




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

TO:	Mayor and Members Board of Health
COMMITTEE DATE:	February 14, 2022
SUBJECT/REPORT NO:	Annual Service Plan & Budget 2022 (BOH22003) (City Wide)
WARD(S) AFFECTED:	City Wide
PREPARED BY:	Nancy Sullivan (905) 546-2424 Ext. 5752
SUBMITTED BY:	Dr. Elizabeth Richardson, MD, MHSc, FRCPC Medical Officer of Health Public Health Services
SIGNATURE:	

RECOMMENDATION

- (a) That the Board of Health authorize and direct the Medical Officer of Health to submit the 2022 Annual Service Plan and Budget to the Ministry of Health in keeping with what is outlined in this report;
- (b) That the Board of Health reiterate their call to the Ministry of Health to fully fund the provincial portion, at least 70%, of the total costs of the mandatory public health programs and services provided under the Ontario Public Health Standards;
- (c) That the Board of Health reiterate their call to the Ministry of Health to fully fund the added costs resulting from the expanded mandate under the Ontario Public Health Standards through a base funding increase in the amount of \$355,770; and;
- (d) That the Board of Health authorize and direct the Medical Officer of Health to report the outcomes of the 2022 Annual Service Plan and Budget submission and any additional FTEs required if the Base Funding Shortfall one-time request and Ontario Seniors Dental Care Program additional operational funding request is approved.

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EXECUTIVE SUMMARY

Each year Public Health Services (PHS) develops the Annual Service Plan and Budget (ASPB) that outlines the planned service delivery for the coming year. Approval and submission of the ASPB to the Ministry of Health (Ministry) is required to receive provincial funding to support the delivery of public health programs and services under the Ontario Public Health Standards (Standards). Similar to 2021, the Ministry has indicated that the 2022 ASPB will be a scaled back version including only financial sections.

While the overall PHS budget is presented within the Healthy and Safe Communities budget presentation to the General Issues Committee (Item 6.1 of the January 27, 2022 General Issues Committee Meeting # 22-002(f)), specific highlights are made in the financial section of this report related to the ASPB.

The pandemic response remains a priority for 2022, including both COVID-19 Disease Control and the COVID-19 Vaccine Program. It is anticipated that the role of PHS in responding to COVID-19 will begin to transition from emergency response to a sustained program, based on provincial direction and COVID-19 activity in the community. Throughout 2022, PHS will need to continue to balance the scope of public health programs under the Standards with the evolving COVID-19 response.

Additional PHS priorities for 2022 include a focus on staff wellness and addressing the 'deficits of care' in our community. The prolonged emergency response has had a negative impact on the mental health and well-being of the public health workforce. A comprehensive wellness strategy to protect and improve the mental health, well-being and resilience of PHS staff is being developed and implemented. The prolonged emergency response has also meant that many of our important public health programs have been partially or fully on hold for almost two years, resulting in service backlogs or deficits of care in our community. Examples of deficits of care include child health and development, public health inspections, school immunizations, substance misuse, and mental health and well-being. Throughout 2022 PHS leadership will regularly assess and prioritize programs and services for reopening. Programs and services that have the greatest impact on priority community health needs and addressing the deficits of care will be prioritized for re-opening.

Alternatives for Consideration – Not Applicable

FINANCIAL – STAFFING – LEGAL IMPLICATIONS

Financial:

Approval of the 2022 ASPB and submission to the Ministry is required to receive provincial funding to support the delivery of public health programs and services under the Standards. It is due to the Ministry on February 18, 2022. If any further adjustments

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are made to programs covered by the ASPB through the ongoing City budget process, these can be submitted through the regular quarterly reports to the Ministry.

The 2022 COVID-19 estimated cost is currently \$46,157,948, which includes the COVID-19 Vaccine program, COVID-19 General Program, COVID-19 School Nurses and COVID-19 Recovery. The Ministry has communicated that health units will be eligible for reimbursement of all extraordinary COVID-19 related costs over and above ASPB subsidized expenditures in 2022, as they have in 2020 and 2021.

In 2020 the Province directed a shift from a mixed 75/25% and 100% funding model to a 70/30% Provincial/Municipal funding formula for all public health programs and services under the Standards (mandatory programs), except the Ontario Seniors Dental Care Program (OSDCP) which remains 100% provincially funded. The Ministry provided one-time mitigation funding in 2020 and 2021 to keep levy increases below 10% of existing costs and has committed to continue this mitigation funding in 2022. The Ministry has not provided an increase in ASPB base funding since 2018. For 2021, PHS received \$26,725,400 for ASPB Base funding for mandatory programs and \$2,215,800 for one-time ASPB Mitigation funding. It is anticipated that the Ministry will hold PHS at this funding level in 2022. The 2022 ASPB Mandatory Programs budget is \$41,275,593 and includes an increase to base expenditures of \$974,772 or 2.4% increase from 2021. After applying for provincial funding, the net levy impact of the 2022 ASPB is \$12,334,492 or 8.6%.

The Ministry has also communicated that they will consider requests for additional one-time funding for extraordinary costs. For 2022, PHS plans to request one-time funding at 100% for:

- 1. Public Health Inspector Practicum Program:** Request **\$30,000** to hire Public Health Inspector Trainees for program support and to provide future Public Health Inspectors with training and hands-on field experience. This funding has been in place for many years and must be requested annually;
- 2. COVID-19: General Program (Non-Vaccine):** Request **\$12,112,449** to reimburse extraordinary costs above the ASPB subsidized expenditures associated with COVID-19 case and contact management, outbreak management, infection prevention and control, and surveillance;
- 3. COVID-19: Vaccine Program:** Request **\$10,862,727** to reimburse extraordinary costs above the ASPB subsidized expenditures associated with the planning and implementation of the COVID-19 vaccine program;
- 4. COVID-19: Recovery & Catch-Up:** Due to reduced PHS capacity and the closure of several public health programs and services since March 2020, request for **\$20,882,772** to support PHS in addressing the backlog of services

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and deficits of care in the community and increased complexity of care due to impacts of the pandemic on the health and well-being of Hamiltonians;

- 5. ASPB Base Funding Shortfall:** Request **\$2,387,989** to address ASPB Base Funding shortfall. There have been no increases to ASPB base funding and the funding PHS receives is based on 2018 Q3 costs. With the increased cost of inflation to our mandatory programs in wage, benefits and operating costs, 75% of our total cost for programs that fall under the Standards amounts to \$30,973,419 in 2022. A shortfall of \$2,032,219 in comparison to the \$28.9M provided in 2021. In addition, new and expanded requirements were added to the Standards without new funding, including: Vision Screening Protocol; Menu Labelling Protocol; Inspection of Private Swimming Pools; Smoke-Free Ontario Act inspections and enforcement; Response to Inspection Prevention & Control Complaints. A total additional cost of \$355,770. With such a level of underfunding, PHS will not have the resources available to meet the requirements of the Standards and ensure the continued protection of the health and well-being of the community. In the absence of increased base funding, PHS is requesting one-time funding to mitigate these pressures in 2022 and support re-opening of PHS programs and services; and,
- 6. Ontario Seniors Dental Care Program (OSDCP):** Request **\$325,300** for dental clinic furniture and equipment to support recently submitted OSDCP capital project requests. The ministry has communicated that there may also be an opportunity to apply for increased 100% funding for the OSDCP to address operational costs associated with the capital project requests and the shortfall due expanded eligibility requirements under the Standards. If so, PHS will apply for **\$1,822,396** in additional operational funding.

The ASPB Submission template has not yet been received from the Ministry, but the Ministry has communicated that it will be due by February 18, 2022. While the Province does not give local public health agencies specific targets for developing their ASPB, they have provided some guidance regarding the expected subsidy for this year. This will be incorporated into the ASPB in keeping with what is outlined in this report. Final subsidy grants will not be known until funding letters are received later this year.

Staffing:

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Overall staffing levels for PHS, including the ASPB program, are addressed in the Healthy and Safe Communities budget presentation (Item 6.1 of the January 27, 2022 General Issues Committee Meeting # 22-002(f)).

COVID-19 is adding 484.70 FTE for COVID-19 Disease Control, COVID-19 School Nurses, the COVID-19 Vaccine Program and COVID-19 Recovery. The 23.0 FTE

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COVID-19 School Nurses is expected to be funded provincially under a different funding envelope.

In the 2022 ASPB there are no FTE changes in base ASPB mandatory programs; it remains at 302.39 FTE. If approved, the funding requests to address the ASPB Base Funding Shortfall and OSDCP will result in an increase of 15.98 FTEs. If funding is not approved, PHS will not proceed with this FTE increase.

Legal:

Boards of health are accountable for meeting all requirements included in the Standards pursuant to the Health Protection and Promotion Act. In addition, the Province has directed boards of health to continue to do what is necessary to respond to COVID-19 cases and outbreaks and implement the COVID-19 Vaccine Program.

It is a requirement within the Standards that boards of health submit an ASPB each year. Approval and submission of the 2022 ASPB to the Ministry fulfils this requirement.

HISTORICAL BACKGROUND

As outlined in the Standards, all boards of health approve and submit an ASPB to the Ministry each year. Typically, the ASPB lays out an assessment of the population health needs in Hamilton, priority areas for action, detailed program plans, budgeted expenditures, and requests for additional base and one-time funding. Although we have not yet received the 2022 ASPB submission form from the Ministry, they have communicated that it will be due on February 18, 2022. Similar to 2021, the Ministry has indicated that the 2022 ASPB will be a scaled back version including only financial sections due to the continued demands on public health units related to the COVID-19 pandemic response.

POLICY IMPLICATIONS AND LEGISLATED REQUIREMENTS

The Standards outline requirements that direct the delivery of mandatory public health programs and services by public health units pursuant to the Health Protection and Promotion Act. It is a requirement within the Standards that boards of health submit an ASPB each year to the Ministry.

RELEVANT CONSULTATION

Not Applicable

ANALYSIS AND RATIONALE FOR RECOMMENDATION

To support the development of the 2022 ASPB, staff reviewed program objectives and interventions within the current context of COVID-19. A flexible and responsive approach will be required throughout 2022 to continue to adapt to the evolving pandemic, as it was in 2021. Key priorities for PHS in 2022 include staff wellness, the continued COVID-19 pandemic response, and addressing the 'deficits of care' in our community.

Due to the prolonged emergency response, the COVID-19 pandemic has negatively impacted the mental health and well-being of the healthcare and public health workforce. An increasing number of staff are facing burnout and mental health challenges. Improving and maintaining staff wellness is a priority for PHS as we continue to respond to and recover from the pandemic. In 2022, PHS will develop and implement a comprehensive wellness strategy to protect and improve the mental health, well-being and resilience of PHS staff. Evidence from previous pandemics suggests that these mental health impacts can last up to three years after the pandemic is over. Therefore, it is critical that wellness efforts be maintained and resourced long after the response.

In 2022, PHS will continue to carry out critical functions related to the COVID-19 pandemic response, including COVID-19 disease control (i.e., case and contact management, outbreak management, infection prevention and control, and surveillance) and the COVID-19 vaccine program. It is expected that COVID-19 will transition from a pandemic to an endemic state; meaning that it will not be eradicated but will continue to circulate in the population at a predictable and manageable level. In parallel, the role of PHS in responding to COVID-19 will evolve from emergency response to the ongoing management of COVID-19 through a sustained program. The development of this program will be based on and in response to provincial direction. It is difficult to predict with accuracy when this transition will occur and how long it will take, but the work of integrating COVID-19 related requirements into PHS organizational structure and programs will begin and be a priority for PHS in 2022.

PHS will also continue to provide essential and critical public health programs and services and re-open other important public health programs and services as capacity allows. The deployment of significant PHS resources to the COVID response over the last two years has meant less ability to focus on other important public health issues, impacting service delivery in many program areas and resulting in service backlogs or 'deficits of care' in our community. In addition, many health and social issues have worsened throughout the pandemic, with marginalized populations being disproportionately impacted by the pandemic. An overview of the deficits of care and worsening health and social outcomes was included in a presentation to the September 20, 2021 Board of Health meeting #21-009 (Item 8.2 [Overview of COVID-19 Activity in the City of Hamilton 11 Mar 2020 to Present]). Examples of deficits of care include, but

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are not limited to, child health and development, public health inspections, school immunizations, substance misuse and mental health and well-being. Throughout 2022, PHS leadership and staff will regularly assess and prioritize programs and services for reopening. Programs and services that have the greatest impact on priority community health needs and addressing the deficits of care will be prioritized first for re-opening. A detailed recovery plan is in development and will be presented to Board of Health at a later date.

In October 2021, the Board of Health joined a number of other boards to request additional ongoing financial support for public health units. Specifically, support was requested to relieve the following financial pressures: resources required to address the above described deficits of care; increased wage, benefit and operational costs due to inflation; new and expanded programs that were added to the Standards; increased demand for public health services to support community pandemic recovery; and, continued support for COVID-19 response into 2022 and beyond. More recently, the Association of Local Public Health Agencies (ALPHA) submitted a report to the provincial government to further demonstrate the need for additional investments in public health required to clear the service backlog, resume routine programs and services, and maintain an effective pandemic response¹. The report summarized deficits of care across the province in the areas of healthy eating and physical activity, immunization, mental health, substance use and children's health. Public health program areas that address these deficits were cited as priorities for the earliest stages of recovery. The report included the following recommendations:

- Maintaining ongoing provincial investments in science, structures, and resources to support the multi-sector effort required to manage the COVID-19 pandemic;
- Financial investments in public health units that are clearly communicated and committed early in the fiscal year; and,
- Provincial support for evaluation and renewal to develop the vision for a stronger responsive public health sector with the capacity to address population health needs through various partnerships

ALTERNATIVES FOR CONSIDERATION

Not Applicable.

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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.

ⁱ January 2022: Association of Local Public Health Agencies. Public Health Resilience in Ontario: Clearing the Backlog, Resuming Routine Programs, and Maintaining and Effective COVID-19 Response.