



Public Health
Agency of Canada

Agence de la santé
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Canada

Advancing Results and Delivery: Today and Tomorrow at the Public Health Agency of Canada

Presentation at PPX Symposium (17 May 2018)

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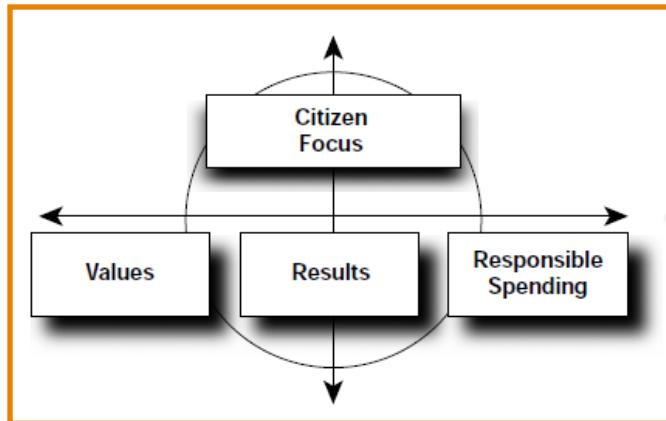
PROTECTING AND EMPOWERING CANADIANS
TO IMPROVE THEIR HEALTH



Purpose

- ❖ To share our experience to date
- ❖ To provide an overview of where we are going

The Results Journey....How Did We Get Here?



Glassco Reports (1962–64)

Planning Programming Budgetary System (1970)

Operational Performance Measurement System (1974)

Lambert Report (1979)

D'Avignon Committee Report (1979)

Program Evaluation (1981)

Public Service 2000 (1989)

Public Service Reform Act (1991)

Improved Reporting to Parliament initiative (1994)

Program Review I (1995)

Expenditure Management System (1995)

Financial Information Strategy (1996)

Le Relevé (1997)

1st RPP and DRP (1997)

Planning, Reporting and Accountability Structure (1997)

Program Review II (1998)

Modern Comptrollership Initiative (1998)

Results for Canadians (2001)

Management Accountability Framework (2003)

Public Service Modernization Act (2003)

Management, Resources, and Results Structure (2005)

Federal Accountability Act (2006)

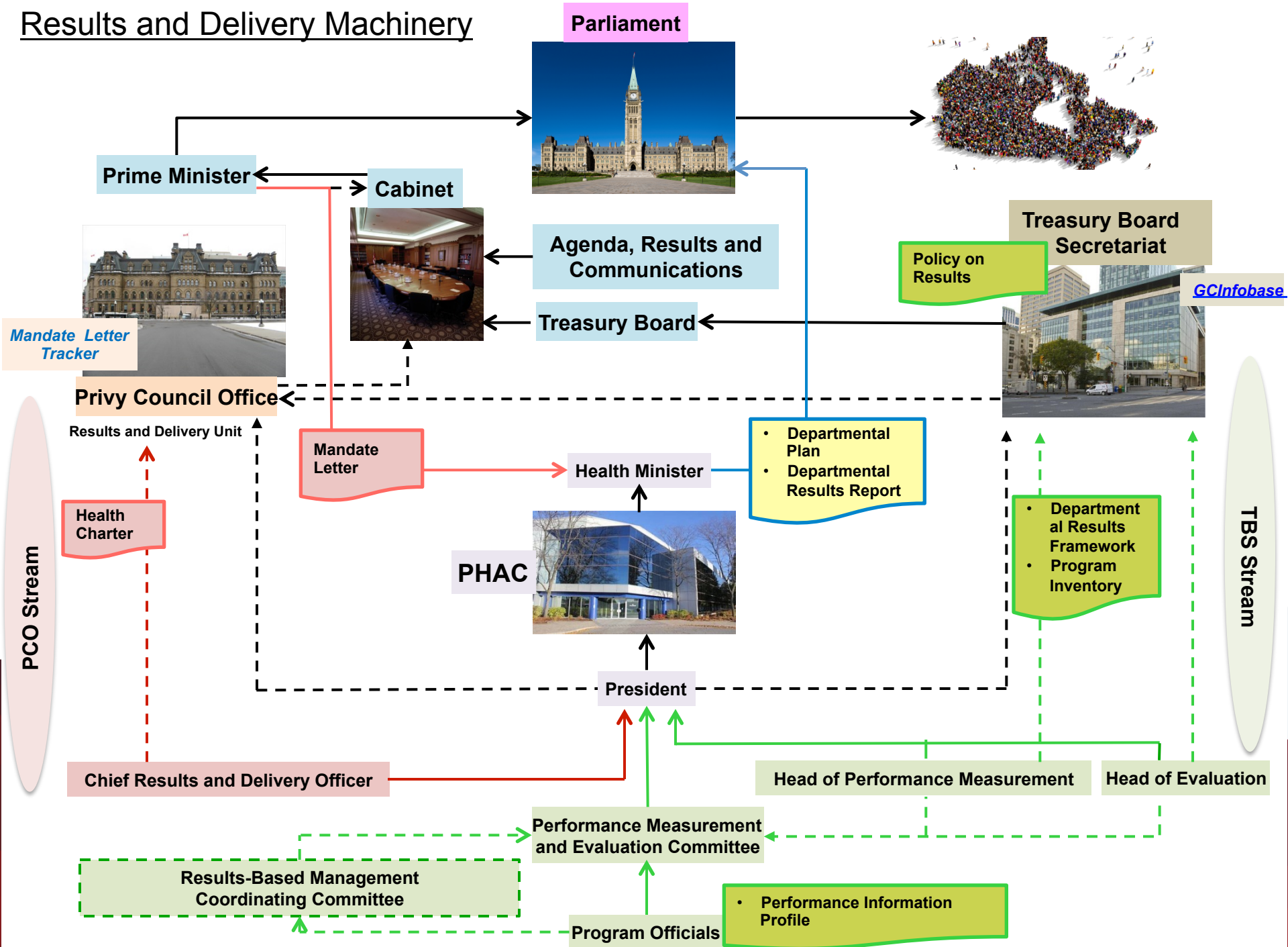
Strategic Reviews (2007)

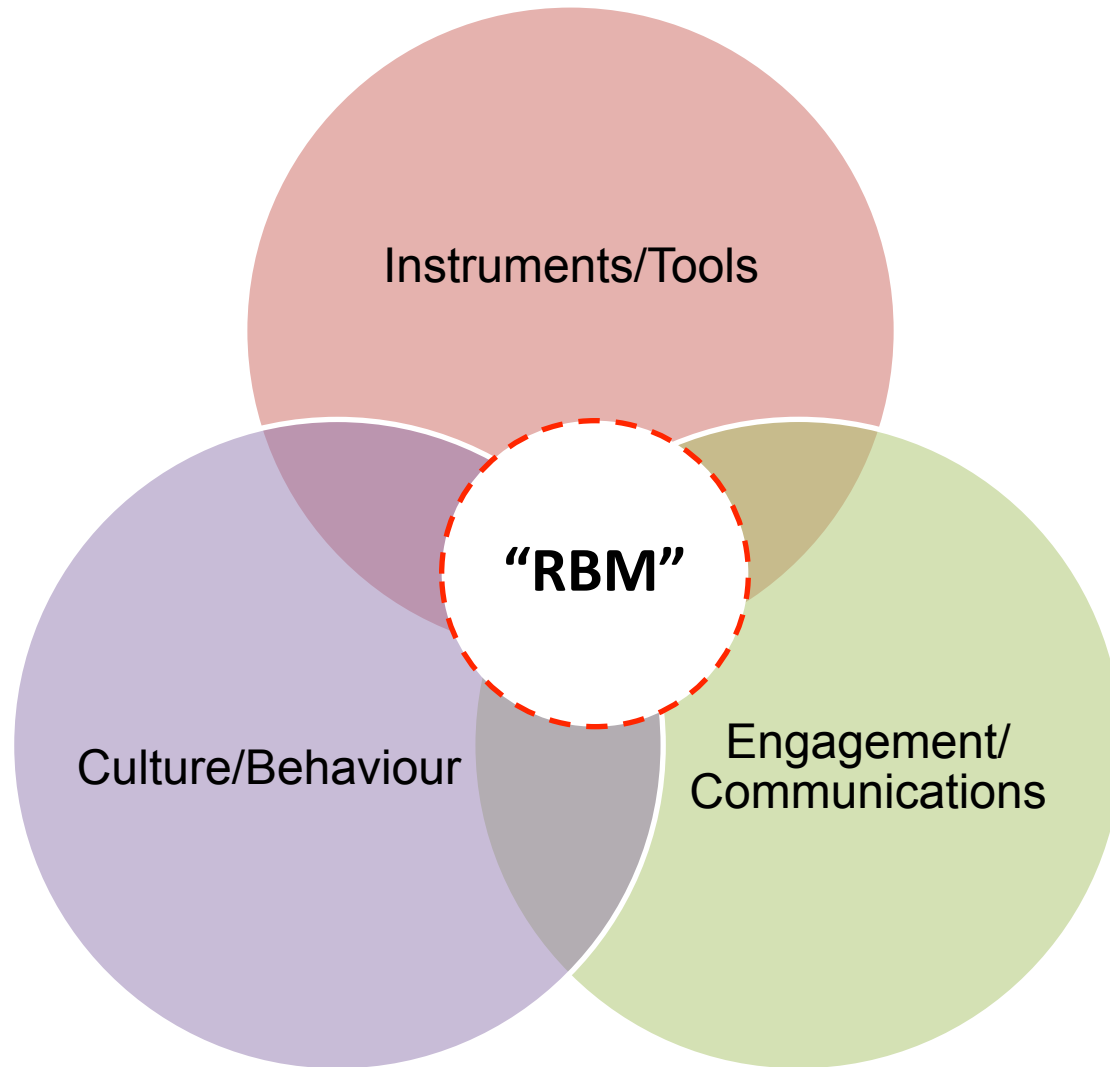
Policy on Results (2016)

Deliverology (2016)



Results and Delivery Machinery





Implementing Results-Based Management by Phase

July 1, 2016

Nov 1, 2017

1. Adoption of Policy on Results

- Focus was on the “instrument / tool” element
- Strategic leadership engagement and governance
- Workplan based on phased approach
- Worked under tight timelines – focus on DRF, PI and PIPs
- Each PIP presented at Senior Mgmt Cttee a few times
- Joint “results” and “evaluation” effort
- On-going engagement of Branch counterparts
- Took advantage of previous Performance Measurement Strategies effort
- Worked with Health Portfolio and TBS colleagues
- Change in Minister
- TBS’ datasheets
- Sometimes seen as another ‘moving boxes around exercise’

2. Implementing the Results and Delivery Agenda

3. Sustaining Results and Delivery Agenda

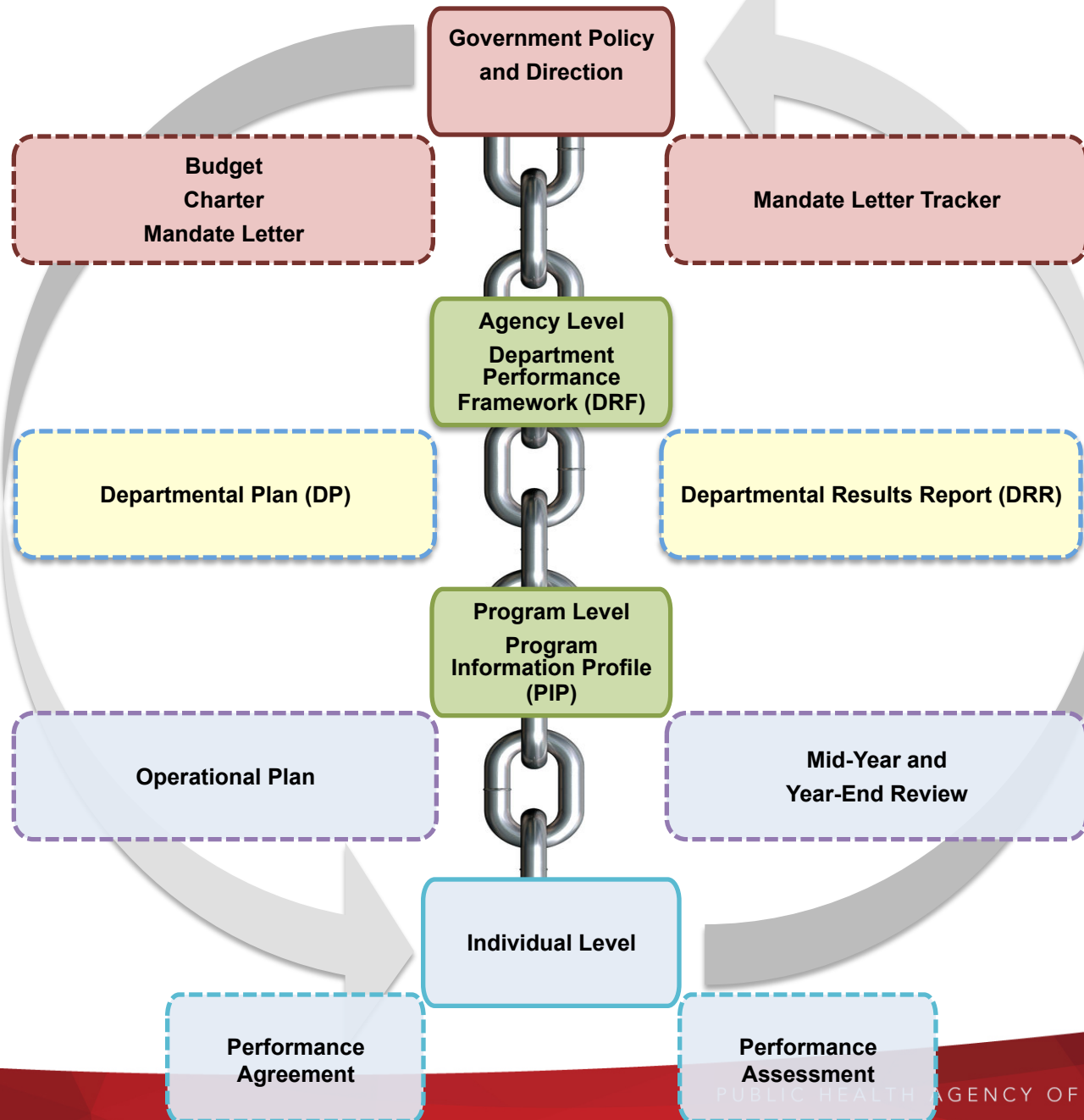
Departmental Results Framework and Program Inventory

Departmental Results Framework	Core Responsibility 1: Health Promotion and Chronic Disease Prevention		Core Responsibility 2: Infectious Disease Prevention and Control		Core Responsibility 3: Health Security	
	Result 1.1 Canadians have improved physical and mental health.	Indicator: % of low-income children in very good or excellent health	Result 2.1 Infectious diseases are prevented and controlled.	Indicator: % of 2 year old children who have received all recommended vaccinations	Result 3.1 Public health events and emergencies are prepared for and responded to effectively.	Indicator: Canada’s readiness to respond to public health events and emergencies as assessed independently by the World Health Organization
		Indicator: % of population who have high psychological well-being		Indicator: Proportion of national vaccination coverage goals met for children by 2 years of age		Indicator: % of provincial and territorial requests for assistance responded to within negotiated timelines
	Results 1.2 Canadians have improved health behaviours.	Indicator: % increase in average minutes/day of physical activity among adults		Indicator: Rate per 100,000 of new diagnosed cases of Human Immunodeficiency Virus (HIV)	Result 3.2 Public health risks associated with the use of pathogens and toxins are reduced.	Indicator: % of compliance issues in Canadian laboratories successfully responded to within established timelines
		Indicator: % increase in average minutes/day of physical activity among children/youth	Indicator: Rate of a key antimicrobial resistant infection identified among people in hospitals	Result 3.3. Public health risks associated with travel are reduced.		Indicator: Canada’s capacity for effective public health response at designated points of entry into Canada
	Results 1.3 Chronic diseases are prevented.	Indicator: % increase in years lived in good health by seniors	Result 2.2 Infectious disease outbreaks and threats are prepared for and responded to.		Indicator: % of foodborne illness outbreaks responded to within 24 hours of notification	Indicator: % of inspected passenger transportation operators that meet public health requirements
		Indicator: Rate of new diabetes cases among Canadians			Indicator: % of new pathogens of international concern that Canada has the capacity to accurately test for	
		Indicator: % of adults who are obese				
		Indicator: % of children and youth who are obese				
	Program Inventory	Program: Health Promotion		Program: Laboratory Science Leadership and Services		Program: Emergency Preparedness and Response
Program: Chronic Disease Prevention		Program: Communicable Diseases and Infection Control		Program: Biosecurity		
Program: Evidence for Health Promotion, and Chronic Disease and Injury Prevention		Program: Immunization		Program: Border and Travel Health		
		Program: Foodborne and Zoonotic Diseases				
Internal Services						

Internal Services

Linking Direction and Planning with Reporting and Accountability

Direction and Planning



Reporting and Accountability

July 1, 2016

1. Adoption of Policy on Results

Nov 1, 2017

2. Implementing the Results and Delivery Agenda



- Shift focus to “culture/behaviour” and “engagement/communications” elements
- Agency-wide announcement on the release of the DRF
- RBM learning sessions on Policy on Results and Performance Information Profile
- Head of Evaluation - gap analysis between the PIPs and Departmental Evaluation Plan
- Head of Performance Measurement Performance Indicator Database, including TB Submissions
- Active monitoring and reporting of PIP completeness key data fields to Senior Mgmt Ctte
- G5 review of TB Submissions
- Conducted a RBM management Capability Assessment Tool (CAT) to assist the Agency in creating a Results and Delivery Implementation Plan

3. Sustaining Results and Delivery Agenda

- Needs to be seen as part of day-to-day and not as an add-on
- Need to action the Results and Delivery Implementation Plan
- Need to demonstrate the link between science-policy-RBM
- Need the opportunity to “run” with the current suite of performance indicators
- Need to move performance information beyond the traditional “compliance” to improvement, understanding, and mobilization (*next slide*)

Results and Delivery Capability Assessment Tool (CAT)

- Reviews of previous GoC RBM initiatives found that very few departments had comprehensive strategies for implementing RBM — action plans either did not specify timelines or did not establish targets or milestones by which to measure progress.
- Senior mgmt endorsed the use of CAT as a ‘directed self assessment’ based on a maturity model that is used to gather the perceptions of executives and managers at various levels along with functional specialists on each of the elements of our RBM approach
- Interviewed VPs, Program Officials and other senior management (n=33).

Overall Assessment					
	Design/Undeveloped 1	Early Stages of Development 2	Good Management Practice 3	Advanced Practice 4	Best Practice 5
Current					
In A Year					

CAT Findings and Recommendations

FINDINGS

Instruments / Tools

- Governance and accountability mechanisms are in place to support the results and delivery agenda
- Architecture and structures to support RBM are seen as strong
- Evaluations are viewed as pointing to the right questions
- *Policy on Results* guidance provided by the TBS and PHAC corporate functions was seen as useful
- Some program areas have strong data collection, consolidation, storage and reporting practices and there are high levels of data literacy within these areas
- Some program areas have strong data analysis capabilities and program staff are working closely with program RBM specialists to support RBM-related reporting
- Some program areas have strong reporting practices

Culture/Behaviour

- Commitment by senior management to RBM seen as strong

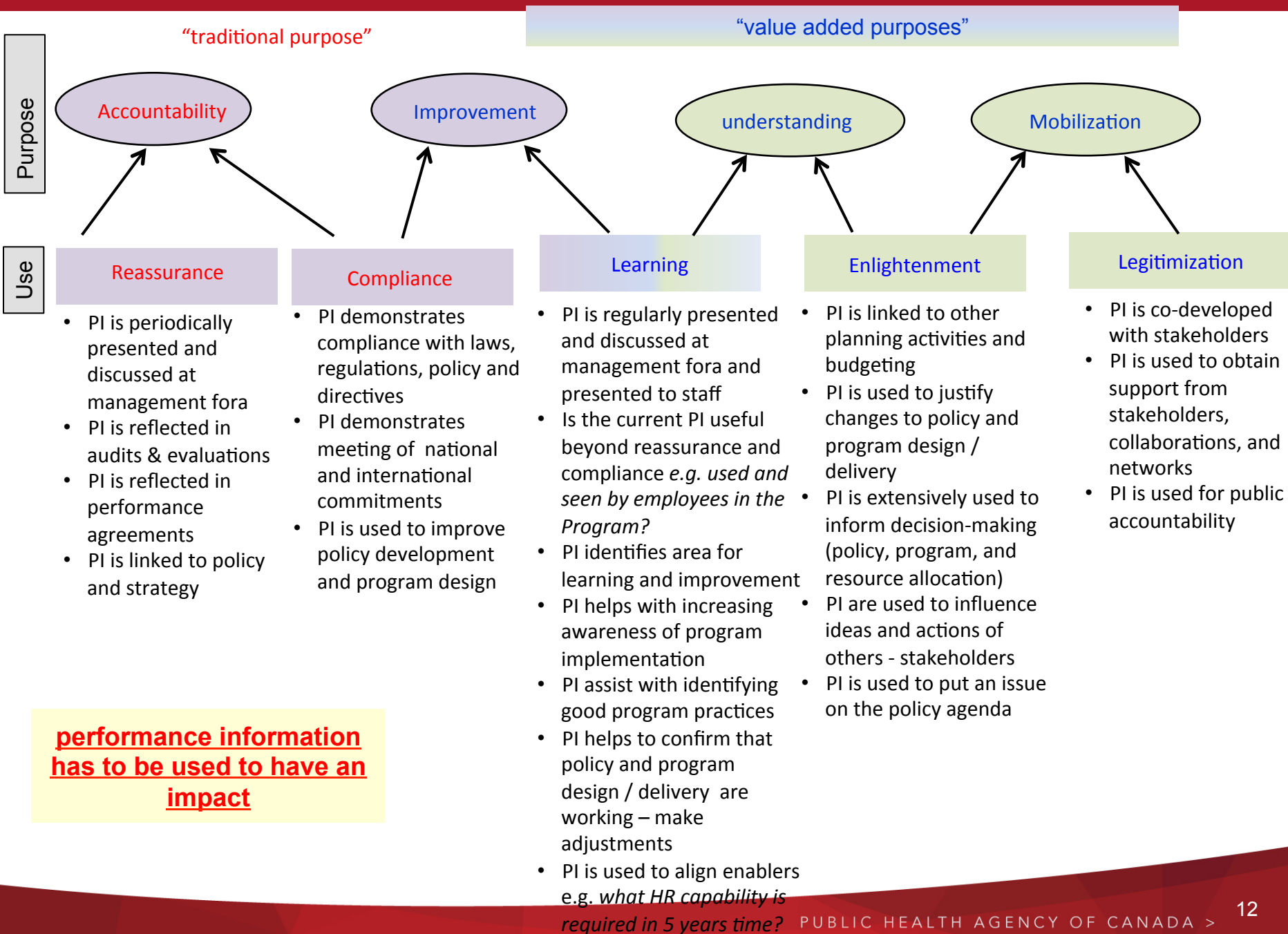
Engagement/Communication

- Corporate RBM functions have the resources to support implementation of a change management and associated communication strategy
- Strong support for targeted RBM training focused on implementation
- Recognition of the importance of a change management strategy as Agency moves from compliance with *Policy* requirements to implementation

RECOMMENDATIONS

1. **Review Governance:** Review the terms of reference for the various governance structures, committees and working groups that deal with RBM-related matters.
2. **Strengthen Communications and Engagement:** Develop and implement a communications and engagement approach and tools for the results and delivery implementation.
3. **Customized Training:** Develop and test customized training in consultation with key stakeholders.
4. **Performance Reporting Dashboard:** Initiate a pilot project to create a dashboard on performance reporting for use by program management.

Examples of Performance Information (PI) Uses and Purposes



Additional Info

Public Health Agency of Canada

<https://www.canada.ca/en/public-health.html>

Chief Public Health Officer's Annual Report on the State of Public Health in Canada

<https://www.canada.ca/en/public-health/corporate/publications/chief-public-health-officer-reports-state-public-health-canada.html>

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