

Public Health Sudbury & Districts Accountability Monitoring Plan 2024-2028

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Introduction

In November 2023, the Board of Health (the Board) for Public Health Sudbury & Districts (Public Health) endorsed the *2024-2028 Strategic Plan (Strategic Plan)* and directed the Medical Officer of Health (MOH) to operationalize the *Strategic Plan* and develop a monitoring process for the Board of Health's approval.

The *Public Health Sudbury & Districts 2024-2028 Accountability Monitoring Plan (AMP)* is an essential framework for the agency:

- It is a focal point for the Board's commitments to transparency, accountability, and public reporting.
- It aligns with the *2021 Ontario Public Health Standards (OPHS): Requirements for Programs, Services, and Accountability*.
- It is an overarching framework for comprehensive performance measurement and continuous quality improvement.

The *AMP* serves as an overarching framework for organizational accountability and monitoring which also shows the value of public health investment and its contribution to population health and well-being.

The *AMP* provides a framework for monitoring and reporting on provincial requirements and local priorities including the *Public Health Sudbury & Districts 2024-2028 Strategic Plan*.

The *AMP* includes three main categories of reporting: 1) Organizational Requirements, 2) Foundational and Program Standards, and 3) the *Strategic Plan*. It contributes to the Board's commitment to transparency with all stakeholders in creating healthier communities for all. As per the *Strategic Plan*, the values of humility, trust, and respect guide the implementation and reporting mechanisms of this plan.

Board of Health Role

The Board of Health plays an important role in local and provincial accountability and monitoring efforts. The Public Health Accountability Framework of the *OPHS* articulates the scope of the accountability relationship between boards of health and the Ministry of Health (Ministry) and establishes expectations for boards of health.

Per the Public Health Accountability Framework of the *OPHS*, boards of health are required to provide the Ministry with regular performance reports on program achievements, finances, and local challenges or issues in meeting outcomes. This outlines what and how boards of health are held accountable for the work they do, how they do it, and the results they get. It also identifies what the Ministry expects from the boards of health to promote transparency and accountability.

This increased accountability is designed to ensure boards of health have the necessary foundations to deliver programs and services, financial management, governance, and public health practice, ultimately supporting a strong public health sector and leading to better health for our communities.

The *AMP* supports these provincial requirements by outlining how Ministry reporting requirements align with local planning and reporting mechanisms. The *AMP* provides an overview of the monitoring and reporting of organizational and program requirements as well as the Board's *Strategic Plan*.

The Joint Board of Health/Staff Accountability Working Group assists the Board in meeting its accountability and reporting requirements. The Working Group reviews draft reports, provides comments and direction to finalize, and presents reports to the full Board of Health for approval.

Monitoring Framework

Overview

The *AMP* explains how we comply with legal, funding, and program requirements and contributes to the Board’s commitment to transparency with all stakeholders. The *AMP* includes three main monitoring and reporting categories that collectively demonstrate accountability for provincial mandates and local commitments:

1. Organizational Requirements
2. Foundational and Program Standards
3. *Strategic Plan*

Organizational Requirements: Within the **Organizational Requirements** category, we monitor and report on the four domains of accountability in the *OPHS*: delivery of programs and services, fiduciary requirements, good governance and management practices, and public health practice. We also monitor other requirements that the *OPHS* identifies as common to all domains. Reporting for the organizational requirements includes Ministry compliance attestations grouped by the domains of accountability.

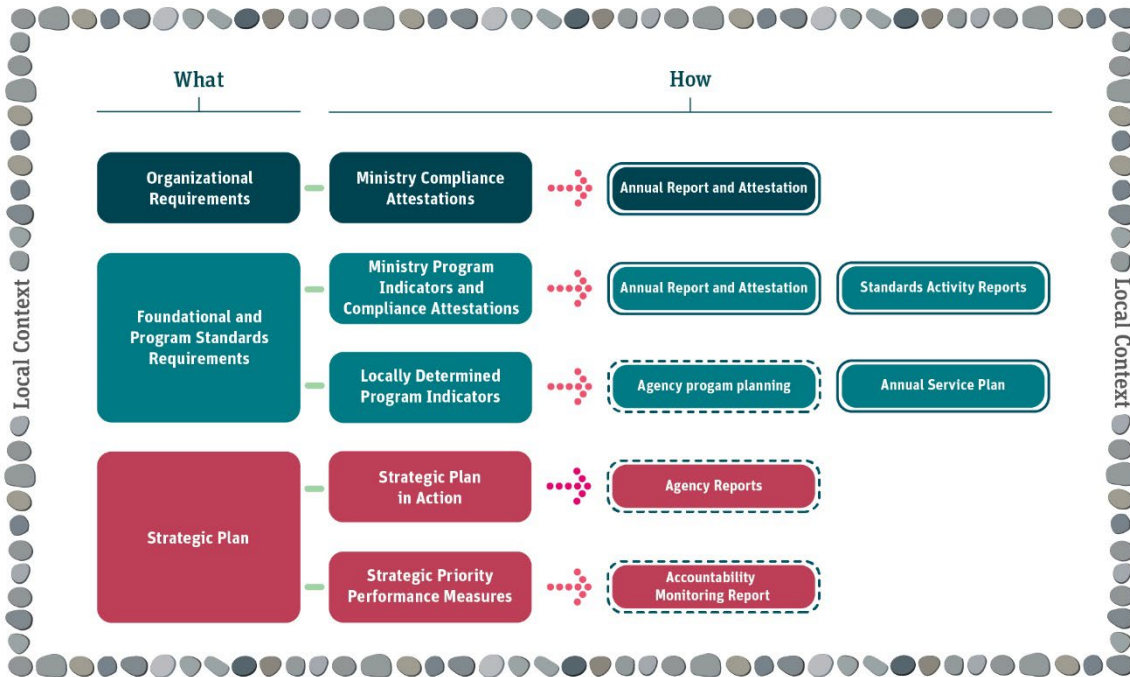
Foundational and Program Standards requirements: Within the **Foundational and Program Standards requirements** category, we monitor progress and measure success with provincial and locally developed reporting mechanisms relating to the *OPHS* Foundational Standards and Program Standards. We report on Ministry program indicators and compliance attestations for program activities, outcomes, and contributions to population health. We also monitor, and report as needed, on locally determined indicators in accordance with local program plans and Ministry planning requirements.

Strategic Plan: Finally, we measure performance and progress as it relates to the **Strategic Plan** and the implementation of our Board of Health strategic priorities: equal opportunities for health, impactful relationships, excellence in public health practice, and healthy and resilient workforce. Reporting includes performance measures for each strategic priority as well as agency reports and stories that show the *Strategic Plan* in action.

These three categories collectively form the *AMP*. The *Accountability Monitoring Framework* is also supported by planning documents (the agency’s *Strategic Plan*, internal program plans, and the *Annual Service Plan and Budget Submission*), and by reporting documents (including performance reports and annual reports and attestations) which align with one or more of the three reporting categories.

The diagram below illustrates the relationship between each category and how, together, they provide an overview of the organizational performance to which we hold ourselves accountable. The sections following the diagram explain each category in further detail.

Public Health Sudbury & Districts Accountability Monitoring Framework



 Provincial Lens
 Local Lens

Organizational Requirements

The Ministry outlines parameters and requirements to hold boards of health accountable for the work they do, how they do it, and the results they achieve.

Reporting and monitoring of the organizational requirements allows for boards of health to demonstrate accountability and compliance with these requirements as outlined in the *OPHS*.

The *OPHS*' Public Health Accountability Framework categorizes organizational requirements into four domains of accountability:

1. Delivery of programs and services
2. Fiduciary requirements
3. Good governance and management practices
4. Public health practice

Additional organizational requirements, which are “common to all domains” are also outlined in the *OPHS*. In Ministry reporting, additional attestation statements are included as “other general requirements”.

Using the four domains as a lens for organizational accountability, boards of health complete an attestation of their achievements relating to key statements grouped by the four accountability domains of the Ministry organizational requirements.

Guided by the organizational requirements in the *OPHS*, Public Health Sudbury & Districts reports on organizational requirements directly to the Ministry through:

- A. Ministry compliance attestations

A. Ministry of Health compliance attestations

The *OPHS* organizational requirements outline monitoring and reporting areas for boards of health to show accountability and compliance to the Ministry.

Components of the organizational requirements are reported on to the Ministry through the *Annual Report and Attestation*. Attestation questions or items may vary year to year and are identified in Ministry reporting templates.

Within the *OPHS*, there are 51 organizational requirements within the four domains of accountability as well as six additional requirements in the “common to all domains” category. These organizational requirements are reported through attestation statements in the *Ministry of Health Annual Report and Attestation* document. While not all attestation statements align directly with the *OPHS* language, in the last iteration of the *Annual Report and Attestation*, there

were 62 attestation questions and items categorized within the 4 domains of accountability and an additional 2 general requirements in the “other” category.

Reporting mechanism

Reporting on the *OPHS’ Public Health Accountability Framework* organizational requirements is completed through the ***Annual Report and Attestation***. Each year, customized templates are issued to the local public health unit by the Ministry.

The purpose of the *Annual Report and Attestation* is for boards of health to complete a certificate of attestation to demonstrate compliance with the organizational requirements outlined in the *OPHS*. If the board reports that the agency complies with the question or item, no further details are required. If the board reports non-compliance, then a high-level explanation describing circumstances, impacts, and corrective action is required.

A summary of Ministry reporting requirements, including the *Annual Report and Attestation* will be included in the *Public Health Sudbury & Districts Accountability Monitoring Report* which will be presented annually to the Board of Health.

Data collection

Data collection requires a coordinated effort by all divisions to capture information from all parts of the organization as it relates to the attestation questions and items. A centralized data collection tool, reflecting the data required to complete the Ministry template, is developed annually to streamline tracking and avoid duplication. Data collection processes for Ministry reporting is led by Knowledge and Strategic Services.

Reporting on the organizational requirements grouped by the domains of accountability reflects compliance data collected for the reporting year (January to December) and is therefore retrospective in nature.

Reporting timeline

The Organizational Requirements will be reported on annually through the Ministry compliance attestations in the *Annual Report and Attestation* reporting document. This report is typically due to the Ministry between June and September each year and includes attestations for the previous calendar year.

A summary of Ministry reporting, including the *Annual Report and Attestation*, will also be reported on annually through *Public Health Sudbury & Districts Accountability Monitoring Report*. The Board will receive this annual report each February following the reporting year (for example, January to December 2024 reporting will be shared in February 2025).

Foundational and Program Standards Requirements

Boards of health are not only responsible for demonstrating accountability related to organizational requirements, but they are also tasked with demonstrating the value that Ontarians receive from investment in public health programs and services.

Per the Public Health Indicator Framework for Program Outcomes and Contributions to Population Health Outcomes in the *OPHS* (p.74), boards of health are required to monitor progress, measure success, and assess public health's contribution to population health. Foundational and Program Standards requirements outline opportunities for monitoring and reporting on performance of interventions, programs, and services and well as contributions to population health outcomes.

Foundational Standards and Program Standards are monitored and reported through Ministry program indicators and compliance attestations as well as locally determined program indicators. The Ministry indicators provide an evidence-informed basis for monitoring and measuring success in achieving program outcomes and understanding the contribution of boards of health to population health outcomes. Select program areas also require compliance attestations to ensure accountability of program development and delivery. In addition to these Ministry reporting requirements, boards of health are required to develop locally determined program indicators to monitor programs and public health interventions as part of their planning efforts.

Guided by provincial and local requirements outlined in the *OPHS*, Public Health Sudbury & Districts will monitor and report on Foundational and Program Standards requirements through

- A. Ministry program indicators and compliance attestations
- B. Locally determined program indicators

These indicators, and compliance attestations, which are further discussed below, are reflective of requirements relating to the Foundational Standards and Program Standards as outlined in the *OPHS*.

A. Ministry of Health program indicators and compliance attestations

Ministry program activity and program outcome indicators are provincially defined indicators to help monitor success of programs as referenced in the *OPHS*. Attestation statements also help to demonstrate compliance with program requirements for select topic areas or indicators that may

not collect numerical program indicator data. Both Ministry program indicators and compliance attestations are collected from the local board of health and reported to the Ministry for oversight of ongoing monitoring of public health programs and services.

Ministry program indicators and compliance attestations are reported to the Ministry in three separate reports: (1) the *Annual Report and Attestation*; (2) the *Q3 Standards Activity Report*; and (3) the *Q4 Standards Activity Report*.

Reporting mechanism

The Ministry issues *Standards Activity Reports (STAR)* and *Annual Report and Attestation (ARA)* templates to each public health unit for the purposes of reporting results. The information reported reflects results covering either an annual reporting period from January to December or from September to August, to match the school year. Each report has a unique set of provincially defined indicators. Note that Ministry reporting requirements for the *STAR* and *ARA* have on occasion been updated, and as such, some indicator reporting and compliance attestations may vary year to year.

A summary of these Ministry program indicator and compliance reporting requirements will also be reported annually to the Board of Health in the *Public Health Sudbury & Districts Accountability Monitoring Report*. Detailed indicator data and details will be reported to the Ministry only.

Data collection

Data pertaining to provincial indicators represent information from all parts of the organization and collection requires a coordinated effort by program divisions. A centralized data collection tool is developed to streamline tracking and avoid duplication. The tools are based on Ministry reporting templates so data can be collated for agency-wide reporting.

Foundational and Program Standards data collection processes for the *STAR* and *ARA* are led by Knowledge and Strategic Services, with data provided by the respective program teams.

Reporting timeline

Ministry program indicators will be reported on several times per year through the Standard Activity Reports and, for some, in the *ARA*. Ministry compliance attestations will be reported annually through *Ministry of Health Annual Report and Attestation* reporting document. Reporting to the Ministry will follow their reporting requirements and timelines (the *Q4 STAR* is generally due annually in January and the *Q3* in October, and the *ARA* is generally due annually between June and September).

A summary of these Ministry reporting requirements will also be included in the annual *Public Health Sudbury & Districts Accountability Monitoring Report*. The Board will receive this

annual report each February following the reporting year (for example, January to December 2024 reporting will be shared in February 2025) subsequent to the Joint Board of Health/Staff Accountability Working Group review.

B. Locally determined program indicators

In alignment with the *OPHS* and agency accountability commitments, additional locally determined program indicators are developed to monitor progress and measure success in achieving program outcomes. These indicators reflect work carried out under the *OPHS* Program Standards and are identified, reviewed, and monitored through local and provincial planning documents. Foundational Standards do not require locally developed indicators for the Ministry; however, indicators for these areas of work are also developed locally, within team plans, to use as metrics and monitor progress as needed.

Locally determined program indicators are outlined in **agency program plans** and a selection are submitted to the Ministry in the agency's ***Annual Service Plan and Budget Submission (ASP)*** which is prepared by boards of health to communicate program plans and budgeted expenditures for a given year.

Planning and reporting mechanisms

Locally determined indicators are identified and monitored through local and provincial planning documents. If locally determined indicator data is used beyond planning and monitoring, mechanisms for reporting are determined as needed.

For example, locally determined program indicator data may be used to inform Medical Officer of Health reporting updates to the local Board of Health for featured program and foundational standard work. Locally determined program indicators may also sometimes appear in Ministry program indicator reporting templates (such as the *STAR* or *ARA*); however, there is currently no formal reporting mechanism for all locally determined program indicators. Instead, these indicators are submitted in the *ASP* and monitored locally.

Formalized reporting mechanisms for locally determined program indicators will be developed if additional reporting requirements are directed by the Ministry.

Data collection

Locally determined program indicators represent information from all program areas and, as such, collection requires a coordinated effort. All locally determined program indicators are identified by program areas and then gathered through a centralized data collection tool to collate submission to the Ministry for the *ASP*. Collation of the *ASP* content, including determined program indicators, is led by Knowledge and Strategic Services.

For reporting, teams responsible for program development and implementation monitor and track data on locally determined indicators through team tracking tools in alignment with their program plans. If required, a centralized data collection process and tool will be developed to collate all agency information for Ministry reporting.

Planning and reporting timeline

Given that locally determined program indicators are monitored through planning documents that support agency accountability, they are submitted annually through local program plans or the provincial *ASP*.

Agency program plans, including activity and evaluation plans, are typically due at the end of the calendar year. These plans are then collated to inform the annual submission of the *ASP* which is typically due to the Ministry in early April.

Additional reporting timelines will be determined if direction is received for Ministry reporting requirements. Also, as relevant, select locally determined program indicators may be included in a summary of all agency reporting requirements in the annual *Public Health Sudbury & Districts Accountability Monitoring Report*. The Board will receive this annual report each February following the reporting year (for example, January to December 2024 reporting will be shared in February 2025) subsequent to the Joint Board of Health/Staff Accountability Working Group review.

Board of Health Strategic Plan

As per the *OPHS*, boards of health are required to develop a strategic plan and operationalize strategic directions over three to five years.

Public Health Sudbury & Districts will report on the *Strategic Plan* through

- A. *Strategic Plan* in action
- B. Strategic priority performance measures

A. *Strategic Plan* in action

Each year, Public Health issues various **agency reports** where content can be connected back to the components of the *Strategic Plan*. These reports include content from various program areas to highlight agency contributions and commitments to building healthier and stronger communities. They also help to demonstrate the *Strategic Plan* in action.

Reporting mechanism

Existing agency reports will use content to demonstrate the connection between day-to-day public health work and the various components of the *Strategic Plan* (mission, vision, values, and priorities). Information or stories within these agency-wide reports reflect components of the *Strategic Plan* in action. Examples of these reports include, but are not limited to, the *Annual Report*, monthly reports of the Medical Officer of Health / Chief Executive Officer to the Board of Health, year-in-review reports, risk management reports, continuous quality improvement reports, and program plans.

Data collection

The agency identifies a most responsible director or manager to lead the development of the respective agency reports. This lead works closely with designated program staff and other managers who, in turn, provide program specific examples or content that connect to the *Strategic Plan* in action. Depending on the report, content may be collated and circulated for feedback through an agency wide process or led independently by each division. For example, the *Annual Report* is led by the Communications Team, with content provided by other program staff and managers. Meanwhile, each division contributes program updates for the report of the Medical Officer of Health / Chief Executive Officer to the Board of Health.

Reporting timeline

Agency reports showcasing the *Strategic Plan* in action are issued at various times throughout the year. For example, the year-in-review is typically presented to the Board of Health in February of the following calendar year, whereas the agency's *Annual Report* is typically issued between June and September each year.

A selection or summary of agency report content that highlights the *Strategic Plan* in action will be included in the annual *Public Health Accountability Monitoring Report*. The Board will receive this annual report each February following the reporting year (for example, January to December 2024 reporting will be shared in February 2025) subsequent to the Joint Board of Health/Staff Accountability Working Group review.

B. Strategic priority performance measures

The *Strategic Plan* includes four strategic priorities. These priorities focus on creating healthier communities for all and build on past successes and direct future actions. They aim to establish impactful relationships that lead to strong partnerships and engagement. They also strive for ongoing excellence in public health service and programming, delivered by a healthy and resilient workforce.

The strategic priorities are

1. Equal opportunities for health
2. Impactful relationships
3. Excellence in public health practice
4. Healthy and resilient workforce

Ongoing monitoring of the integration of the strategic priorities within programs and services provides an opportunity to gauge progress on these key areas. The priorities guide our work, and the strategic priority performance measures help paint a rich picture of the commitments and diverse approaches and practices for implementing our *Strategic Plan*.

Reporting mechanism

Each Strategic priority has between three and four performance measures that showcase Public Health's programs and services and the way in which the *Strategic Plan* is being actioned. The performance measures will be presented as a component of Public Health's annual accountability monitoring report.

Data collection

Designated program staff and managers will be responsible for monitoring and collecting data as it relates to the strategic priority performance measures. A technical specification document guides data collection and reporting efforts related to the performance measures.

Reporting timeline

The Joint Board of Health/Staff Accountability Working Group will review the draft annual report prior to the Board. The Board will receive an annual report each February following the reporting year (for example, January to December 2024 reporting will be shared in February 2025). Interim reports may be prepared as needed to guide in-year decision making.

Summary of Accountability Reports

Ministry reports

Organizational requirements and Foundational and Program Standards' requirements within the *Public Health Sudbury & Districts Accountability Monitoring Framework* are reported on directly to the Ministry.

Each year, customized templates are issued to local public health units by the Ministry. Public Health Sudbury & Districts then uses these templates to complete an *ASP*, an *ARA*, and *STARs* (for Q3 and Q4).

The *ASP* is prepared by public health staff to communicate program plans and budgeted expenditures for a given year. This document includes a summary of agency program plans to demonstrate overarching plans to meet Foundational and Program Standards Requirements, including locally determined program indicators. This document is submitted annually in April following approval and signatures from the Medical Officer of Health and the Chair of the Board of Health.

The *ARA* is an accountability reporting tool that boards of health are required to submit annually as per the *OPHS* and *Public Health Funding and Accountability Agreement*. Components of the Organizational Requirements and the Foundational and Program Standards requirements are reported on to the Ministry through the *ARA*. For the Organizational Requirements, the *ARA* includes attestation questions and items categorized within the four domains of accountability and additional general requirements. Boards of health must assess whether they fully met a requirement and, if not, they must provide a high-level explanation. For Program Standards requirements, provincially defined indicators and compliance attestations help monitor success of program outcomes as referenced in the *OPHS*, whereas select locally developed indicators help monitor the success of programs that vary due to population needs. Once again, this report is submitted annually (generally between June and September) following approval and signatures from the Medical Officer of Health and the Chair of the Board of Health.

STARs are also completed using templates issued by the Ministry, specifically the **Q3 STAR** and the **Q4 STAR**. The *STARs* are used to report on program indicators that support Ministry oversight of ongoing monitoring of Foundational and Program Standards Requirements as outlined in the *OPHS*. Reporting timelines are outlined by the Ministry with the *Q4 STAR*

generally due annually in January and the Q3 in October. These reports are submitted following approval of the Medical Officer of Health.

Agency reports

One mechanism to demonstrate the *Strategic Plan* category of the *Public Health Sudbury & Districts Accountability Monitoring Framework* is through agency reports.

Public Health issues various **agency reports** to demonstrate transparency and accountability to members of the public, community partners, and key stakeholders. These reports include content from various program areas to highlight agency contributions and commitments to building healthier and stronger communities. Information or stories within these agency-wide reports reflect components of the *Strategic Plan* in action. Examples of these reports include, but are not limited to, the *Annual Report*, monthly reports of the Medical Officer of Health and Chief Executive Officer to the Board of Health, year-in-review reports, and risk management reports. These agency reports are presented to the Board of Health for review at various times throughout the year and are included in meeting packages.

Accountability Monitoring Report

Within the *Accountability Monitoring Report* there will be a section on locally developed strategic priority performance measures. The strategic priority performance measures will demonstrate effort and progress relating to the four strategic priorities.

In addition to the content on strategic priority performance measures, a summary of all Ministry reports and agency reports will be included in the *Accountability Monitoring Report* to highlight additional accountability efforts on the Organizational Requirements, Foundational and Program Standards requirements, and the *Strategic Plan* in action.

The *Public Health Sudbury & Districts Accountability Monitoring Report* will be presented to the Board of Health each February following the reporting year (for example, January to December 2024 reporting will be shared in February 2025). The Joint Board of Health/Staff Accountability Working Group will review the draft annual report prior to the Board of Health. Interim reports may be prepared as needed to guide in-year decision-making.

Conclusion

The *Public Health Sudbury & Districts 2024-2028 AMP* is a framework that provides an overview of our excellence in public health practice as it relates to our provincial mandate, the *Strategic Plan*, and local programs and services. Provincial and local monitoring and reporting provide a snapshot of our performance and contribute to our commitment to transparency to all stakeholders.

The *AMP* is depicted using the *Accountability Monitoring Framework* which incorporates key categories of accountability and the lenses within which we apply this work. This plan serves as a tool to report on Organizational Requirements, Foundational and Program Standards requirements, and strategic planning. Further details are outlined in the *Accountability Monitoring Plan Technical Specification* document to guide data collection and reporting.

Given the changing landscape of public health and the transformation of the health system, this *AMP* has been developed to allow for some flexibility and future adaptations as more information is provided from the Ministry, other funding ministries, and the local communities.