

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






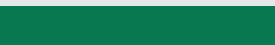


OUR MISSION:
To promote and protect the health
of our community

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			
 <p>Optimize evidence-informed planning and evaluation</p> <hr/> <p>Foster strategic integration and collaboration</p> <hr/> <p>Address the social determinants of health</p> <hr/> <p>Ensure programs achieve organizationally-established performance targets</p>	 <p>Seek and respond to community input</p> <hr/> <p>Ensure clients and the community know and value our work</p> <hr/> <p>Deliver client-centred service</p>	 <p>Promote transparent and inclusive decision-making processes</p> <hr/> <p>Enhance staff development and continuing education</p> <hr/> <p>Strengthen positive organizational culture</p>	 <p>Engage and inform the board of health</p> <hr/> <p>Demonstrate excellent organizational performance</p> <hr/> <p>Exercise responsible financial governance and controls</p>

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:

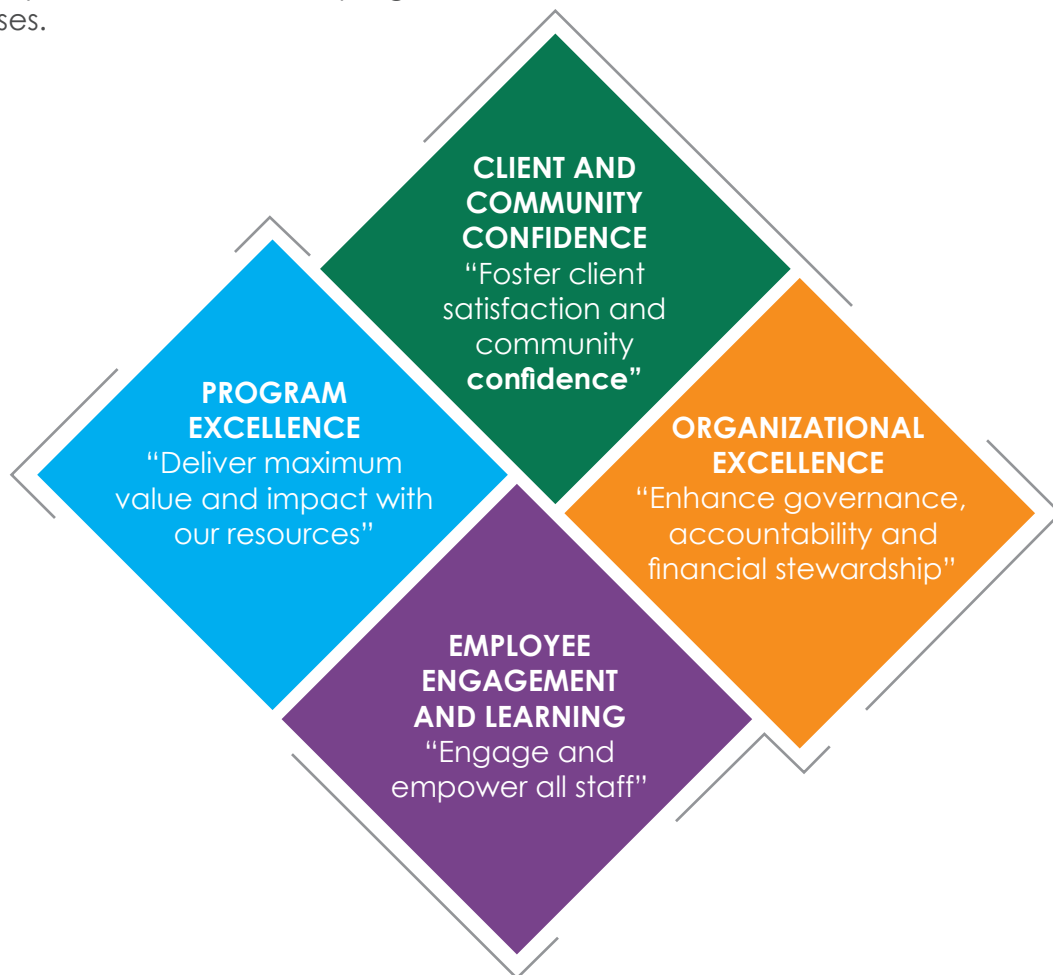
To promote and protect the health of our community



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	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	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	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
Ensure programs achieve organizationally-established performance targets	1) To be determined through Divisional and Team Balanced Scorecard development

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 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.

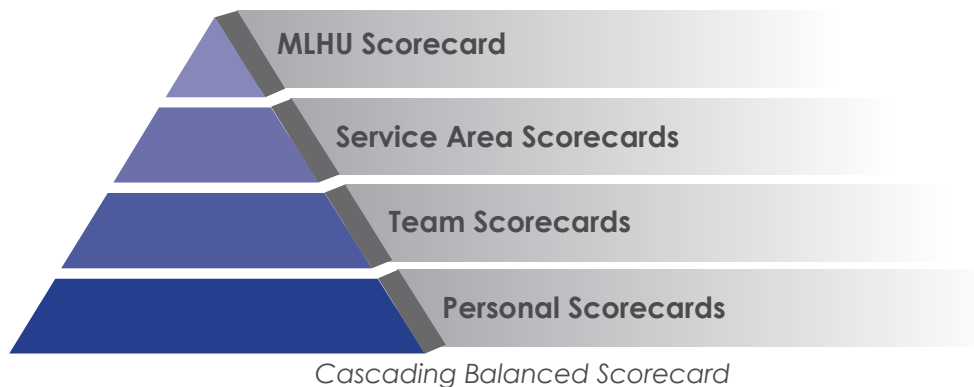
Ongoing consultation with the community and our clients is essential to make sure we are achieving our strategic priorities to the best of our ability and addressing the health needs and concerns of our community.

The Balanced Scorecard and Indicator Development

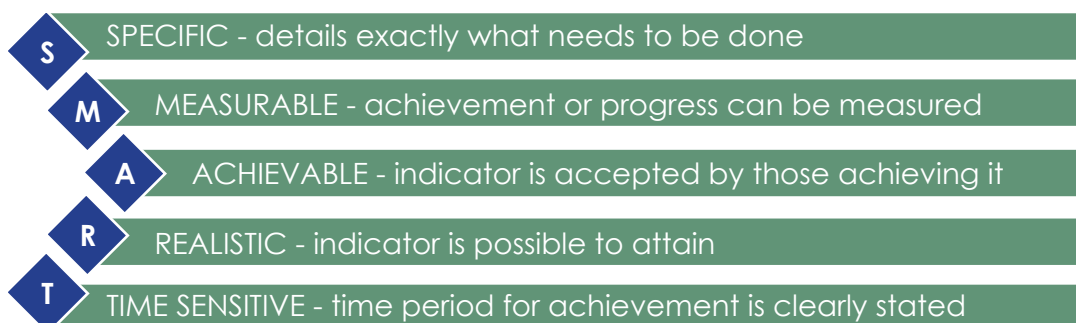
The balanced scorecard is intended to help organizations set, track and achieve key strategic initiatives and objectives. The Middlesex-London Health Unit will use the balanced scorecard for precisely this task. We will do this by developing indicators for

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.

