

2015-2016 Annual Report

New Brunswick Health Council
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July 22, 2016

The Honourable Victor Boudreau
Minister of Health
Province of New Brunswick

Dear Minister:

It is my privilege to submit the annual report on behalf of the New Brunswick Health Council for our eighth fiscal year beginning April 1, 2015 and ending March 31, 2016.

Respectfully submitted,



Jean-Claude Pelletier
Chair

July 22, 2016

Mr. Jean-Claude Pelletier
Chair
New Brunswick Health Council
Moncton, New Brunswick

Dear Mr. Pelletier:

I am pleased to be able to present the annual report describing the operations of the New Brunswick Health Council for its eighth fiscal year, 2015-2016.

Respectfully submitted,



Stéphane Robichaud
Chief Executive Officer

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From the Chair and the Chief Executive Officer

“The health care system must be trusted by New Brunswickers. It must be open and transparent, while delivering the best and most efficient care possible. New Brunswickers have a right to be aware of what decisions are being made, to be part of the decision-making process, to be aware of what dollars are being spent and what outcomes are being delivered by the health system.”

While this paragraph is from the announcement of the creation of the NBHC in March of 2008, it sounds as timely as one taken from yesterday’s newspaper. To work toward openness, transparency and awareness, the NBHC was given a dual mandate of public reporting on provincial health system performance and the improvement of health service quality through citizen engagement. The measurement and evaluation of population health and health service quality would form the backdrop for this work.

Looking from the 2015-2016 fiscal year back to 2008 we can see the evolution of the NBHC to accomplish this mandate. There was little to no standardized population health and health service quality information for decision support and planning in 2008. Now we have provincial data, and in many cases data at the zone and community levels as well. Many organizations and individuals have indicated how useful this information is to them in their work. There have been important additions to our collective understanding of population health and health service quality since the creation of the NBHC and in this recent fiscal year.

Population health indicators related to obesity, mental health, hypertension, injuries and smoking are continuing to position these issues as provincial priority areas. Primary health services, in addition to mental health and addictions, appear weakest in terms of health service quality among the provincially funded health services. Even though these are provincial priorities, the availability of local level indicators has underlined a high level of variability in population health trends and in health service quality across the province.

The early challenge for the NBHC was the identification and standardizing of population health and health service quality indicators. As this worked progressed, the ability to develop public reports and facilitate public access to the information was enhanced. As citizens and stakeholders are exposed to this information, its value has been consistently recognized and its credibility has greatly strengthened the NBHC brand.

As a result, Council members have worked toward the next stage of NBHC evolution. Recognizing the value and quality of the information prepared by the NBHC, they believed far more people should be aware of the key findings in our reports and the availability of our data for their planning and decision-making. Improving how the NBHC informs New Brunswickers and key stakeholders has been a key area of focus in this last year, and will continue into the future. The NBHC has equipped itself with a multi-year communications strategy that will guide its “inform” efforts, a key part of its mandate.

When New Brunswickers are aware of NBHC information, they respond with great interest and recognize its contribution to their understanding of the provincial health system. Health system stakeholders have indicated similar benefits. We are confident that improved communications efforts by the NBHC will lead to greater usage of its information by New Brunswickers and health system stakeholders.

In closing, we wish to recognize the valuable contributions of NBHC staff and Council members. We also wish to thank all stakeholders whose collaboration contributes to the evolution of the NBHC.

Chair



Jean-Claude Pelletier

Chief Executive Officer









Stéphane Robichaud










Executive Summary

The NBHC has used a more visual format in the Executive Summary of this year’s report to facilitate the review of the various items from the Business Plan with a brief status update. More detailed information may be found in the “Activities of the NBHC” section of the report. We are excited to share the ongoing progress that we have made on our key priorities.





Engage

Deliverable	Done	Comments
Test and validate questions for NB Student Wellness Survey with youth and key stakeholders.		
The Home Services Survey will be sent to potential respondents (approximately 15,000 home services recipients).		Results were released on February 23 rd .
Validation of costs and resource levels with related stakeholders with focus on trends regarding preventative versus curative spending.		This exercise concluded with the provincial budget.
Focus groups to appreciate various usages of Community Profiles in order to incorporate improvements to 2017 version.		A poll was conducted, and comments are currently being analyzed to guide the next edition.
Administer the NB Student Wellness Survey for grade 6 to 12.		
Identify mechanisms to engage citizens in the improvement of health services quality.		The Strategic Program Review efforts have had an impact on the ability for joint planning.
Validation discussions with the Regional Health Authorities in preparation for 2016 Acute Care Survey.		
Develop a multi-year public participation framework to guide the planning of annual public participation activities and contribute to recommendations to the Minister of Health.		In progress.


Evaluate

Deliverable	Done	Comments
Preparation of Provincial Elementary School Wellness Survey Fact Sheets.		
Preparation of sustainability theme messaging for a report, with a focus on spending trends per sectors of care: primary, acute and support/specialty.		The sustainability report was made public on July 7 th and was positively received.
Review Health System Report Card Indicators and analysis of updated indicators for development of health service quality messages.		The health service quality report achieved good media coverage and stakeholder discussions after its release in October.
Preparation for November Youth Week with an analysis of an area important to Youth Health and evaluate with existing data.		Both documents were released publicly in January as it was not possible to complete the material in time for the November youth week.
Contribute to improving collective understanding of mental health in New Brunswick with most recent provincial indicators.		The NBHC has shared its most recent findings in provincial mental health discussions in October.
Analysis of Home Services Survey Results. Consider reference to Alternate Level of Care beds and home first strategy.		Work is progressing in analyzing and organizing the results of the survey (<i>New Brunswick Home Care Survey</i>).
Preparation of "Request for proposals" document for 2016 Acute Care Survey.		
Include mental health in targeted areas for reporting on youth and general population health.		The main theme of the Youth Health brief was mental health.
Conduct further analysis on indicators and measures from our 30 data sources in preparation for 2016 Community Profiles.		In the preparation of the 2015-2016 Business Plan, the publication date for the 3 year update of the 2014 Community Profiles was inadvertently stated as 2016. The actual publication date is 2017, and is properly reflected in the 2016-2017 Business Plan. This activity is ongoing.
Ensure particular needs of the two official linguistic communities are considered in all evaluation work.		This activity is ongoing.
Prepare Population Health report building on identification of priority areas for health promotion and injury/illness prevention.		A population health brief was released in April.
Develop criteria for identifying best practices in health services.		This activity is ongoing

Inform

Deliverable	Done	Comments
Develop an annual communication plan for approval with 2015-2016 Business Plan and to be strengthened by on-going working group discussions.		External expertise has been hired to assist in developing a multi-year communication strategy. The work was completed by the end of the fiscal year and will be presented to the New Brunswick Health Council in April 2016.
Enhance sustainability related information on website.		
Develop strategy and tools for dissemination of key messaging on: <ul style="list-style-type: none"> • Sustainability • Health Services Quality • Youth Health • Population health 		<ul style="list-style-type: none"> • The Sustainability report was made public on July 7th • The Health Services Quality report was made public on October 27th • The Youth Health report was made public on January 12th • The aging of the population will be recognized in the Population Health Brief, which is in final review and will be released in April 2016.
Public Reporting of Home Services Survey Results.		Results were released on February 23rd.

Recommend

Deliverable	Done	Comments
Prepare a 2016 update report on: <ul style="list-style-type: none"> • Recommendation #1: Integrated planning • Recommendation #2: Primary health services • Recommendation #3: Prevention/health promotion 		This work is ongoing. Please see page 16 for additional information.
Leverage recommendation priorities		<ul style="list-style-type: none"> • Recommendation #1 was leveraged in the preparation of the sustainability report. • The content of recommendation #2 was leveraged for the health service quality brief • Recommendation #3 content was leveraged in the preparation of reports for population health and youth health.

Activities of the NBHC

Engage

Citizen engagement is at the core of the New Brunswick Health Council’s (NBHC) mandate, and council members have expressed the need, over the years, to have more citizens and stakeholders aware of the information produced by the NBHC. As such, there is an engagement component in each of the NBHC’s ongoing projects, whether it be the New Brunswick Student Wellness Survey, the Home Care Survey, or the Community profiles.

NBHC’s Engagement activities were re-adjusted for 2015-2016 in consideration of the vacancy in the Citizen Engagement role for approximately six months. More emphasis was placed on the engagement component of the surveys, as well as presentations to targeted stakeholder groups, but the scope of activities was managed to work within staff availability and the priority of requests. A recruitment process has been underway since the start of 2016, with expectations that the Citizen Engagement role will be filled in early April 2016.

Sessions were held with stakeholders, and youth to test and validate the questions in the New Brunswick Student Wellness Survey, and to ensure its usability, prior to its administration. Stakeholders were also consulted about the results received from the respondents among the 15,000 homes that received

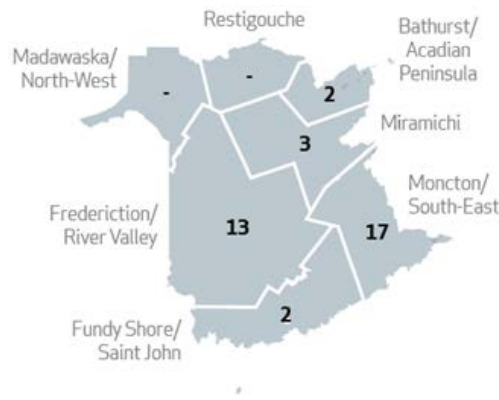
the *New Brunswick Home Care Survey*. Presentations were made to extra-mural representatives to discuss potential interpretations of these latest results, and meetings were held with the Department of Social Development for the same purpose.

Users of the community profiles were polled in late summer to prepare for an update to the community profiles in 2017. These comments, along with those received from stakeholders using the profiles since their launch in 2014, are being analyzed to respond to the needs identified with the preparation on the next edition.

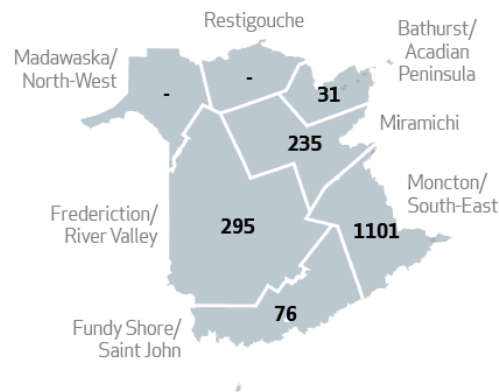
The NBHC was tasked with the development of a multi-year public participation framework to guide the planning of annual public participation activities and contribute to recommendations to the Minister of Health. The last citizen dialogue sessions facilitated by the NBHC were for the Living Healthy Aging Well tour in 2013 with the Minister of Health and Inclusive Communities.

This activity was mostly deferred as the strategic program review, led by the Minister of Health, mobilized most of the focus of health system leaders since the beginning of the fiscal year. The conclusion of the exercise was the provincial budget. When the framework is completed, it is meant to include an accountability framework for the health system. Discussions with stakeholders have supported

Number of presentations conducted by the NBHC in 2015-2016



Number of attendees to NBHC presentations



the conclusion that the next provincial citizen engagement efforts would benefit from a focus on communicating citizens' expectations related to the 2018 Provincial Health Plan.

Evaluate

The NBHC's mandate states that it will measure, monitor and evaluate the level of population health in the province and the quality of health services. To accomplish this, the NBHC has developed a variety of tools that measure the province in comparison to the rest of Canada or measure the variation of key indicators within the province. The NBHC also manages three citizen surveys that serve as sources of information on various aspects of the health system. It oversees two student wellness surveys (K-5, 6-12) and has published reports on the sustainability of the health system.

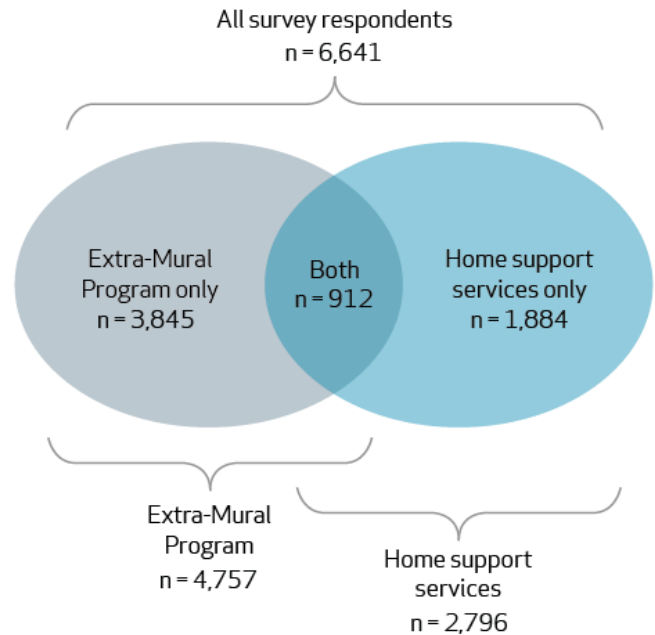
A brief addressing the sustainability challenge in New Brunswick was published in early July, stating that the health system has been underperforming compared to the national average when it comes to improving the health status of the population, providing services that meet their needs and expectations, and managing the system for future generations. This brief showed that sustainability is attainable in the New Brunswick health system, with a commitment to multi-year integrated planning.

A second brief was released in October to address the quality of health services with respect to the health

system sustainability challenge, specifically the variability in health service quality within the province and the need for an effective provincial accountability framework to improve performance. The content has been very useful in generating follow-up discussions within health system organizations.

Much of the NBHC's other work touching on evaluation is ongoing through the year, which includes analyzing and organizing the results of the home care survey and preparing provincial Student Wellness Survey fact sheets (K-5).

Number of respondents in the NBHC's Home Care Survey



Inform

The objectives of the New Brunswick Health Council (NBHC) regarding the Inform component were twofold for this fiscal year; to continue distributing the information produced, and to develop a multi-year communication strategy that would help improve this process in the future to ensure citizens and stakeholders are aware of the NBHC'S activities.

While there was a significant informative component with the release of each of our reports during 2015-2016, NBHC has been working to increase the overall effectiveness of the inform portion of its mandate to increase the utility of its information products and its ability to provide information to the citizens of New Brunswick. To work toward the achievement of this objective, a selection process was undertaken to identify an organization that could assist with the development of a multi-year communications strategy.

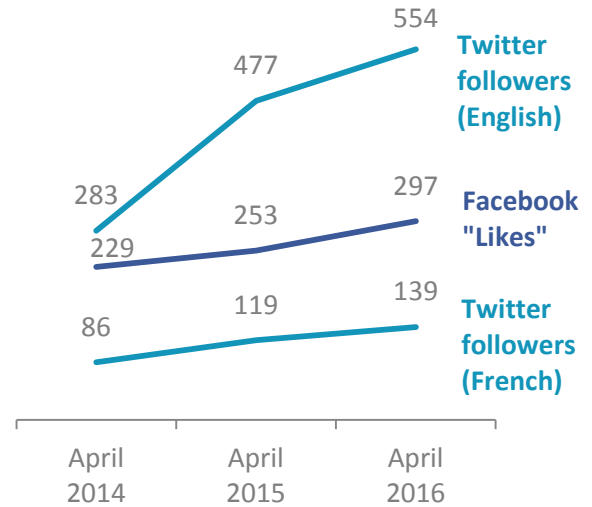
Through a combination of key informant interviews, group dialogue and review of the materials produced by the NBHC, a strategy was developed. This strategy places significant emphasis on the NBHC website as a point of attraction for communications efforts, and works to build the awareness of the NBHC. This increased awareness will increase demand for its information products and to better communicate its trust and credibility.

The strategy includes an analysis of the NBHC'S target audiences and of the population of New Brunswick and presents proposed combinations of communications tactics to reach them. These tactics will begin to be implemented with the NBHC'S briefs in 2016-2017, with additional awareness building activities to follow.

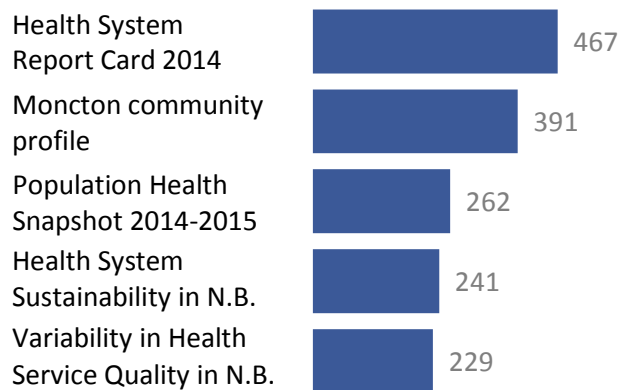
The strategy also supports the NBHC'S efforts to enhance its presence on social media, namely

Facebook, Twitter and LinkedIn, to better communicate with citizens and its other key audiences.

Number of Twitter followers and Facebook "Likes"



Most downloaded reports in 2015-2016



The communications strategy will also provide essential information to assist the NBHC in determining the next steps in improving the NBHC website and to enhance its public reporting activities through increased access to its datasets.

Moreover, the NBHC has had the opportunity to contribute in many provincial discussions by sharing its information on aging with key stakeholders throughout the year.

Recommend

The mandate of the New Brunswick Health Council (NBHC) states that recommendations are made to the Minister of Health. In 2011, a first set of recommendations were published in a report titled *Moving towards a planned and citizen-centered publicly-funded provincial health care system*. In the years that have followed, the NBHC has referenced these recommendations in its reporting on the health system, and in its briefs on specific topics. The NBHC's activities related to the recommendations during this fiscal year also focused on the preparation of updates for each recommendation.

While there have been responses and initiatives related to planning undertaken by the health system, the recognition by the current government since the election in the fall of 2014 of the need for additional efforts demonstrates that recommendation #1, on the importance of integrated planning, is still relevant in 2015-2016. As such, a re-emphasis on this recommendation was leveraged in conjunction with the publication of a sustainability report in July. In addition during this year and into 2016-2017 we will consider whether to update or provide new recommendations in 2016-2017, guided by our reporting on results to date. There will be an opportunity to consider lessons learned since 2011 in order to better frame any new recommendation, and to re-emphasize the importance of any returning recommendations.

The NBHC's continued monitoring and reporting has confirmed it remains necessary to prioritize primary health services and that mental health and addictions are also areas of weak performance from a health service quality perspective. Furthermore, there is a great deal of variation and inequity in health service quality across the province. These issues were highlighted, in a brief published in October on the quality of health services with respect to the health system sustainability challenge. The brief addressed

the variability in health service quality within the province, including wide ranges in variability for some indicators, and the need for an effective provincial accountability framework to improve performance, leveraging the second recommendation on primary health care. Looking forward to next year there will be additional opportunities to build on this message of the need for clear performance targets and an effective accountability framework as the NBHC works on the update of the recommendations in 2016-2017.

The third recommendation called for an examination of the provincial context regarding prevention/health promotion, in order to position the NBHC for new recommendations in 2016-2017. The provincial Strategic Program Review initiative has had a significant impact on these discussions, and engagement with health system leaders has confirmed the existence of strong support for increased efforts on prevention/health promotion. The content of this recommendation was leveraged throughout the year, especially in the NBHC's population health and youth population health reports. The information reported will certainly provide useful context during the 2016-2017 recommendation update process.

NBHC Recommendations to the Minister of Health

Recommendation # 1: The Government of New Brunswick, through the Department of Health, take steps to develop, within the next twelve month period, a multi-year comprehensive and integrated health services plan for the province. The plan should outline the following: measurable desired health outcomes; measurable service targets (range and volume of services); standards for the level and quality of services; financial and human resources (inputs) required to achieve service targets and the geographical and linguistic allocation of services and resources.

Recommendation # 2: The Government of New Brunswick, through the Department of Health, review the organization and delivery of primary health care in the province with a view to maximizing the utilization of existing human and financial resources. This review should focus on ways to improve access to care and quality of care, as well as integration with other health services programs, namely hospital services.

Recommendation # 3: The Government of New Brunswick, through the Department of Health, ensure that a concerted strategy is developed to improve health promotion and disease prevention in the province. This strategy should consider the determinants of health, and focus first on four key areas: achieving healthy weights, lowering high blood pressure rates, improving mental health and preventing injuries. The strategy must identify the organization responsible for the coordination of the work with related stakeholders for an integrated execution of the initiatives undertaken.

Mandate

New Brunswickers have the right to be aware of the decisions being made, to be part of the decision-making process and to be aware of the outcomes delivered by the health system and its cost. The NBHC will foster this transparency, engagement and accountability by:

- Engaging citizens in a meaningful dialogue for the improvement of health service quality
- Measuring, monitoring and evaluating population health and health service quality
- Informing citizens on health system's performance
- Recommending improvements to the Minister of Health

Council Members

The members are listed below and **Appendix A** outlines their responsibilities on the Executive Committee and in the four Working Groups.

Mr. Jean-Claude Pelletier Chair of the Council	Saint Léonard
Mr. Jeffrey J. Beairsto Vice-Chair	Fredericton
Mr. Laurie Boucher Secretary / Treasurer	Bouctouche
Mr. Harry Doyle	Lower Coverdale
Ms. Sharon E. Eagan	Perth-Andover
Mr. Floyd R. Haley	St. Stephen
Ms. Cindy Howe	Burton
Mr. Shawn Jennings	Rothsay
Ms. Nathalie Boivin	Bathurst
Ms. Julie Robichaud	Dieppe
Ms. Rita Labrie	Caraquet
Mr. Frank B. Trevors	Miramichi

Staff

Mr. Stéphane **Robichaud**

Chief Executive Officer

Mr. Benoit M. **Doucet**

Executive Director, Planning & Operations

Ms. Michelina **Mancuso**

Executive Director, Performance Measurement

Ms. Manon **Arsenault**

Executive Director, Citizen Engagement

Ms. Christine **Paré**

Director of Communications

Mr. Michel **Arsenault**

Research Analyst, Performance Measurement

Ms. Rim **Fayad**

Research and Information Analyst

Ms. Karine **LeBlanc Gagnon**

Information Analyst, Health Status

Mr. Simon **Potvin**

Research Communication Specialist

Mr. Steve **Langen**

Information Analyst (one year assignment)

Ms. Julie **Reyjal**

Information Analyst (one year assignment)

Ms. Mariane **Cullen**

Executive Administrative Assistant

Ms. Monique **Landry Hadley**

Administrative Assistant

APPENDIX A: Executive Committee and Working Groups Structure

Executive Committee

- **Mr. Jean-Claude Pelletier, Chair**
- **Mr. Jeffrey J. Beirsto, Vice-Chair**
- **Mr. Laurie Boucher, Secretary / Treasurer**
- **Mr. Frank B. Trevors, member**
- **Mr. Harry Doyle, member**

Working Groups

Engage Working Group

- **Ms. Cindy Howe, Chair**
- **Ms. Nathalie Boivin, member**
- **Mr. Floyd R. Haley, member**
- **Mr. Frank B. Trevors, member**

Inform Working Group

- **Ms. Rita Labrie, Chair**
- **Mr. Jean-Claude Pelletier, member**
- **Mr. Laurie Boucher, member**
- **Ms. Julie Robichaud, member**

Evaluate Working Group

- **Mr. Jeffrey J. Beirsto, Chair**
- **Mr. Harry Doyle, member**
- **Ms. Sharon E. Eagan, member**
- **Mr. Shawn Jennings, member**

Nomination Committee

- **Mr. Jean-Claude Pelletier, Chair**
- **Mr. Shawn Jennings, member**
- **Ms. Cindy Howe, member**
- **Mr. Floyd R. Haley, member**

APPENDIX B: 2015-2016 Business Plan



**New Brunswick
Health Council**

Engage. Evaluate. Inform. Recommend.

2015-2016 Business Plan

March 30, 2015

I. Our Statutory Mandate

New Brunswickers have a right to be aware of the decisions being made, to be part of the decision-making process, and to be aware of the outcomes delivered by the health system and its cost.

The New Brunswick Health Council (NBHC) will foster this transparency, engagement, and accountability by:

- Engaging citizens in a meaningful dialogue for the purpose of improving health service quality;
- Measuring, monitoring, and evaluating population health and health service quality;
- Informing citizens on our health system's performance;
- Recommending improvements to the Minister of Health

Our mandate was inspired by the Section 3 of the *New Brunswick Health Council Act*, which defines the objects and purposes of the Council as follows:

- (a) to promote the improvement of health service quality in the Province;
- (b) to develop and implement mechanisms to engage the citizens of New Brunswick in meaningful dialogue for the purpose of improving health service quality in the Province;
- (c) to measure, monitor and assess population health and health service quality in the Province;
- (d) to identify effective practices for the improvement of health service quality in the Province;
- (e) to evaluate strategies designed to improve health service quality in the Province;
- (f) to assess citizen satisfaction with health services and health service quality in the Province;
- (g) to investigate matters respecting the health care system that are referred to it by the Minister;
- (h) to provide recommendations to the Minister with respect to any of the activities described in paragraphs (a) to (g);
- (h.1)* to take into account the particular needs of the two official linguistic communities in the exercise of the activities referred to in paragraphs (a) to (h); and
- (i) to carry out such other activities or duties as may be authorized or required by this Act or as the Lieutenant-Governor in Council may direct.

* New addition to our Act in 2010

II. Business Plan Deliverables for 2015-2016

The work of the NBHC should contribute to the achievement of three main goals;

- Engaged and Healthy New Brunswickers.
- Improved Health Service Quality.
- Sustainable, publicly funded, health services.

Although the NBHC has no responsibilities for programs or services that can contribute to the above mentioned goals, its performance reporting and public participation activities should contribute positively to these goals. By leveraging the four responsibilities of the NBHC (engage, evaluate, inform, and recommend) the following sections are meant to cover the 2015-2016 proposed Business Plan deliverables. Time-line for deliverables are presented by Quarter; 1st Quarter (April-June), 2nd Quarter (July-September), 3rd Quarter (October-December), 4th Quarter (January-March).

A. Engaged and Healthy New Brunswickers

Engage:

- Test and validate questions for NB Student Wellness Survey with Youth and key stakeholders. – **1st quarter**
- Focus groups to appreciate various usages of Community Profiles in order to incorporate improvements to 2017 version. – **2nd quarter**
- Administer the NB Student Wellness Survey for grade 6 to 12. – **3rd quarter**
- Develop a multi-year public participation framework to guide the planning of annual public participation activities and contribute to recommendations to the Minister of Health. - **4th quarter**

Evaluate:

- Preparation of Provincial Elementary School Wellness Survey Fact Sheets. – **1st quarter**
- Preparation for November Youth Week with an analysis of an area important to Youth Health and evaluate with existing data. – **3rd quarter**
- Contribute to improving collective understanding of mental health in New Brunswick with most recent provincial indicators – **3rd Quarter**
- Prepare Population Health report building on identification of priority areas for health promotion and injury/illness prevention. – **4th quarter**
- Conduct further analysis on indicators and measures from our 30 data sources in preparation for 2016 Community Profiles. – **On-Going**

Inform:

- Develop an annual communication plan for approval with 2015-2016 Business Plan and to be strengthened by on-going working group discussions. – **1st quarter**
- Develop strategy and tools for dissemination of key Youth Health messages. – **3rd quarter**
- Develop strategy and tools for key messages on general Population Health. Seize opportunity to inform on need to manage shift towards health promotion and illness/injury prevention. – **4th quarter**
- Consider angle of health of seniors in addition to youth and the general population. – **4th quarter**

Recommend:

- Leverage recommendation # 3 priorities for Youth and Population Health focus areas – **3rd and 4th quarters**
- Prepare a 2016 update report on recommendation # 3: Prevention/Health Promotion – **4th quarter**

B. Improved Health Service Quality

Engage:

- The Home Services Survey will be sent to potential respondents (approximately 15,000 home services recipients) – **1st quarter**.
- Identify mechanisms to engage citizens in the improvement of health services quality, with a focus on identifying ideas in primary health services pertaining to identified performance outcomes – **3rd quarter**
- Validation discussions with the Regionals Health Authorities in preparation for 2016 Acute Care Survey – **On-going**

Evaluate:

- Review Health System Report Card Indicators and analysis of updated indicators for development of health service quality messages. – **2nd quarter**
- Analysis of Home Services Survey Results. Consider reference to Alternate Level of Care beds and home first strategy. – **3rd quarter**
- Preparation of "Request for proposals" document for 2016 Acute Care Survey. – **3rd quarter**
- Include mental health in targeted areas for reporting on youth and general population health. – **3rd quarter**
- Develop criteria for identifying best practices in health services. – **4th quarter**

- Ensure particular needs of the two official linguistic communities are considered in all evaluation work. – **On-going**

Inform:

- Develop strategy and tools for dissemination of health services quality messaging, including addressing need to clarify roles and responsibilities pertaining to primary health services. – **2nd quarter**
- Public Reporting of Home Services Survey Results. – **4th quarter**

Recommend:

- Leverage recommendation # 2 priorities for Health Service Quality messaging. – **2nd quarter**
- Prepare a 2016 update report on recommendation # 2: Primary Health services. Include a focus on roles and responsibilities. – **4th quarter**

C. Sustainable, publicly funded, health services

Engage:

- Validation of costs and resource levels with related stakeholders with focus on trends regarding preventative versus curative spending. – **1st quarter**

Evaluate:

- Preparation of sustainability theme messaging for a report, with a focus on spending trends per sectors of care: primary, acute and support/specialty. – **1st quarter**

Inform:

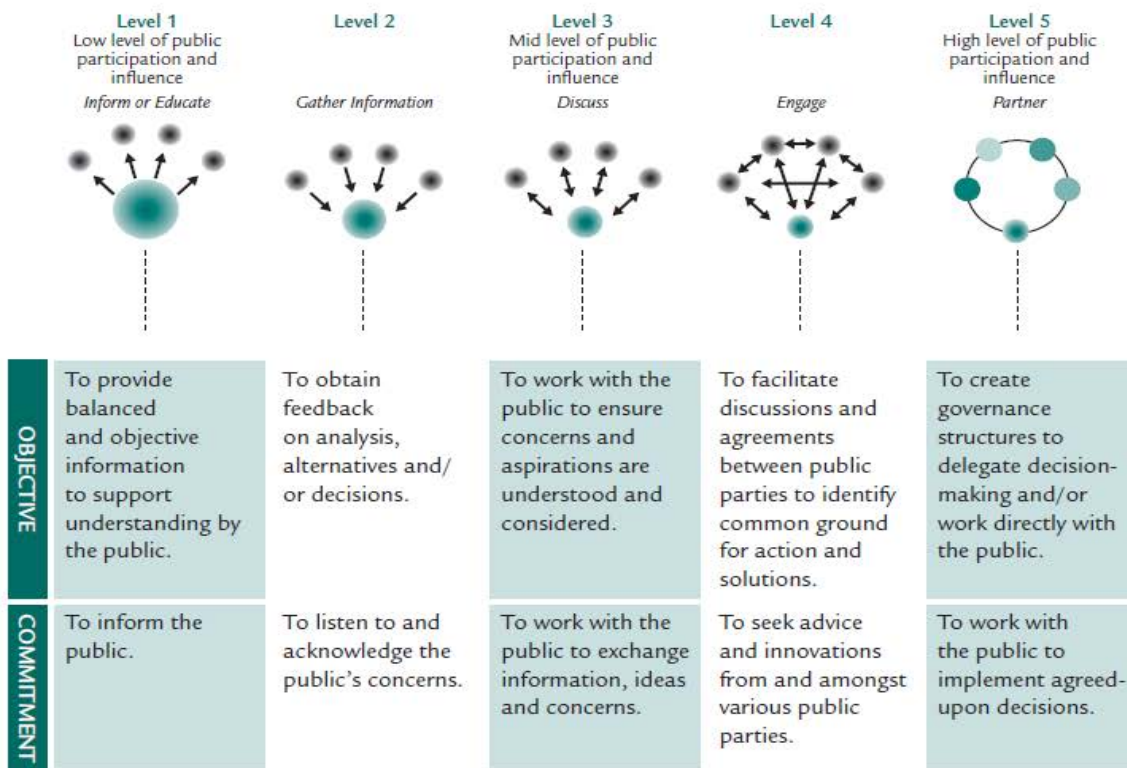
- Enhance sustainability related information on website. – **1st quarter**
- Develop strategy and tools for dissemination of sustainability key messaging. – **1st quarter**

Recommend:

- Leverage recommendation #1 priorities for Sustainability messaging. – **1st quarter**
- Prepare a 2016 update report on recommendation #1: Integrated Planning. – **4th quarter**

Appendix 1

Public Involvement Continuum



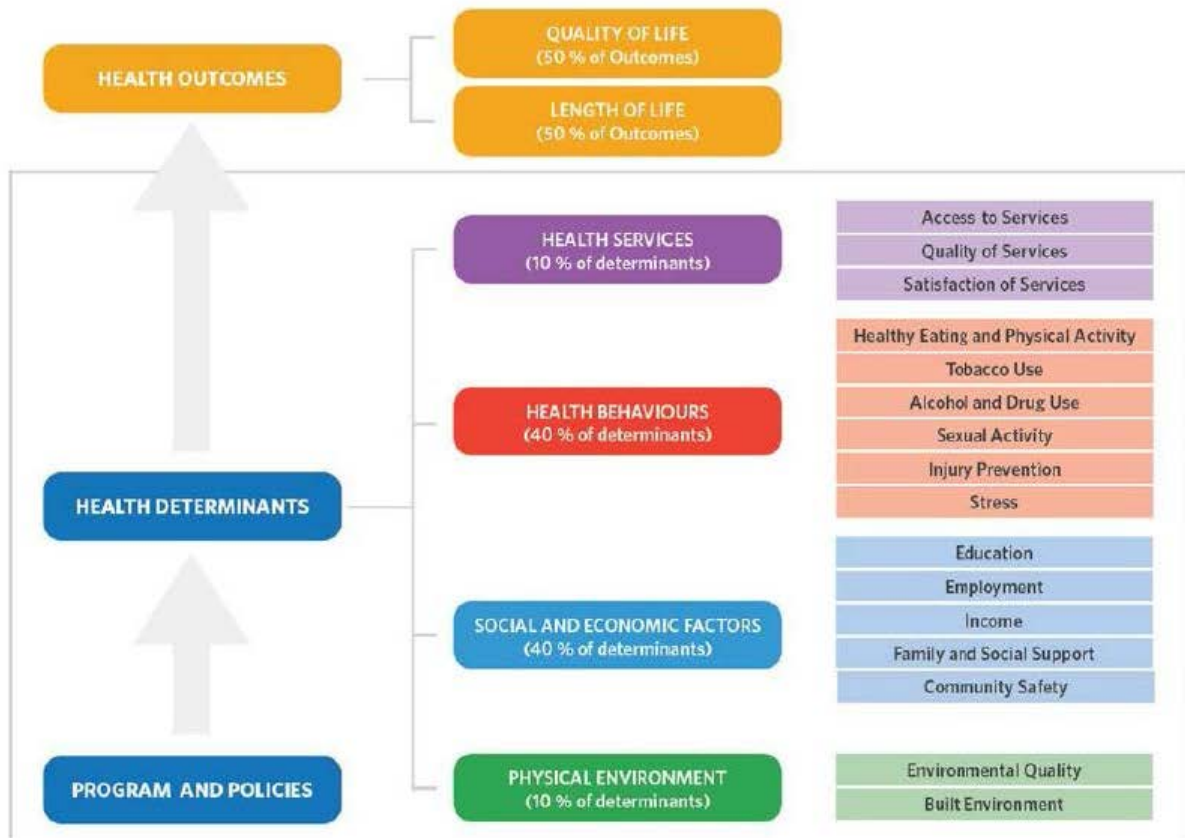
Source: Adapted from Health Canada. Policy Toolkit for Public Involvement in Decision Making (2000) and the Public Participation: Principles and Best Practices from British Columbia (2008).

Appendix 2

Population Health Snapshot – The model

The model we have chosen to represent Population Health in New Brunswick has been adapted from various population health models such as the University of Wisconsin *Population Health Institute – Wisconsin County Health Rankings* and modified to fit our needs. We have also kept a Canadian perspective by talking into account the determinants of health as indicated by the *Public Health Agency of Canada*.

Based upon review of the literature and expert opinions on how these determinants contribute to health and by how much, we are using the following model as a guide as to what influences our health:



APPENDIX C: 2015-2016 Annual Financial Report

NEW BRUNSWICK HEALTH COUNCIL

Financial Statements

March 31, 2016



L. BOURQUE & ASSOCIATES P. C. INC.
CHARTERED PROFESSIONAL ACCOUNTANTS | COMPTABLES PROFESSIONNELS AGRÉÉS

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L. BOURQUE & ASSOCIATES P. C. INC.

CERTIFIED GENERAL ACCOUNTANTS | COMPTABLES GÉNÉRAUX ACCRÉDITÉS

INDEPENDENT AUDITORS' REPORT

To the Directors of the New Brunswick Health Council,

We have audited the accompanying financial statements of the New Brunswick Health Council, which comprise the balance sheet as at March 31, 2016, and the statement of operations for the year then ended and a summary of significant accounting policies and other explanatory information.

Management's Responsibility for the Financial Statements

Management is responsible for the preparation and fair presentation of these financial statements in accordance with the Canadian Public Sector Accounting Standards, and for such internal control as management determines is necessary to enable the preparation of financial statements that are free from material misstatements, whether due to fraud or error.

Auditors' Responsibility

Our responsibility is to express an opinion on these financial statements based on our audit. We conducted our audit in accordance with Canadian generally accepted auditing standards. Those standards require that we comply with ethical requirements and plan and perform the audit to obtain reasonable assurance about whether the financial statements are free from material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial statements. The procedures selected depend on the auditor's judgment, including the assessment of the risks of material misstatement of the financial statements, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the entity's preparation and fair presentation of the financial statements in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the entity's internal control. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of accounting estimates made by management, as well as evaluating the overall presentation of the financial statements.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

Opinion

In our opinion, the financial statements present fairly, in all material respects, the financial position of the New Brunswick Health Council as at March 31, 2016, and the results of its operations for the year then ended in accordance with the Canadian Public Sector Accounting Standards.

Other Matters

The budget figures are provided for comparative purposes and have not been subject to audit or review procedures. Accordingly, we do not express any opinion regarding budget figures.

L. Bourque & Associates P.C. Inc.

Chartered Professional Accountants

June 24, 2016

Dieppe, NB

NEW BRUNSWICK HEALTH COUNCIL

Statement of Operations
Year ended March 31,

	2016 Budget (Unaudited)	2016 Actual	2015 Actual
Revenues			
Grant - New Brunswick Department of Health	1 712 570 \$	1 347 574 \$	1 741 435 \$
Other revenues (Appendix A)	153 000	138 302	140 433
	1 865 570	1 485 876	1 881 868
Expenses			
Salaries and fringe benefits	1 005 851	918 501	1 035 084
Board of directors expenses	141 212	136 524	164 471
Administrative expenses	32 250	20 719	23 726
Operating expenses	686 257	405 410	633 901
Equipment and furniture purchases	-	4 722	24 686
	1 865 570	1 485 876	1 881 868
Excess of revenues over expenses	- \$	- \$	- \$

NEW BRUNSWICK HEALTH COUNCIL

Balance Sheet
March 31,

2016

2015

ASSETS

Current

Cash

400 \$

400 \$

Accounts receivable (note 3)

198 129

83 490

198 529 \$

83 890 \$

LIABILITIES

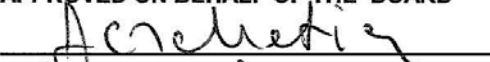
Current

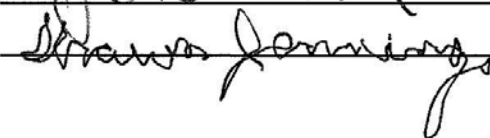
Accounts payable and accrued liabilities

198 529 \$

83 890 \$

APPROVED ON BEHALF OF THE BOARD

 _____, Director

 _____, Director

NEW BRUNSWICK HEALTH COUNCIL

Notes to the financial statements

March 31, 2016

1. Incorporation and nature of activities

The New Brunswick Health Council (the Council) was established on September 1, 2008 under the *New Brunswick Health Council Act* and is considered a government organization. Its goals are to promote and improve the performance of the health system in New Brunswick.

2. Significant accounting policies

The financial statements are prepared by management in accordance with the Canadian Public Sector Accounting Standards for government organizations of the CPA Canada Handbook and include the following significant accounting policies:

Use of estimates

The presentation of financial statements requires management to make some estimates and assumptions that affect the reported amounts of assets and liabilities and disclosure of contingencies at the date of the financial statements and the reported amounts of revenues and expenses during the reporting period. Actual results could differ from those estimates.

Revenue recognition

Revenues are recorded on the accrual basis of accounting as the funded expenditures are incurred. Any amount received in excess of recorded expenditures is accounted for as deferred revenue.

Capital assets

Capital assets purchased with government funding and under a \$100,000 threshold are fully amortized in the year of acquisition in accordance with government guidelines. Capital assets over the \$100,000 threshold are capitalized and amortized based on the estimated useful life.

3. Accounts receivable

	2016	2015
Grant receivable - New Brunswick Department of Health	198 129 \$	83 490 \$

4. Defined benefit pension plan

The Council, through a multi-employer plan sponsored by the Province of New Brunswick, offers a defined benefit pension plan to its employees. The pension expense for the year is \$87,114 (\$103,006 in 2015).

The New Brunswick Investment Management Corporation is the investment manager for the pension assets of members of the Public Service.

NEW BRUNSWICK HEALTH COUNCIL

Notes to the financial statements

March 31, 2016

5. Cash flows

No statement of cash flows was prepared since the information on cash flows is available from other financial statements and related notes.

6. Contingency

The Council does not have any insurance coverage. Her Majesty the Queen in right of the Province has assumed responsibility for interests and risks of the Council in lieu of such insurance as permitted in the *New Brunswick Health Council Act*.

7. Economic dependence

The Council is financed almost solely by the New Brunswick Department of Health.

NEW BRUNSWICK HEALTH COUNCIL

Additional Information
Year ended March 31,

2016

2015

Appendix A - Other revenues

Department of Social Development

138 302 \$

140 433 \$

APPENDIX D: Annual Report Pursuant to the *Public Interest Disclosure Act*

It is my pleasure to present the Annual Report pursuant to the Public Interest Disclosure Act with regards to the activities of the New Brunswick Health Council during its eighth fiscal year, 2015-2016.

Section 3 of the Act applies to the following wrongdoings in or relating to the public service:

- (a) an act or omission constituting an offence under an Act of the Legislature or the Parliament of Canada, or a regulation made under an Act
- (b) an act or omission that creates a substantial and specific danger to the life, health or safety of persons, or to the environment, other than a danger that is inherent in the performance of the duties or functions of an employee
- (c) gross mismanagement, including of public funds or a public asset
- (d) knowingly directing or counselling a person to commit a wrongdoing described in paragraphs (a) to (c)

In accordance with Section 18, Report about Disclosures, Public Interest Disclosure Act, I confirm that the New Brunswick Health Council did not receive any disclosures regarding any wrongdoings. Hence no investigations were required.

Respectfully submitted,



Stéphane Robichaud
Chief Executive Officer