

Ministry of Health and Long-Term Care

2018 Annual Service Plan and Budget Submission

To be completed by
the Board of Health for the <Name of Public Health Unit>

Table of Contents**Part 1 - Introduction and Instructions**

- 1.1 Introduction
- 1.2 Instructions
- 1.3 Glossary

Part 2 - Community Assessment**Part 3 - Program Plans**

3.0 List of Programs

Foundational Standards

- 3.1 Population Health Assessment
- 3.2 Health Equity
- 3.3 Effective Public Health Practice
- 3.4 Emergency Management

Program Standards

- 3.5 Chronic Disease Prevention and Well-Being
- 3.6 Food Safety
- 3.7 Healthy Environments
- 3.8 Healthy Growth and Development
- 3.9 Immunization
- 3.10 Infectious and Communicable Diseases Prevention and Control
- 3.11 Safe Water
- 3.12 School Health
 - 3.12.1 *Oral Health*
 - 3.12.2 *Vision*
 - 3.12.3 *Immunization*
 - 3.12.4 *Other*
- 3.13 Substance Use and Injury Prevention
 - 3.13.1 *Substance Use*
 - 3.13.2 *Injury Prevention*

Part 4 - Budget Allocation and Summaries

- 4.1 Staff Allocation to Standards
- 4.2 Staff Allocation to Programs
- 4.3 Allocation of Expenditures (per Program)
- 4.4 Overall Budget Summary (by Funding Source)

Part 5 - Additional Base and One-Time Funding Requests

- 5.1 Base Funding Requests
- 5.2 One-Time Funding Requests
- 5.3 Base and One-Time Funding Requests Summary

Part 6 - Board of Health Membership**Part 7 - Key Contacts and Certification by Board of Health**

Part 1 - Introduction and Instructions

1.1 Introduction

The Annual Service Plan and Budget Submission (the "Annual Service Plan") is prepared by boards of health to communicate their program plans and budgeted expenditures for a given year. Information provided in the Annual Service Plan will describe the programs and services boards of health are planning to deliver in accordance with the Ontario Public Health Standards: Requirements for Programs, Services, and Accountability (the "Standards"), based on local needs and budgets at the program level. It is expected that the Annual Service Plan include board of health generated objectives and measures for monitoring achievements. The Annual Service Plan must reflect the requirements in the Standards.

As part of the Annual Service Plan, boards of health will describe the needs of the population they serve using the most recent available data. There is an opportunity for boards of health to provide high-level indices of the population they serve along with more specific data for unique sub-populations with common indicators of risk. This information is critical to prioritizing programs and services for the community as a whole and ensuring identified populations receive tailored support as required. The knowledge gained from implementation of the Foundational Standards will inform the preparation, implementation, and monitoring of the Annual Service Plan.

The Standards allow for greater flexibility in program delivery in several program standards including, but not limited to, Chronic Disease Prevention and Well-Being; Healthy Growth and Development; School Health; and, Substance Use and Injury Prevention. In the Annual Service Plan, boards of health will identify local priorities within each individual program area, and provide a summary of the data used to support their assessment of community need and their program delivery decisions, while also meeting all requirements under the Standards.

Please note that boards of health are required to include budget information and program plans on Ministry of Health and Long-Term Care (the ministry) funded programs only (both cost-shared and 100% funded programs), and must include 100% of budgeted expenditures (municipal and provincial portions) for these programs. Additionally, details provided in the Annual Service Plan should be based on the board of health's existing funding/budget and assume no change to the provincial base allocation (see Schedule A of your board of health's most recent Accountability Agreement). Any funding required over the existing provincial allocation must be requested in the Base and/or One-Time Requests worksheets provided in the Annual Service Plan.

The deadline to submit the 2018 Annual Service Plan and Budget Submission is March 1, 2018.

In order to assist boards of health in completing the Annual Service Plan, instructions and a glossary of terms have been provided in this worksheet.

1.2 Instructions

The Annual Service Plan is organized according to the order of the Foundational and Program Standards in the Standards. Boards of health are required to provide details on all programs and services planned under each Standard. Beginning in 2018, the Annual Service Plan template replaces the Program-Based Grants Budget Submission template, and now require that boards of health provide both narrative program plan details and budgeted financial data. For a list of admissible expenditures that can be included in the budget, refer to the current Public Health Funding and Accountability Agreement.

The Annual Service Plan includes multiple worksheets that have been colour-coded. In each worksheet, cells that require input have been colour-coded blue. Cells that are pre-populated with data previously inputted are colour-coded white.

The Annual Service Plan worksheets are organized as follows:

Table of Contents - The Table of Contents is organized according to the order of the Standards, followed by budget worksheets, base and one-time request worksheets, board of health membership, and key contacts and certification by the board of health. Each heading has been linked to the appropriate worksheet.

Part 1 - Introduction and Instructions

Part 1 - Introduction and Instructions - Provides an overview of the intent of the Annual Service Plan, instructions on how to complete the worksheets, a glossary to ensure consistency in the definition of specific terms, and sample examples of programs and public health interventions.

Part 2 - Community Assessment - Boards of health are required to provide a high-level description/overview of the community(ies) within their public health unit. Length of inputted content has been limited to the space provided (up to 4,000 characters).

Part 3 - Program Plans - This group of worksheets requires boards of health to provide a narrative and a summary budget for each program the board of health plans to deliver under each Standard.

The Program Plan worksheets are organized as follows:

3.0 - List of Programs - Boards of health are required to list all programs planned under each Program Standard before completing the Program Plan worksheets. The program names inputted on this form will pre-populate onto each Program Plan worksheet and applicable Budget worksheets. Boards of health can list up to ten (10) programs under each Program Standard, with the exception of Chronic Disease Prevention and Well-Being, which has space for twenty (20) programs. The number column to the left of the program name has been linked to the section of the program plan applicable to that program.

The List of Programs must also include any ministry funded "related" public health programs and services that support a specific Standard(s); with the exception of the MOH / AMOH Compensation Initiative. Related programs include, but are not limited to: the Chief Nursing Officer Initiative, *Electronic Cigarettes Act*: Protection and Enforcement, Enhanced Food Safety and Enhanced Safe Water Initiatives, Harm Reduction Program Enhancement, Healthy Smiles Ontario Program, Infection Prevention and Control Nurses, Infectious Diseases Control Initiative, Needle Exchange Program Initiative, Small Drinking Water Systems, Smoke-Free Ontario Strategy: Prosecution, Smoke-Free Ontario Strategy: Protection and Enforcement, Smoke-Free Ontario Strategy: Tobacco Control Coordination, and Vector-Borne Diseases Program.

Some public health programs, including related programs, may support all or multiple Standards. Boards of health are required to allocate these programs across all of the applicable Standards. If there is duplication of narrative details in the program plans, boards of health may avoid duplication in the narrative details by indicating the location in the Annual Service Plan where the information has already been provided.

If a related program is budgeted entirely as a funding source under Foundational Standards (e.g., Social Determinants of Health Nurses) in the Allocation of Expenditures worksheet, boards of health are required to provide a narrative description of their activities for that related program in the applicable Foundational Standards worksheets.

3.1 to 3.13 Program Plans - There is a worksheet for each Standard and sub-Section of a Standard, where appropriate. In each Program Plan worksheet, boards of health are required to provide summary narrative details on community needs/priorities, key partners/stakeholders, and programs/services that boards of health plan to deliver in 2018, including a list and descriptions of all public health interventions within each program (space for up to 10 public health interventions has been provided).

Each program includes a summary budget and sources of funding. Boards of health are not required to input data in these summaries as this data will pre-populate from budget data inputted by the board of health in the Budget worksheets. As noted above, boards of health must identify any ministry funded "related" program as a Program under the appropriate Program Standard and include a list and descriptions of all public health interventions within that "related" program.

Part 4 - Budget Allocation and Summaries - Includes a set of worksheets to allocate staffing and other expenditures for each Standard and program identified in the program plans, including "related" programs. Boards of health are required to identify sources of funding in the allocation of expenditures worksheet. This includes mandatory programs (cost-shared) as well as provincially funded "related" programs. Please see the Budget Summary worksheet for a list of provincially funded programs that are required to be reflected as programs and funding sources (or Schedule A of your most recent Accountability Agreement).

Part 1 - Introduction and Instructions

The Budget worksheets are organized as follows:

4.1 Staff Allocation to Standards - Boards of health are required to input the total number of full-time equivalents (FTEs) and total budget for each position in the blue coloured cells. Boards of health will then be required to allocate these FTEs to the applicable Standard until all unallocated FTEs have been allocated and there is no validation error in the Unallocated FTEs column. Cells across a position row will remain yellow until the total FTE amount for that position has been allocated correctly. Boards of health are also required to input the total FTEs and total budget for the medical officer of health position and each administrative position in this worksheet. Note that boards of health are not required to allocate the medical officer of health position and administrative positions across the Standards.

4.2 Staff Allocation to Programs - Total FTEs per position will pre-populate from worksheet 4.1 for each Standard. Boards of health are required to input the total FTEs for each program in that Standard.

4.3 Allocation of Expenditures - No data input is required for salaries/wages as this data will pre-populate from worksheet 4.2. Boards of health are required to enter a total percentage (%) of benefits for the entire organization (entered once under Foundational Standards). This % amount will calculate a portion of benefits for each program under each Standard automatically. All other expenditure categories require the input of data to allocate expenditures across each program as appropriate. Costs associated with the office of the medical officer of health, administration and other overhead/organizational costs are to be input into a table at the end of this worksheet as an indirect cost and are not to be allocated across the Standards or Programs. Formula cells related to benefits have been left unlocked should boards of health need to adjust the proportion of benefits per program to be more reflective of the actual costs.

4.4 Budget Summary - This worksheet summarizes budget data at 100% (municipal and provincial portions) and the provincial share. The budget summary is not a budget request for additional funding. Any requests for additional base or one-time funding must be included in the Base and/or One-Time Requests worksheets.

Part 5 - Base and One-Time Funding Requests - Any requests for additional base and/or one-time funding must be identified in the base and one-time funding requests worksheets in this Workbook. Each worksheet includes a limit of 10 requests each for base and one-time. A Summary worksheet automatically populates total base and one-time funding requested.

Funding requests for the MOH/AMOH Compensation Initiative and one-time funding requests for capital and infrastructure improvement projects should not be included in the Annual Service Plan.

Part 6 - Board of Health Membership - Details on board of health membership.

Part 7 - Key Contacts and Certification by the Board of Health - Details on key contacts and signatures required for the Annual Service Plan and Budget Submission template.

1.3 Glossary

Standard - The categories used in the Standards to describe the full range of public health programs and services that are required to be delivered by boards of health in Ontario.

Section - A sub-section of a Standard. Used only for those Standards where appropriate.

Program - A logical grouping of public health interventions related to a specific program. May be disease specific, topic specific, or population/age specific, or other.

Public Health Intervention - An organized set of public health actions to deliver a program or service. May be delivered in single or multiple locations.

Part 1 - Introduction and Instructions

Examples of a possible intervention per Program and per Standard are provided as follows:

Standard - Health Equity

Section - N/A

Program - Social Determinants of Health Nurses

Public Health Intervention - Modifying programs to address health equity

Standard - Chronic Disease Prevention and Well-Being

Section - N/A

Program - Healthy Living

Public Health Intervention - Healthy living workshops and education

Standard - Food Safety

Section - N/A

Program - Food Handler Certification

Public Health Intervention - Food-handler training courses

Standard - Healthy Environments

Section - N/A

Program - Health Hazards

Public Health Intervention - Engagement and advocacy

Standard - Healthy Growth and Development

Section - N/A

Program - Healthy families

Public Health Intervention - Prenatal education

Standard - Immunization

Section - N/A

Program - HPV Immunization

Public Health Intervention - Vaccine distribution

Standard - Infectious and Communicable Diseases Prevention and Control

Section - N/A

Program - Communicable Diseases

Public Health Intervention - Follow up on all reportable communicable diseases

Standard - Safe Water

Section - N/A

Program - Enhanced Safe Water

Public Health Intervention - Surveillance of recreational water facilities

Standard - School Health

Section - Oral Health

Program - Healthy Smiles Ontario

Public Health Intervention - Oral health screening

Standard - Substance Use and Injury Prevention

Section - Substance Use

Program - Alcohol and Substance Misuse

Public Health Intervention - Health promotion, communication and education

Part 2 - Community Assessment

Please use this section to provide a high-level description of the community(ies) within your public health unit. This information should provide sufficient detail to enable the ministry to understand program and service delivery decisions and appreciate unique priorities, opportunities, and challenges. This will provide the broad context in which all programs and services are delivered. Program specific contextual factors including priority population considerations may be provided here and/or within the individual program sections. This section may include information regarding local population health issues, priority populations (including Indigenous populations), community assets and needs, political climate, and public engagement.

Also, please include discussion of any unique challenges, issues or risks faced by your community(ies) which are influencing the work of your board of health.

Maximum 4,000 characters

Length = 0

Part 3 - Program Plans			
3.0 - List of Programs			
Chronic Disease Prevention and Well-Being			
#	Program Name	#	Program Name
1	Tobacco Control, Prevention and Cessation	11	Smoke Free Ontario - Tobacco Control Area Network - Prevention
2	Cancer Prevention	12	Smoke Free Ontario - Tobacco Control Coordination
3	Built Environment	13	Smoke Free Ontario - Youth Tobacco Use Prevention
4	Healthy Food Systems	14	
5	Mental Health Promotion	15	
6	Substance Use Prevention	16	
7	Harm Reduction	17	
8	Smoke Free Ontario - Prosecution	18	
9	Smoke Free Ontario - Protection and Enforcement	19	
10	Smoke Free Ontario - Tobacco Control Area Network - Coordination	20	
Food Safety		Healthy Environments	
#	Program Name	#	Program Name
1	Food Safety	1	Health Hazards
2	Enhanced Food Safety Initiative	2	Air Quality and Climate Change
3		3	
4		4	
5		5	
6		6	
7		7	
8		8	
9		9	
10		10	
Healthy Growth and Development		Immunization	
#	Program Name	#	Program Name
1	Child Health	1	Vaccine Inventory Management
2	Reproductive Health	2	
3	Sexual Health	3	
4		4	
5		5	
6		6	
7		7	
8		8	
9		9	
10		10	
Infectious and Communicable Diseases Prevention and Control		Safe Water	
#	Program Name	#	Program Name
1	Vector Borne Diseases	1	Safe Water
2	Infectious Disease Prevention and Control	2	Enhanced Safe Water Initiative
3	Mental Health Promotion	3	Small Drinking Water Systems
4	Substance Use Prevention	4	
5	Harm Reduction	5	
6	Sexual Health	6	
7	Infection Prevention and Control Nurses Initiative	7	
8	Infectious Diseases Control Initiative	8	
9		9	
10		10	
School Health			
School Health - Oral Health		School Health - Vision	
#	Program Name	#	Program Name
1	Oral Health Assessment	1	Child Visual Health and Vision Screening
2	Healthy Smiles Ontario	2	
3		3	
4		4	
5		5	
6		6	
7		7	
8		8	
9		9	
10		10	
School Health - Immunization		School Health - Other	
#	Program Name	#	Program Name
1	Immunization of School Pupils	1	School Health
2		2	Tobacco Control, Prevention and Cessation
3		3	Injury Prevention
4		4	Chronic Disease Prevention
5		5	Mental Health Promotion
6		6	Substance Use Prevention
7		7	Harm Reduction
8		8	
9		9	
10		10	
Substance Use and Injury Prevention			
Substance Use		Injury Prevention	
#	Program Name	#	Program Name
1	Tobacco Control, Prevention and Cessation	1	Injury Prevention
2	Harm Reduction	2	
3	Substance Use Prevention	3	
4	Electronic Cigarettes Act - Protection and Enforcement	4	
5	Harm Reduction Program Enhancement	5	
6	Needle Exchange Program Initiative	6	
7		7	
8		8	
9		9	
10		10	

DRAFT Annual Service Plan and Budget Submission - Working Template

Updated 13 December 2017

2018 Public Health Program Plans and Budget Summaries

Foundational Standards include: Healthy Equity, Effective Public Health Practice, Population Health Assessment, and Emergency Management

A. Description

Please describe how the board of health plans to implement this Standard (maximum characters of 1,800):

B. Objectives

Please describe the objectives and what the board of health expects to achieve through delivery of this Standard. Only describe those objectives that will not also be reflected in other program plans in this template (maximum characters of 1,800).

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Updated 13 December 2017

C. Stakeholders

Please information on the internal (e.g. board of health program areas) and external partners (e.g. LHINs, municipalities, etc.) the board of health will collaborate with to carry out programs/services under this Standard (maximum characters of 1,800).

D. Indicators of Success

List the indicators or data elements that the board of health will be using to monitor activities related to delivering on this Standard (maximum characters of 1,800).

E. Description of Related Programs

If a related program(s) is budgeted entirely as a funding source under Foundational Standards please describe the program(s) below including the populations to be served. If a priority population has been identified for this program, please provide data and informational details that informed your decision, unless previously reported (maximum of 1,800 characters).

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2018 Public Health Program Plans and Budget Summaries

Program Standards include: Chronic Disease Prevention & Well-being; Food Safety, Healthy Environment; Healthy Growth & Development; Immunization; Infectious & Communicable Diseases Prevention and Control; Safe Water; School Health – Oral Health, Immunization, Vision, Other; Substance Use and Injury Prevention;

A. Community Need and Priorities

Please provide a short summary of the following (maximum characters of 1,800):

a) The key data and information which demonstrates your communities' needs for public health interventions to address <Program Standard>; and,

b) Your board of health's determination of the local priorities for a program of public health interventions that addresses <Program Standard>

B. Key Partners/Stakeholders

Please provide a high level summary of the key internal and external partners you will collaborate with to deliver on this Standard. Please also describe any situations where the programming provided by external partners is sufficient so that you have not had to deliver similar programming under this Standard (maximum characters of 1,800).

C. Programs and Services**Program:****Description**

Describe the program including the population(s) to be served. If a priority population has been identified for this program, please provide data and informational details that informed your decision, unless previously reported (maximum of 1,800 characters).

Objective

Describe the expected objectives of the program and what you expect to achieve, within specific timelines (maximum of 1,800 characters).

Indicators of Success

List the indicators or data elements you will be using to monitor your program and understand its impact. Also use this section to identify if a formal evaluation will be conducted at this time for this program (maximum of 1,800 characters)

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Program Budget Summary		Funding Sources Summary	
Object of Expenditure	Amount	Funding Source	Amount
Public Health Intervention	Description		
Input a title for each public health intervention under this Program (maximum of 100 characters)	Briefly describe the public health intervention (maximum of 1,800 characters)		