MIDDLESEX-LONDON HEALTH

MIDDLESEX-LONDON HEALTH UNIT

REPORT NO. 008-17GC

TO: Chair and Members of the Governance Committee

FROM: Christopher Mackie, Medical Officer of Health / Chief Executive Officer

DATE: 2017 October 19

2016 YEAR-END PERFORMANCE ON ACCOUNTABILITY INDICATORS

Recommendation

It is recommended that Report No. 008-17 re: 2016 Year-End Performance on Accountability Indicators be received for information.

Key Points

- The Health Unit has demonstrated strong performance on the 2016 Year-End Accountability Agreement performance indicators meeting or exceeding targets on all performance indicators.
- There are limitations to the performance indicator data and some indicators are used for monitoring and baseline purposes only.

Background

Under section 5.2 of the Accountability Agreement between the Middlesex-London Health Unit (MLHU) Board of Health and the Ministry of Health and Long Term Care (MOHLTC), the Board agrees to make its best effort to achieve agreed-upon performance targets for the indicators specified.

There were twenty-five indicators that were reported to the MOHLTC in 2016 pertaining to the program areas of food safety, water safety, infectious disease control, vaccine preventable disease, tobacco control, injury prevention, substance abuse and child health.

Due to the current state of transformation within the public health sector, the ministry has reduced the suite of indicators that are monitored to an essential set of 15 indicators. For three of these indicators, a performance target was negotiated and agreed upon by both MLHU and MOHLTC.

2016 Year-End Results

In August 2017, the MOHLTC published MLHU's 2016 year-end performance on 15 indicators. The 2016 Indicator Summary Table for Health Promotion Indicators and Health Protection Indicators provides a summary of these results (<u>Appendix A</u>). The reporting period for the indicators is January 1, 2016 – December 31, 2016 unless otherwise noted.

Performance Indicators

Performance indicators include a limited set of indicators which reflect priority areas for performance improvement. These indicators are listed in the Public Health Funding and Accountability Agreement and have performance targets.

Of the three performance indicators reported, the Health Unit met or exceeded targets on all three. These indicators and MLHU performance noted below:

Indicator		Year	Performance	Target	Compliance Report?
1.4	% of tobacco vendors in compliance with youth access legislation at the time of last inspection	2016	99.7%	>90%	No
1.7	% tobacco retailers inspected for compliance with display, handling and promotion sections of the Smoke-Free Ontario Act (SFOA)	2016	100.0%	100.0%	No
4.3	% of refrigerators storing publicly funded vaccines that have received a completed routine annual cold chain inspection	2016	99.5%	100.0%	No

Monitoring Indicators

Monitoring indicators do not have performance targets and are used to:

- Ensure that high levels of achievement are sustained;
- Allow time for baseline levels of achievement and methods of measurement to be confirmed; and/or
- Monitor risks related to program delivery.

Limitations in the Data

The indicators presented in this report are an incomplete representation of the work that public health units do to protect and promote the health of Ontario residents but have been chosen to:

- Reflect government priority;
- Core business of public health;
- Measure Board of Health level outcomes as per the OPHS, (2008);
- Be responsive to change by action of the Board of Health;
- Provide opportunity for performance improvement;
- Have available data sources; and
- Are sensitive, timely, feasible, valid, reliable, understandable, and comparable.

The report also notes that health units operate under unique local factors and there is variability across health units such as demographics, geographic size, human resources, etc., that impact each health unit differently and caution is advised when comparing health unit performance.

This report was prepared by the Strategic Projects Team, Corporate Services Division.

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Medical Officer of Health / CEO