



CITY OF HAMILTON
PUBLIC HEALTH SERVICES
Office of the Medical Officer of Health

TO:	Mayor and Members Board of Health
COMMITTEE DATE:	July 10, 2020
SUBJECT/REPORT NO:	Interim Plan to Resource and Structure Public Health Services During COVID-19 (BOH20013) (City Wide)
WARD(S) AFFECTED:	City Wide
PREPARED BY:	Carolyn Hureau (905) 546-2424 Ext. 6004
SUBMITTED BY:	Dr. Elizabeth Richardson, MD, MHSc, FRCPC Medical Officer of Health Public Health Services
SIGNATURE:	

RECOMMENDATIONS

- (a) That the Board of Health authorize an increase of up to 75.14 FTE (\$2.08M for the remainder of 2020) to continue responding to COVID-19 while reopening Public Health Services programs and services;
- (b) That the Board of Health approve an increase of 17.0 FTE as part of an application to Ontario Health West to provide scheduling and booking support for the assessment centres;
- (c) That the Board of Health approve up to \$265,000 in one-time funding for the extension of Kronos software to Public Health Services to support staff scheduling, time, attendance and activity tracking; and
- (d) That a letter be sent to the Minister of Health to request funding to cover 100% of the costs for the COVID-19 response that exceed the 2020 PHS Annual Service Plan & Budget.

EXECUTIVE SUMMARY

Public Health Services (PHS) must continue to be responsive to COVID-19 outbreaks and case volumes as they fluctuate as well as provincial direction to manage the situation. Substantive resources have been redeployed to carry out critical functions, currently 261 PHS staff and 42 City staff are supporting the COVID-19 response. At the

same time, it is imperative that PHS programs and services reopen to continue addressing all the drivers of population health, not just COVID-19.

As indicated in Report BOH20011, staff have developed an interim plan to achieve this. In order to carry out case, contact and outbreak management, support community infection prevention and control, undertake the associated data and administrative work and provide a public hotline, the plan includes an estimated 109.9 FTE in staffing and a modified PHS structure to effectively manage the increased volume of work due to COVID-19. In addition to staff from the Infectious Diseases, Epidemiology and Evaluation, and Health Strategy and Health Equity programs who will continue to be allocated to this work as part of their usual duties, a total of 17.76 FTE of existing staff are being allocated from other program areas including those in Healthy Families and Chronic Diseases due to some programs and services not being able to reopen until later in 2021.

The net result, assuming no further technological or staffing redeployment from the provincial or federal levels, is a proposed increase of 92.14 FTE as the upper limit of what would be required. PHS will be applying to Ontario Health West to fund 17.0 FTE of the total FTE (\$1.45M annualized) to continue supporting scheduling inquiries and booking for the Hamilton assessment centres. It is anticipated this will be required for 18-24 months. If funding is not granted, PHS will transition this work to the organization(s) who provide this function. The remaining 75.14 FTE are required to continue responding to COVID-19 while reopening PHS programs and services.

As PHS programs reopen, we anticipate there will be an increased demand for some services (e.g., dental, mental health, sexual health, vaccine) and a decreased demand for others (e.g., health education and in-person classes) until the public becomes more comfortable with this new COVID-19 reality. Staff will be able to better understand changes to service demands and associated costs once more PHS programs reopen.

The Province continues to refine its approach to COVID-19 across the public health and health care systems, including additional staff and resources being made available from both federal and provincial levels. In addition, long-term redeployment of administrative type staff from other departments is being explored. As details become known, the mitigation plan will be adjusted and any major changes, or increased resource requirements, will be communicated to the Board of Health.

There has also been an increase in financial and administrative work associated with COVID-19 mainly due to continued reliance on outdated paper-based processes that require manual data entry and approval. To address this, PHS is recommending that software to assist with automated staff scheduling, time, attendance and activity tracking be procured and implemented. This cost-effective solution will not only assist in addressing the increased administrative workload due to COVID-19 but will also help

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streamline processes and yield efficiencies in the long term. The estimated cost of this software is a one-time fee of \$175,000 for set-up and implementation and an estimated annual fee of \$18,000 thereafter. In addition, 4.0 FTE will be required on a temporary basis to transition and implement Kronos (\$90,000), for a total one-time cost of \$265,000. If the Board of Health chooses not to invest in this software, an additional 4.0 FTE will be required on a temporary basis, (\$90,000 remainder of 2020 and \$287,600 annualized).

Staff will continue to review programs to identify other pressures and opportunities that may affect the PHS budget in a COVID-19 world, as well as technological solutions that may streamline resource utilization for both COVID-19 and other programs. This will be communicated to the Board of Health along with updated information regarding the financial impacts of COVID-19 over the next few months.

Alternatives for Consideration – See Page 6

FINANCIAL – STAFFING – LEGAL IMPLICATIONS

Financial: The proposed FTE increase is 92.14 FTE. A total of 75.14 FTE is for the PHS COVID-19 response. The overall budget impact for the remainder of 2020 is \$2.08M (\$2.68M offset by \$600,000), in addition to the \$1.6M already incurred. It is anticipated that the pressures will last for 18-24 months at an annualized cost of \$6.78M. PHS recommends that the Board of Health apply to the Province for 100% funding of the amount that exceeds the 2020 approved PHS budget, as well as for the 2021 budget year. The Province has indicated that \$100M has been set aside to offset COVID-19 related costs, including those related to public health functions. Further details regarding this funding have not yet been provided.

The remaining 17.0 FTE (\$1.45M annualized) will be dedicated to scheduling and booking at the assessment centres. Staff will apply to Ontario Health West for 100% funding of this. If funding is not granted, PHS will transition this work to the organization(s) who provide this function.

The estimated costs of the Kronos software for staff scheduling, time, attendance and activity tracking is a one-time fee of \$175,000 for set-up and implementation. In addition, a minimum of 4.0 FTE will be required on a temporary basis to transition and implement Kronos (\$90,000), for a total one-time cost of \$265,000.

If the Board of Health chooses not to invest in this software, an additional 4.0 FTE will be required on a temporary basis, (\$90,000 remainder of 2020 and \$287,600 annualized).

If the Ministry does not provide 100% funding for these COVID-19 additional costs there will be a 2020 Year end impact. If the COVID-19 response continues into 2021, and no additional Ministry funding is committed there will be a levy impact in 2021 as well. This will be addressed through the 2021 Budget process.

Staffing: This plan proposes that 109.9 FTE be dedicated to the COVID-19 response for the remainder of 2020. This consists of an increase of 75.14 FTE over and above PHS' existing complement and 17.0 FTE for the assessment centres. In addition, Infectious Disease Control, Epidemiology and Evaluation and Health Strategy & Health Equity along with a further 17.76 existing FTE will remain redeployed to the COVID-19 response.

These staff resources will be allocated to COVID-19 case and contact management, outbreak management, infection prevention and control, and related supports. These are all critical components of the COVID-19 post-peak response (Report BOH20010) to slow the spread of virus and reduce the trajectory of a second wave.

Legal: There are no legal implications; however, boards of health and medical officers of health are required to respond to infectious diseases and provide the Ontario Public Health Standards under the Health Protection and Promotion Act.

HISTORICAL BACKGROUND

Since January 2020, PHS has been responding to the COVID-19 pandemic. During this time, substantive resources were redeployed to carry out critical functions in order to flatten the curve and protect the health of Hamilton residents. Currently, 261 PHS staff and 42 City staff are supporting the COVID-19 response. It is anticipated that PHS will need to continue these efforts for at least 18-24 months until a vaccine becomes available.

In March 2020, several PHS programs and services were put on-hold in order to redeploy the necessary resources to COVID-19. The broad range of programs and services offered by PHS address all the drivers of community health and play a key role in keeping our residents healthy, preventing disease and reducing health inequities. For this reason, it is vital that PHS programs and services reopen. It is not possible, however, to do this effectively while continuing to respond to COVID-19 using existing PHS resources. The

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current PHS staffing complement is very lean as a result of several organizational restructures and program reviews carried out over the past few years.

This report outlines an interim plan to resource and structure PHS to continue an effective and timely response to COVID-19 while reopening PHS programs and services.

POLICY IMPLICATIONS AND LEGISLATED REQUIREMENTS

Boards of health are legislated to deliver the programs and services outlined in the Ontario Public Health Standards pursuant to the Health Protection and Promotion Act. The Province has made it clear that boards of health are expected to take necessary measures to respond to COVID-19 within their jurisdictions while continuing to maintain critical public health programs and services.

RELEVANT CONSULTATION

Staff participate in regular conference calls with Ontario Health West and the Ministry of Health including discussions on resourcing public health services for the remainder of 2020 and beyond. To date, Ministry staff have indicated that health units should apply for funding beyond the 2020 Annual Service Plan and Budget later this year. In addition, Ontario Health West has encouraged Hamilton to submit a proposal for ongoing operations of assessment centres.

PHS Finance and Administrative staff have been consulted and have provided the financial information within Report BOH20013.

ANALYSIS AND RATIONALE FOR RECOMMENDATION

PHS must continue to be responsive to COVID-19 outbreaks and case volumes as they fluctuate as well as provincial direction to manage the situation. The development of a vaccine or treatment may modify the approach that is taken and PHS will have a role in the delivery of these as well.

At the same time, it is imperative that PHS program and services reopen to continue addressing all the other drivers of community health, not just COVID-19. This includes moving forward with work related to PHS' four strategic priorities: mental health and well-being, healthy weights, health equity and climate change.

To do this effectively, changes need to be made to the way PHS is resourced and structured. At this time, it is estimated that an increase of up to 75.14 FTE will be required for the remainder of 2020. There is currently a high demand for public health professionals such as public health inspectors. The financial impact of this staffing increase for the remainder of 2020 would be \$2.08M over and above the approved PHS budget. These estimated costs assume that:

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- 50% (37.57 FTE) of new staff would start by August 15, 2020; and,
- 50% (37.57 FTE) of new staff hired would start by October 1, 2020.

It should be noted that this does not include staff resources required to do scheduling and booking for the Hamilton assessment centres. PHS will be applying to Ontario Health West for \$1.45M in funding for 17.0 FTE to do this work. If funding is not granted, PHS will not assume responsibility for this function.

There are several factors that will influence the amount of staff resource required to reopen PHS programs and services. One factor that will influence the amount of staff resource required is the demand for service. Given the impact of COVID-19, it is difficult to forecast what the demand for various public health programs and services will be when they reopen. There may be an increased demand for some services (e.g., dental services, mental health supports, sexual health clinics, vaccines etc.) and a decreased demand for others (e.g., health education and in-person classes) as residents continue adapting to a COVID-19 world.

Another factor is the significant pressures that have resulted from the extended disruption of PHS programs and services. For example, although the School Program may not resume its regular activities, these public health nurses will be needed to provide surge capacity for the Vaccine Program to run catch-up clinics to ensure residents who missed their scheduled vaccinations during the shut down are able to receive them. Public health nurses from the School Program will also be able to address increased mental health needs and school travel planning as a result of COVID-19 will also be needed.

To address the increased financial and administrative workload and throughput associated with COVID-19, PHS plan to procure and implement a software for staff scheduling, time, attendance and activity tracking. Transitioning from an outdated paper-based process requiring manual data entry to a digital solution will help streamline processes and increase efficiencies over the long-term. The estimated cost of this software is a one-time fee of \$175,000 for set-up and implementation and an annual fee of \$18,000 thereafter. Without this software, it is estimated that an additional 4.0 FTE (i.e., Financial Assistants and Program Secretaries) would be needed to manage the increased volume of work.

Several options for mitigating these pressures have been and continue to be explored. For example, the Province continues to refine its approach to COVID-19 across the public health and health care systems, including additional staff and resources being made available from both federal and provincial levels. In addition, long-term redeployment of administrative type staff from other City departments is being explored. Staff will continue to identify pressures and opportunities to offset costs that may be realized through the provision of services within this new context. An updated report outlining the financial impacts of COVID-19 will be provided to the Board of Health in the

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next few months once staff gain a better understanding of the service demands following the reopening PHS programs and services.

Other public health units from across the province have indicated they are putting interim organizational structures in place to support COVID-19 work. Many health units are also in the process of forecasting the financial impacts related to the pandemic. To date, only Halton Region and Toronto Public Health Units have released their financial information. Halton reported \$1.9M in extraordinary COVID-19 related costs as of May 31, while Toronto reported \$5M in extraordinary costs for the same period. In terms of forecasting, Toronto estimated a total of \$24.4M in extraordinary costs for 2020 (January 1 – December 31, 2020). Forecasting information was not provided for Halton Region.

ALTERNATIVES FOR CONSIDERATION

An alternative would be to use existing PHS resources to cover COVID-19 related costs. In order to free up staff resources, PHS programming would need to be significantly curtailed and the associated staff redeployed to COVID-19. This means that programs and services such as the following would not be available to Hamilton residents to the same extent:

- Pest Control – pause this service;
- School Dental and Vision Screening – pause this service;
- School Program – urgent system support services only;
- Healthy Growth and Development Programs – pause face-to-face prenatal and parenting classes;
- Sexual Health Clinics – reduce to one day per week at the downtown site only; and,
- Smoking Prevention – pause health promotion programming.

Using this method, it is estimated that 45.64 FTE of the 75.14 additional FTE required could be offset. It is not possible, however, to offset the remaining 29.5 FTE through staff reallocation because there are not enough personnel with the specific skillsets and professional designations (e.g., Public Health Inspectors, Epidemiologists, etc.) required to respond to COVID-19. It should be noted that 25 FTE of the 45.64 FTE that could be offset are positions within the case and contact management section. It would only be possible to offset these positions for the duration of the provincial order affecting public health staffing because staff would need to be allocated to positions that are not aligned with their skillsets. Given that this is poor practice and that there is uncertainty regarding the duration of the provincial order, this is not recommended. Furthermore, this alternative would require several PHS programs and services to either remain on-hold or be significantly pared back for an extended period of time and therefore this alternative is not recommended. To continue improving and protecting the health and wellbeing of Hamilton residents, it is imperative that PHS continue addressing all of the drivers of community health, not just COVID-19.

ALIGNMENT TO THE 2016 – 2025 STRATEGIC PLAN

Healthy and Safe Communities

Hamilton is a safe and supportive City where people are active, healthy, and have a high quality of life.

Our People and Performance

Hamiltonians have a high level of trust and confidence in their City government.

APPENDICES AND SCHEDULES ATTACHED

Not Applicable.