

## Windsor-Essex County Health Unit Board of Health

#### **INFORMATION REPORT**

PREPARED BY: Planning and Strategic Initiatives Department

DATE: September 21, 2023

SUBJECT: Annual Service Plan Q2 2023 Reporting

## **BACKGROUND/PURPOSE**

In 2018, the Ontario Ministry of Health (MOH) introduced a new Annual Service Plan (ASP) that Health Units are required to submit each year. In order to ensure a single and integrated approach to planning the Planning and Strategic Initiatives (PSI) department worked with the Information Technology (IT) department to align our planning system with the provincial Ontario Public Health Standards requirements.

## **CURRENT INITIATIVES**

## **Q2 Intervention Work Plan Progress**

Project Leads have provided individual progress reports for work plans in their programs for Q2, 2023. The 2023 Operational Plan Reporting – Q2 Status Report indicates that:

- For external client facing programs, there are 138 workplans in progress and 83% are on track.
- For internal organizational programs, there are 38 workplans in progress, 2 were completed, and 63% are on track.

## Plan Development for 2024

Planning for 2024 began in July, 2023. Program descriptions, planned major activities, and priority population groups have been updated. Program leads have also begun to create their individual workplans with expected completion this Fall.



# **2023 Operational Plan Reporting**

Q2 STATUS REPORT

WINDSOR-ESSEX COUNTY **HEALTH UNIT** 





# **Reporting Structure**

This report provides a status summary for intervention work plans (IWP) in the 2023 Annual Service Plan that were in progress during Q2 (April 1 to June 20).

The project lead for each active IWP was asked to provide a progress report on their work. The status updates consisted of the following categories:

- On Target (the intervention is progressing at the planned pace)
- Variance (the intervention is behind the planned pace)
- Complete (the intervention has been completed)
- Deferred (current work on the intervention has been stopped with potential to continue next year)
- Cancelled (the intervention will no longer occur)

If the intervention was identified as 'Variance', 'Deferred', or 'Cancelled', a reason was provided. In these cases, the most relevant reason was selected from the following list:

- Adjusted Program Priorities (program priority alterations resulted in changes to the IWP)
- Human Resource Issue (staffing circumstances resulted in changes to the IWP)
- Partnership Limitations (external partner(s) did not to meet their obligations)
- Public Health Emergency (a significant emergency resulted in changes to the IWP)
- Internal Resource Limitation (financial, material, or internal support limitations resulted in changes to the IWP)
- External Resource Limitation (External financial, material, or internal support limitations occurred with partnerships, collaborations, funding, or regulations)

It is important to note that reporting reflects a summary of progress made on interventions based on the predetermined milestones for the intervention. This does not necessarily represent the amount or scope of work captured under each program.

# **Operational Plan Status Summary**

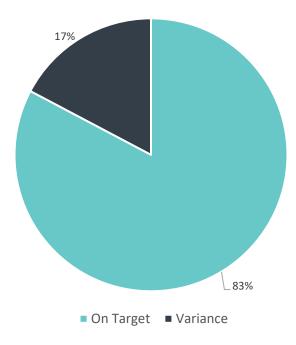
# **Part 1: External Community Facing Programs**

**Overall Quarterly Status Summary** 

There were 138 external interventions in progress in Q2 2023, and 115 (83%) of the interventions were on target.

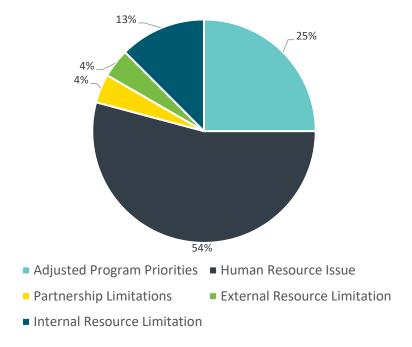
Figure 1 displays the percentage of interventions that were on target, reported a variance, deferred, cancelled, or were completed.

Figure 1. Intervention Status by Status Type



Of the 138 interventions in progress in Q2, 24 (17%) experienced a variance from the target. Figure 2 provides a summary of the reasons for the variances.

Figure 2. Reason for Variance



Of the interventions that were deferred, cancelled, or varied from the target, the most common reason given was availability of human resources (54%), this was followed by adjusted program priorities (25%).

# **Program Quarterly Status Summary**

All interventions are directly tied to programs and program objectives; Figure 3 displays a summary of the status updates for each WECHU program based on the number of interventions that were on target, varied from target, were completed, were deferred, or were cancelled.

Figure 3. Intervention Status by Program

Work Plan Evaluations by Program
On Target
Variance

On Target	Variance	Complete	Deferred	Cancelled		
Alcohol			3	2		
Breastfeeding			4	1		
Cannabis			3	2		
Communicable Diseases			3			
Community Based Immunization Outreach			2			

Comprehensive School Health	1			
Drinking Water	2			
Environmental Exposures	2			
Food Handling Practices				
Food Literacy and Healthy Eating (School Aged)	1			
Food Safety Management and Response	3			
Food Safety Program	2			
Growth and Development	3 1			
Harm Reduction Program Enhancement	4 1			
Health Equity	3			
Health Hazards Program	5			
Healthy Eating Behaviours	4 1			
Healthy Environments and Climate Change	2			
Healthy Pregnancy and Preparation for Parenting	5			
Healthy Sexuality (School Aged)				
Healthy Smiles Ontario	2			
Immunization Monitoring and Surveillance	1 1			
Immunizations for Children in Schools and Licensed Child Care Settings	0 1 2			
Infection Prevention and Control	5 4			
Institution/Facility Outbreak Management	1			
Life Promotion, Suicide Risk and Prevention	2 2			
Mental Health	3 1			
Mental Health and Suicide Prevention (School Aged)	3			
Menu Labelling	1			
Ontario Seniors Dental Care Program	2			
Oral Health Assessment and Surveillance	1			
Other Drugs	1 1			
Physical Activity and Sedentary Behaviour	2 2			
Positive Parenting	1 1			

Preconception Health	3	
Recreational Water	5	
Sexually Transmitted and Blood-Borne Infections	2	
Small Drinking Water Systems	5	
Smoke Free Ontario	3	2
Substance Use (School Aged)	1	
Tanning Beds	2	
Tuberculosis	5	
Vaccine Administration	2	
Vaccine Management	2	
Vector-Borne Diseases	4	

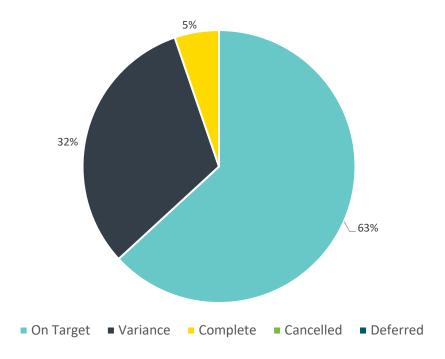
# **Part 2: Internal Corporate Programs**

## Overall Quarterly Status Summary

There were 38 interventions in progress in Q2 2023, 24 (63%) of the interventions were either on target or completed.

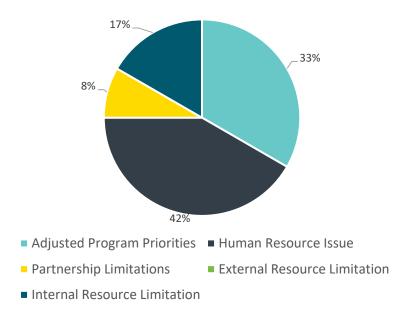
Figure 4 displays the percentage of interventions that were on target, reported a variance, were deferred, were cancelled, or were completed.

Figure 4. Intervention Status by Status Type



Of the 38 internal interventions in progress, 12 (32%) were either deferred, cancelled, or varied from the target. Note: no work plans were deferred or cancelled in this quarter. Figure 5 provides a summary of the reasons for variances, deferrals, or cancellations.

Figure 5. Reason for Variance



Of the interventions that have a variance, the most common reason given was availability of human resources (42%), this was followed by adjusted program priorities (33%).

## Program Quarterly Status Summary

All interventions are directly tied to programs and program objectives; Figure 6 displays a summary of the status updates for each WECHU program based on the number of interventions that were on target, varied from target, were completed, were deferred, or were cancelled during this quarter.

Figure 6. Intervention Status By Program

Work Plan Evaluations By Program

On Target	Variance	Complete	Deferred	Deferred Cancelled		
Continuous Quality I		1				
Corporate Program Effective Public Health Practice			5		4	1
Corporate Program Health Equity				1		
Corporate Program No Standard				13		1
Corporate Program Population Health Assessment			5		5	
Performance Management		1		1		



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