincial Representative; Ms. Nancy Poole, Provincial Representative; Ms. Viola Poletes Montgomery, Provincial Representative

Back row:

Mr. Stephen Turner, City Representative; Dr. Trevor Hunter, City Representative (Citizen Appointee); Mr. Marcel Meyer, County Representative; Mr. Mark Studenny, Provincial Representative; Ms. Joanne Vanderheyden, County Representative; Mr. Jesse Helmer, Vice-Chair, City Representative

Message from the Medical Officer of Health and CEO

The strength of public health in Middlesex-London lies in the passion and commitment of our staff. It is hard to find a place where people care more about their work and the people they serve. This is why consultation with staff about our values, our mandate and the opportunities for improvement formed the groundwork of our strategic planning process.

Public health in Ontario is on the cusp of a major transition period. The post-SARS era saw a decade of growth through provincial investment in local public health units. However, the expectation is that the next few years will be different. The Province has committed to balance Ontario's budget by 2018 and has signalled that health units can expect to receive no increases to their budgets, even to cover the costs of inflation. It has never been

more important to clearly define the work of the Middlesex-London Health Unit.

Thank you to the Strategic Planning Advisory Committee, the Senior Leadership Team, the staff of Human Resources and Corporate Strategy, and the Board of Health and Governance Committee for all of your work bringing this document together. Thanks also to the more than 200 Health Unit staff who participated in consultations at various phases of this planning process.

Together, we have set the foundation on which we will build a stronger Middlesex-London Health Unit as we continue to develop as an organization in the years to come.

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

Message from the Chair of the Middlesex-London Board of Health

To chart a course toward any goal, you need a plan. Having knowledge of the prevailing conditions, the challenges you may encounter along the way, the strengths of your organization and where you want to be at the end of your journey are all key to mapping your route. Strategic Plans are no different.

As Chair of the Middlesex-London Board of Health, I am pleased with the thought, care, insight and vision that have gone into creating this strategic plan, which will guide the work of the Middlesex-London Health Unit and its staff for the next five years.

This is an exciting time for the Health Unit's Board and its staff, as we carefully consider

the work we do, match it to the needs of the communities we serve, and deliver services and programs in an effective and efficient manner.

Our goal is for all people in Middlesex-London to reach their potential. The Health Unit will help to make this happen by continuing to promote and protect the health of our community.

I hope you find this Strategic Plan both informative and interesting as we strive to provide value and quality service to you and your families.

*Ian Peer
Chair of the Middlesex-London Board of Health*

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 complementary to the work performed throughout the health care system.

We focus not only on individuals (e.g., clients in our vaccination clinics), but also on families and sub-groups (e.g., families with a new baby; refugees), the community (e.g., food safety inspections; collaborative injury prevention initiatives), and the population as a whole through advocating for evidence-

informed public health policy at all levels. These examples are just a small snapshot of the many things we do.

The Health Protection and Promotion Act (HPPA) is the principal enabling and operating statute for the Board of Health. Boards of Health must provide or ensure the provision of a minimum level of public health programs and services in the following areas: environmental health, control of communicable disease, preventive dentistry, family health, nutrition, and public health promotion and education. Boards of Health are also 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 ensure alignment of our work with our vision, mission and values.

Our vision, mission and values, together with the strategic priorities and objectives that have been identified in this strategic plan will help us be the best possible health unit that we can be so we can enhance our positive impact on 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 be incorporated into this plan. From our previous strategic planning process we knew we needed to increase Board of Health, community partner and staff engagement; align strategic priorities with day-to-day work; and increase monitoring and accountability.

The elements outlined below incorporated both the lessons learned and best practices for strategic planning.



1 Increased Board of Health, Community Partner 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 was instrumental in guiding the strategic planning process and providing key input into our values and our strategic priorities.

Staff engagement was also 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 five service areas)
- At the launch event in June 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 for our planning process
- Focus groups were held throughout the summer, in which all staff were invited to explore the values that drive our work at MLHU. Through a series of five



group consultations 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 in March 2015, where all staff were given the opportunity to comment on our strategic priorities and identify what resonated with them and what they thought needed to be added (158 survey responses)

- An Extended Leadership Team Conversation Café allowed MLHU non-union leaders to 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 previewed the draft 2015-2020 strategic plan balanced scorecard and commented on the proposed priorities, objectives and initiatives (220 staff attended and worked in groups to complete 86 feedback forms)

- A survey was distributed in the summer of 2015 asking community partners which priorities and initiatives they felt were most important for MHLU to focus on. They also provided feedback on how to we can best engage partners in the implementation of our strategic plan (209 survey responses)

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 strategic 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 in their everyday work. The 2015-2020 strategic planning process addressed this issue by utilizing the balanced scorecard as our strategic planning model and 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, team 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 insights, local data from key documents and stakeholder consultations were used in the strategic planning process. 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 – Partner 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. Considering the perspective of the community and our clients in setting our strategic priorities for the next five years has strengthened our strategic plan.



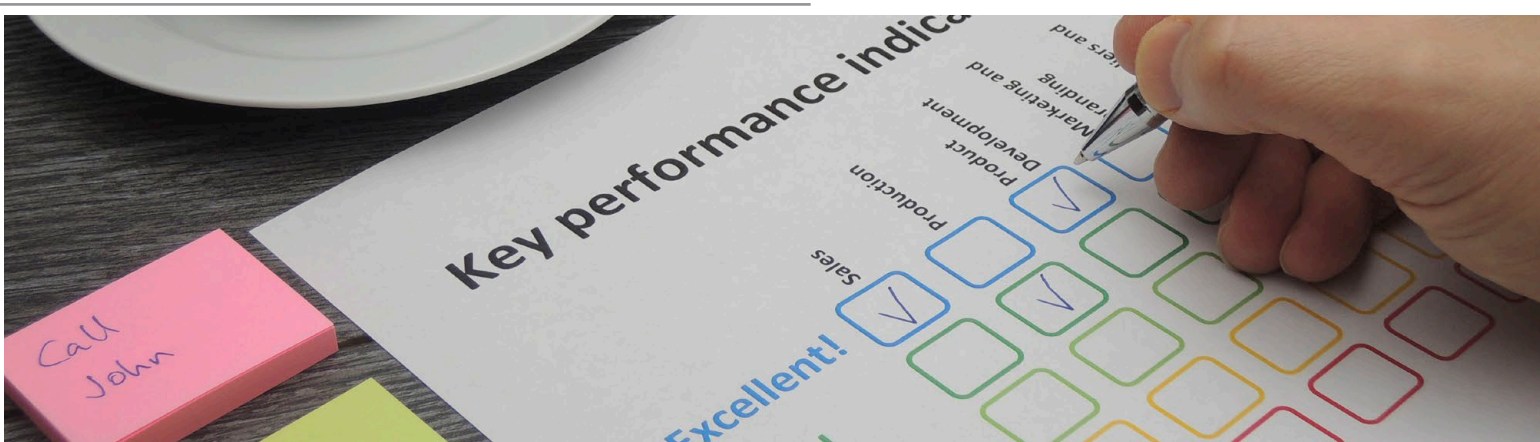
4 *The use of evidence to answer the question: “what must we do to make MLHU the best public health unit that we can be?”*

The Middlesex-London Health Unit prides itself in delivering evidence-informed programs and services to the community. We wanted to take a similar approach with our strategic plan. To do this, a research report that reviewed the literature on what makes a high performing health unit was prepared. The information was drawn from peer-reviewed research and data from the local community and was 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 five year strategic plan can be a challenging task. Initiatives that have a burst of momentum 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 levels.



Our Vision, Mission and Values Tree

Our Values Tree represents the core beliefs and principles under which we operate in our day to day work, with each other and the delivery of our public health programs and services in the community.

The mission, vision and values were developed following two Board of Health and Senior Leadership Team retreats, five staff consultations, review and validation from the Strategic Plan Advisory Committee and approval from Senior Leadership Team and the Board of Health. Our vision articulates what we would like our community to achieve over the long-term; our mission is the declaration of our organization's core purpose and focus that will contribute to the realization of the vision; and our values are the beliefs and principles that will guide us.

OUR VISION:

People Reaching Their Potential

OUR MISSION:

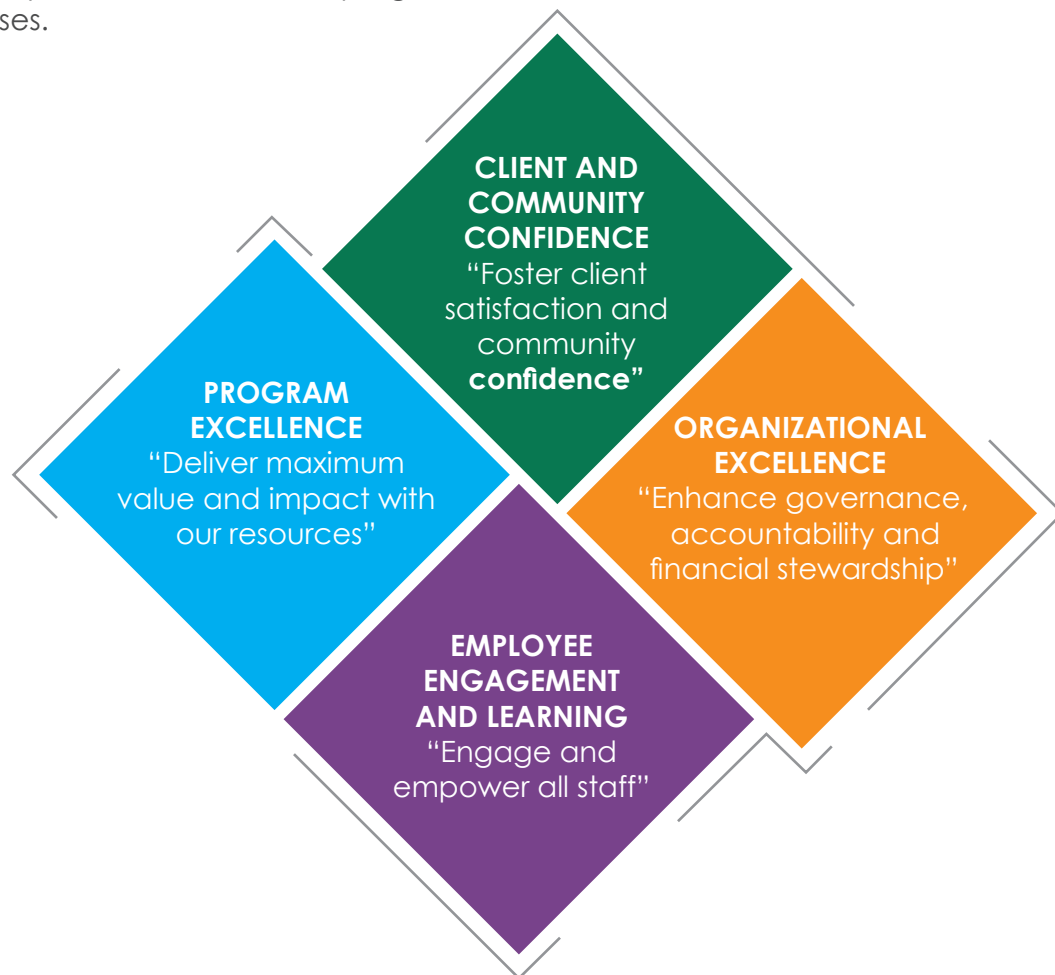
To promote and protect the health of our community



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 align the performance of the Middlesex-London Health Unit around our vision, mission, values and strategic priorities. It also ensures that we have 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 solicited from staff, community partners and stakeholders was also integrated into the balanced scorecard for the 2015-2020 Strategic Plan.



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 requirements (when applicable), and the regular evaluation of programs 2) Utilize continuous quality improvement processes
Foster strategic integration and collaboration	<ol style="list-style-type: none"> 1) Identify ideal organizational structure and complimentary processes to ensure our programs and services are focused on our core mission
Address the social determinants of health	<ol style="list-style-type: none"> 1) Continue knowledge exchange and skill building activities for social determinants of health (SDOH) 2) Expand health equity impact assessment implementation and monitoring 3) 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	<ol style="list-style-type: none"> 1) Use community input and feedback to inform program planning and evaluation
Ensure clients and the community know and value our work	<ol style="list-style-type: none"> 1) Increase the awareness of public health and the role of the Middlesex-London Health Unit
Deliver client-centred service	<ol style="list-style-type: none"> 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 that 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:

OBJECTIVES	INITIATIVES
Engage and inform our Board of Health	1) Provide appropriate recommendations and analysis to the Board of Health regarding developments affecting public health, the health unit and the community 2) Deliver relevant and timely information and reports to the Board of Health
Demonstrate excellent organizational performance	1) Create a Board of Health performance dashboard 2) Develop and implement an organizational performance management framework
Exercise responsible financial governance and stewardship	1) Conduct financial policy compliance audits 2) Ensure third parties are accountable to MLHU financial standards through agreements/reporting 3) Increase staff understanding of budgets, processes, and policies

Implementation and Monitoring

Using Stakeholder Feedback to Inform Implementation

The information that was gathered throughout the strategic planning process helps us to understand the perspectives of our community partners and gain insight into how we can best implement our strategic priorities.

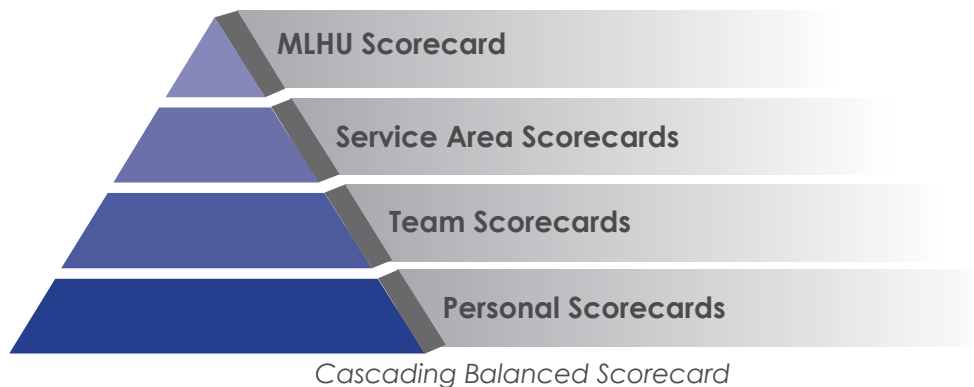
Ongoing consultation with the community and our clients is essential to make sure we are achieving our strategic priorities to the best of our ability and addressing the health needs and concerns of our community.

The Balanced Scorecard and Indicator Development

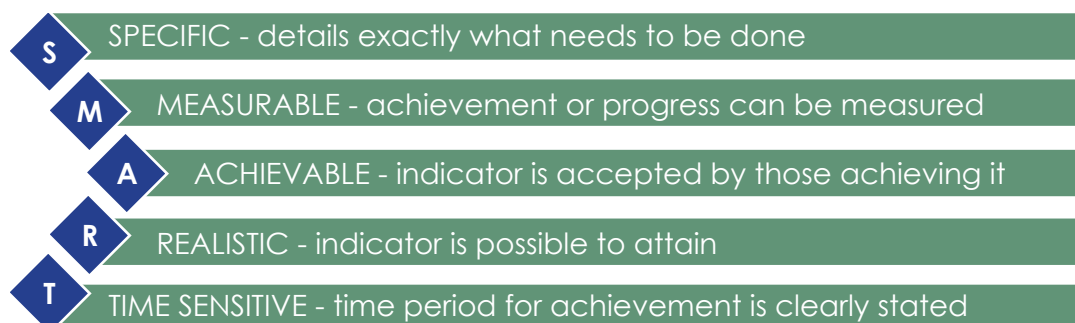
The balanced scorecard is intended to help organizations set, track and achieve key strategic initiatives and objectives. The Middlesex-London Health Unit will use the balanced scorecard for precisely this task. We will do this by developing indicators for

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.

Cascading balanced scorecards allow all staff to develop objectives and measures that link their work to overall organizational strategy. They also ensure 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.



Indicators are succinct measures that are meant to help us understand the work of the organization, compare performance over time and to continuously 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; they cannot prove or disprove program or organizational success or failure. The indicators we use must be SMART:



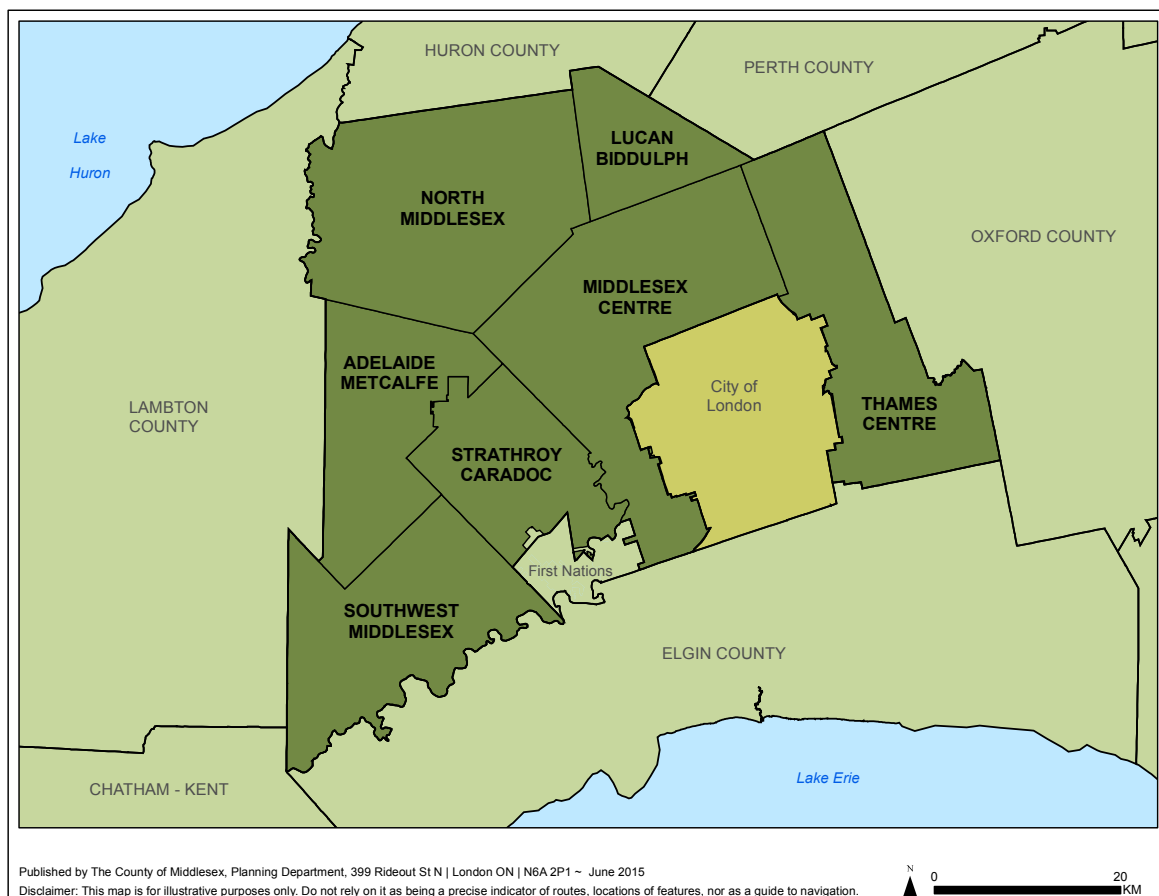
Who We Serve:

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 adults 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.





TO: Chair and Members of the Governance Committee

FROM: Christopher Mackie, Medical Officer of Health

DATE: 2016 July 21

NOMINATION & APPOINTMENT PROCESS UPDATE

Recommendation

It is recommended that the Governance Committee:

- a) Recommend that the Board of Health request that Board Members complete the updated diversity survey, attached as [Appendix A](#);*
- b) Recommend that the Board of Health approve the forwarding of the anonymized results of the survey to the Ministry of Health and Long-Term Care for their consideration during the public appointments process and to other appointing bodies as appropriate; and*
- c) Recommend that the Board of Health provide direction to staff regarding the promotion of Board of Health position opportunities.*

Key Points

- A diversity inventory is a useful tool to assist the Ministry of Health and Long-Term care in appointing candidates who meet the needs of the Board of Health.
- There are a number of options the Board of Health could select from should they wish to promote Board of Health opportunities to the broader public and increase the candidate pool from which the Secretariat may select.

Background

At the April 21, 2016 Governance meeting, the committee approved a revised nomination and appointment process ([Report No. 011-16GC](#)); recommended the Board of Health conduct a skills inventory of its members; and directed staff to work with DiverseCity OnBoard to identify potential provincial appointees to the Board of Health. Whether or not the Board of Health chooses to make recommendations to the Ministry or other appointing bodies about who to appoint, there remains a need to promote these positions among qualified individuals so that appointing bodies can have excellent candidates from which to select.

Diversity Survey

The Board has directed staff to work on a survey of Board Member skills to inform Board Member recruitment. In order for DiverseCity OnBoard to identify candidates for the Board of Health that complement existing socio-demographics, the program has requested that background on current Board of Health members be obtained, including questions pertaining to age, gender, ethnic origin, disability, family status, and sexual orientation. The survey tool attached as [Appendix A](#) includes questions on both skills and socio-demographic diversity. Completion of the survey and of each individual question therein would be optional.

Board of Health Recruitment Process

Currently Board of Health opportunities are posted on the Ontario Public Appointments Secretariat Web Site (<https://www.pas.gov.on.ca/>). Interested individuals can go to the website to review and apply for current and upcoming vacancies at public agencies, Boards and Commissions that are appointed through the

Secretariat. The list is extensive and there is little advertising of the vacancies to the broader public. Promoting the current Board Member vacancies more broadly would help ensure that qualified candidates come forward.

In the interest of increasing awareness of the local opportunities available, the Board may want to consider an advertising campaign that could include newspaper, radio, television and/or the utilization of listserves. Additionally, engaging Pillar's DiverseCity OnBoard is still envisioned, whether or not the Board chooses to recommend specific candidates. The diversity survey would be a critical piece of information needed to initiate the recruitment process with DiverseCity OnBoard. Through the options identified, the Board of Health would encourage interested applicants to apply to the provincial appointment secretariat through their web site. The goal of utilizing various recruitment tactics would be to increase the breadth and depth of the candidate pool from which the provincial secretariat can select future Board Members for the Middlesex-London Health Unit.

Next Steps

If approved, staff will disseminate the survey, collate results and forward the results to the MOHLTC for their consideration during the public appointments process. Additionally, if approved, staff will engage in the processes identified to enhance recruitment of potential members to apply to the Board of Health through the Public Appointments Secretariat.

This report was prepared by Mr. Jordan Banninga, Manager, Strategic Projects and Ms. Laura Di Cesare, Director, Corporate Services.



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

Board of Health Diversity Survey

Board diversity and skill mix are seen as essential components for a high performing Board. It is also important that the Board reflects the community they serve and that it has the requisite skills to handle a wide variety of Board of Health matters. It is also helpful to understand the skill composition of the Board so that expertise can be brought in when required.

Conducting a skills inventory of our current Board members could allow the Middlesex-London Health Unit to target specific skills sets that would be of value to the Board.

This survey should take no more than 10 minutes to complete.

The skills and experience inventory has been developed with input from the Governance Committee and is intended to help the Committee address potential gaps during the nominations and appointments process through the identification of potential new board members.

Your participation in this survey is entirely voluntary and you can respond to as many or as few questions as you would like.

Experience

Please indicate the relevant experience that you feel you bring to the Board of Health. Experience is defined as being involved in other organizations or activities in the capacity of a volunteer, employee or member of a board.

	High	Medium	Low / NA
Advocacy & Politics	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Business, Professional Associations or Unions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Culture & Recreation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Education, Research & Training	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Environment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Health & Health Care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Housing & Real Estate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Law	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Living or Working Abroad	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Religion	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Social Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other, please describe:			

Expertise

High – Advanced or expert experience or expertise in this area

Medium – Demonstrated experience or expertise in this area

Low – Limited or no experience or expertise in this area

Please indicate the relevant expertise that you feel you bring to the Board of Health. Expertise is defined as having skill or knowledge in a particular field.

	High	Medium	Low / NA
Community Development	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Financial Management	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Governance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Human Resources	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Legal	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Management & Leadership	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Marketing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Policy Development	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Risk Management	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Strategy & Planning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Technology	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other, please describe:			

Diversity

Gender:	
19 to 39 Years of Age	<input type="checkbox"/>
40 to 64 Years of Age	<input type="checkbox"/>
65 Years of Age and Older	<input type="checkbox"/>
Marital or Family Status:	
<i>I identify myself as:</i>	
A Person with a Disability	<input type="checkbox"/>
First Nation, Inuit or Metis	<input type="checkbox"/>
An Ethno, Racial or Cultural Minority	<input type="checkbox"/>
Lesbian, Gay, Bisexual, Trans, Questioning or Two Spirited (LGBTQ2)	<input type="checkbox"/>

High – Advanced or expert experience or expertise in this area
 Medium – Demonstrated experience or expertise in this area
 Low – Limited or no experience or expertise in this area

TO: Chair and Members of the Governance Committee

FROM: Christopher Mackie, Medical Officer of Health

DATE: 2016 July 21

REVIEW OF 2016 GOVERNANCE COMMITTEE MEETING DATES

Recommendation

It is recommended that the Governance Committee

- 1) Receive Report 016-16GC;*
- 2) Consider setting additional 2016 Governance Committee meeting dates.*

Key Points

- The Governance Committee is currently scheduled to meet quarterly in January, April, July and October at 6:00 p.m., prior to the Board of Health meeting.
- Feedback from the Governance Committee Chair as well as additional work requested of Health Unit staff has necessitated a review of the Governance Committee meeting dates for 2016.

Background

The proposed Governance Committee (GC) meeting dates for 2016 were reviewed at the January 21, 2016 meeting ([Report No. 01-16GC](#)) and set to align with the terms of reference, which called for the committee to meet quarterly or at the Call of the Chair. At the April 21, 2016 GC meeting a new Chair for the year 2016 was elected.

Revisions to the Remaining 2016 Governance Committee Meeting Dates

Mr. Trevor Hunter, Chair of the Governance Committee has requested a review of the remaining 2016 Governance Committee meeting dates in order to provide more time for the Committee to review reports and make recommendation to the Board of Health. Moving committee meetings to a time that is not adjacent to the Board meetings would also improve the flow of information from this committee to the Board.

Next Steps

Should the Governance Committee and the Board of Health approve a new direction regarding Governance Committee meetings, staff will work with the Chair to canvas for additional dates and revise the 2016 Governance Committee reporting calendar to capture all items that were intended to be covered in 2016.

This report was prepared by Mr. Jordan Banninga, Manager, Strategic Projects and Ms. Elizabeth Milne, Executive Assistant to the Board of Health and Communications.



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