

TO: Chair and Members of the Board of Health

FROM: Bryna Warshawsky, Acting Medical Officer of Health

DATE: 2013 January 17

ANNUAL PERFORMANCE REPORT ON THE STRATEGIC DIRECTIONS

Recommendation

It is recommended that Report No. 008-13 re “Annual Performance Report on the Strategic Directions” be received for information.

Key Points

- While the first year of a strategic plan is traditionally known as the ‘planning year’, 2012 saw some major accomplishments toward achieving the 2012-2014 Strategic Directions.
- Given the importance of the Strategic Directions, moving forward with these objectives will be a major focus for 2013.

Background & Timeline

Maintaining a strategic plan is required of all Boards of Health by the [Ontario Public Health Organizational Standards \(No. 3.2\)](#). Prior to strategic planning being a requirement, the Middlesex-London Board of Health undertook a rigorous community consultation and strategic planning process in 2011. This resulted in a new 10-year vision and three broad strategic directions for 2012-2014. Upon conclusion of the strategic planning process, staff established the necessary structures and plans, and began coordinating activities to achieve these directions, and operationalize the new vision. The Board of Health has received the following reports regarding the strategic directions and plan:

Date	June 2011	November 2011	February 2012	November 2012
Report #	063-11	110-11	025-12	136-12
Subject	Approval of 10-year vision and 3-year strategic directions	Identification of 3-year objectives	1 st Progress Report: <ul style="list-style-type: none"> • Established Strategic Achievement Groups (SAGs) • Presented Visions/Directions Document • Reported internal/external communications plan 	2 nd Progress Report: <ul style="list-style-type: none"> • Reported SAGs progress • Reported external SAG members • Presented Strategic Plan Community Report

The Terms of Reference for the Strategic Achievement Groups (i.e., six internal committees, each tasked with a particular strategic direction) dictate quarterly reporting to the Health Unit’s senior leadership, and annual performance reporting to the Board.

Major Achievements in 2012

While the first year of a strategic plan is often dubbed 'the planning year', the Strategic Achievement Groups quickly moved from planning to action. The Groups were first required to (a) identify existing activities and where appropriate, plan and ensure coordination of additional activities, and (b) identify measurable indicators and report performance. Once plans were approved by senior leadership, the Groups met approximately monthly to begin their work. Major achievements are presented below, according to their corresponding direction:

Strategic Direction (A): Improved Health Outcomes

Physical Activity and Healthy Eating Group (led by Ms. Mary Lou Albanese & Ms. Christine Preece)

- Established an organizational lead staff member for physical activity (Ms. Nadine Cruickshank) and healthy eating (Ms. Christine Callaghan) who support the Health Unit's health promotion, family and schools programs to integrate novel best-practices in order to reduce obesity rates and improve consumption of fruits and vegetables. The leads will be coordinating additional targeted activities in 2013-2014 that show promise of moving towards the identified health objectives.

Health Inequities Group (led by Ms. Nancy Summers & Ms. Melanie Elms)

- The Well-Baby Clinics are piloting the province's [Health Equity Impact Assessment](#) tool (which aims to orient service delivery toward 'those who need services the most'). This assessment tool will be rolled out for other Health Unit services in 2013-2014.
- Over 200 Health Unit staff received health literacy training to ensure the Health Unit's promotional messaging and health promotion materials (e.g., fact sheets) are written as clearly and simply as possible.

Strategic Direction (B): Organizational Health & Vitality (led by Dr. Bryna Warshawsky)

- The senior leadership team dedicated several meetings and two days for organizational- and self-assessment regarding the Health Unit's culture, decision-making processes, communication and teamwork. To support ongoing communication with staff members, there have been frequent email updates about evolving issues and several open town hall-style meetings in 2012 where staff could ask questions / discuss issues with the Health Unit Directors. Senior leadership has dedicated time in 2013 to explore other strategies to further align the organization's culture with the 10-year vision.

Strategic Direction (C): Infrastructure

Communications Group (led by Mr. Dan Flaherty)

- Significant progress has been made toward a new Health Unit website. Further information will be presented at an upcoming Board of Health meeting.

IT Group (led by Mr. Rick Shantz)

- Following an external scan and internal assessment, a draft strategy document is being developed to support the Health Unit to migrate toward Electronic Client Recordkeeping (ECR). This strategy will be presented to the Board in 2013 and will chart the course for ECR implementation.

Facilities Group (led by Mr. John Millson)

- The template and tools to develop a Facilities Plan have been drafted and are under review. This plan will support Board decision-making re: a long-term facilities strategy for the Health Unit.

Sustaining Momentum in 2013

In 2013, the Strategic Achievements Groups will continue working towards achieving the objectives in their operational plans. The Groups will continue to meet approximately monthly and report quarterly to senior leadership. Given the importance of the Strategic Directions, moving forward with these objectives will be a major focus for 2013.

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

A handwritten signature in black ink, appearing to read "Bryna Warshawsky". The signature is written in a cursive, flowing style.

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Acting Medical Officer of Health