



Hamilton

INFORMATION REPORT

TO:	Mayor and Members Public Health Committee
COMMITTEE DATE:	August 16, 2023
SUBJECT/REPORT NO:	Public Health Services 2022 Annual Performance and Accountability Report (BOH23024) (City Wide)
WARD(S) AFFECTED:	City Wide
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SIGNATURE:	

COUNCIL DIRECTION

In response to the previous Board of Health Self-Evaluation completed in 2020 (Board of Health Report BOH20021(a)), Public Health Services staff committed to continuing to provide regular updates on progress with the Annual Service Plan and Budget. Additionally, as per the 2021 Annual Report and Attestation (Board of Health Report BOH23001), staff committed to bringing forward a 2022 year-end performance report. This report fulfils both reporting commitments for the 2022 calendar year.

INFORMATION

The purpose of this report is to provide a streamlined update on Public Health Services' program and financial performance in 2022 to the Board of Health, the Ministry of Health, and the public, as it relates to the progress made towards addressing its key priority areas. As part of the 2022 Annual Service Plan and Budget, the Board of Health endorsed the following three key priorities (Board of Health Report BOH22003):

- Supporting staff wellness;
- The continuing COVID-19 response; and,
- Ramping up programs and services to support recovery and address the deficits of care and service backlogs within the Hamilton community.

Appendix "A" to Public Health Committee Report BOH23024 summarizes Public Health Services' progress in 2022 in achieving the objectives outlined in the Annual Service

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Plan and Budget as part of our day-to-day work. Appendix “B” to Public Health Committee Report BOH23024 provides a detailed overview of the provincial portion of the 2022 financial actuals for Ministry-funded programs and services under the Ontario Public Health Standards. Appendix “C” to Public Health Committee Report BOH23024 highlights key examples of the progress that Public Health Services has achieved within each of the three priorities.

As noted in Board of Health Report BOH19030, staff have worked to maximize the efficiency, transparency, and usefulness of Public Health Services’ Performance Management and Monitoring System. This was done by streamlining and integrating the Performance Management and Monitoring System with the annual planning and budget cycles, better defining program objectives and performance measures, and strengthening targets for the full scope of Public Health Services’ programs and services to inform program planning and drive continuous quality improvement. Due to the COVID-19 pandemic, the implementation of the Performance Management and Monitoring System was put on hold in 2020 and 2021, where the focus shifted to monitoring and reporting on performance related to COVID-19. In June 2022, Public Health Services restarted a regular performance management and monitoring cycle for all programs and continues to expand the Performance Management and Monitoring System, as public health programs and services return to full capacity. As such, this is the first performance report shared post-pandemic with the Board of Health.

Public Health Services Priorities: Progress Update

The following updates highlight Public Health Services’ performance in 2022 toward addressing its priority areas of supporting staff wellness, continuing its COVID-19 response, and addressing the deficits of care and service backlogs in the Hamilton community:

1. Supporting Staff Wellness

On April 27, 2022, staff were demobilized from the COVID-19 response to their home programs with the end of *O. Reg 116/200 Work Deployment Measures for Boards of Health* that allowed for the redeployment of public health staff. At that time, Public Health Services began its transition to an interim organizational structure designed to support the continued COVID-19 response, resuming full operations, re-opening programs and services in a phased and prioritized way, and providing enhanced programming during recovery to address the deficits of care and service backlogs.

From May to August 2022, Public Health Services focused on returning, recruiting, and reorienting staff to programs and services, while supporting staff wellness. After being deployed for over two years to support the ongoing COVID-19 emergency response, significant reorientation and retraining were required for staff returning to their pre-COVID-19 roles. Additionally, the health and well-being

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of the public health workforce have been disproportionately impacted due to the ongoing COVID-19 response. A comprehensive Mental Health and Well-Being Strategy was developed to promote and protect the mental health and well-being of Public Health Services staff, where implementation and supports are ongoing. Evidence from previous major emergencies suggests that mental health impacts can last up to three years post-emergency, making it critical to continue maintaining and resourcing wellness efforts effectively.

2. Continuing COVID-19 Response

After nearly two years of an ongoing COVID-19 pandemic emergency response, 2022 began with Public Health Services responding to the Omicron variant wave. The Omicron-driven wave showed exponential growth not previously seen in the pandemic, with cases peaking from January 9 to January 24, 2022. Public Health Services significantly scaled up COVID-19 vaccine operations to respond to the surge, while continuing to implement actions to prevent and control COVID-19 transmission, such as monitoring the status of COVID-19, communicating critical information to the public, the Board of Health, and key partners, and managing cases and outbreaks. This required the continued redeployment of a significant portion of the workforce for the early part of 2022. Performance related to COVID-19 response was reported throughout the pandemic in monthly COVID-19 updates to the Board of Health, and in the recently published Public Health Services COVID-19 After-Action Report (Board of Health Report BOH23012). From February to April 2022, the local COVID-19 situation began to stabilize and trend in a positive direction resulting in the easing of public health measures, coupled with the scaling back of large-scale clinic operations due to reduced COVID-19 vaccine uptake in Hamilton.

Another key focus for Public Health Services in 2022 was transitioning from its COVID-19 emergency response to sustained monitoring, prevention, and response. The Infectious Disease Program and the Vaccine Program integrated COVID-19 response functions into their existing programs, with a shifted focus on outbreak response, proactive inspections in the highest risk settings (e.g., long-term care homes and retirement homes), and increasing vaccine access for equity-deserving populations. With ongoing cases and outbreaks due to continuous waves of COVID-19, as well as expanded eligibility for the COVID-19 vaccine (e.g., fourth doses/second boosters, approval of the vaccine for ages six months to five years old, and bivalent boosters), workload related to COVID-19 response remained high throughout the year. Despite this, Public Health Services programs managed to successfully progress in addressing priority service backlogs and deficits of care, such as inspections of high-risk childcare facilities and routine immunizations for students (e.g., Hepatitis B, Human Papillomavirus, and Meningococcal).

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3. Ramping Up Programs and Services to Support Recovery and Address the Deficits of Care and Service Backlogs Within the Hamilton Community

The deployment of significant Public Health Services resources to the COVID response over two years 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 the community. In addition, many long-standing health and social issues were worsened by the COVID-19 pandemic, with marginalized populations disproportionately impacted. In June 2022, the Vaccine Readiness Network published a report titled “Community Impact on Equitable Vaccine Delivery in Hamilton: Stories and Lessons Learned from the Vaccine Readiness Network” (<https://www.hamilton.ca/sites/default/files/2022-07/CU-phs-lessons-learned-vaccine-readiness-network-jun292022.pdf>) highlighting the lessons learned from community engagement in the COVID-19 vaccine rollout. An overview of the deficits of care and worsening health and social outcomes was included in a presentation at the September 20, 2021 Board of Health meeting (Item 8.2 Overview of COVID-19 Activity in the City of Hamilton 11 Mar 2020 to Present). Examples of deficits of care included, but were not limited to, child health and development, public health inspections, school immunizations, substance misuse, and mental health and well-being. These areas require intentional focus and attention in planning and resourcing to achieve significant gains at the population level.

Public Health Services leadership identified several programs and services, with the greatest impact on priority community health needs, to be prioritized for recovery and re-opening in 2022, including:

- Catching up on routine immunizations for students (i.e., Hepatitis B, Human Papillomavirus, and Meningococcal) and screenings under the Immunization of School Pupils Act;
- Catching up on dental screenings in schools and Healthy Smiles Ontario services;
- Ramping up mental health and well-being supports in schools;
- Ramping up infant and early years mental health initiatives to help address the disproportionate impact the pandemic had on toddlers and young children resulting from extremely limited opportunities for social interaction and social and emotional development;
- Ramping up supports for parents and caregivers (particularly for those with children aged 3.8 years to 6 years), including opportunities for screening, interventions, and developmental support referrals;
- Increasing capacity within the Ontario Seniors Dental Care Program in order to clear the backlog and reduce wait times that have resulted from reduced service levels during the pandemic;

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- Ramping up support for population health assessment related to other public health priorities;
- Developing and implementing a health equity strategy that incorporates and builds on lessons learned through the COVID-19 pandemic; and,
- Sustaining support for transition and recovery initiatives.

It is reiterated that Appendix “A” to Public Health Committee Report BOH23024 summarizes Public Health Services’ progress in achieving the objectives outlined in the Annual Service Plan and Budget, and Appendix “C” to Public Health Committee Report BOH23024 highlights key examples of the progress that Public Health Services has achieved within each of these programs and service areas.

2022 Financial Performance

In 2022, the Ministry of Health granted the City of Hamilton Board of Health \$54,746,575 to support the delivery of programs and services under the Ontario Public Health Standards, which includes one-time funding to support the COVID-19 general and vaccine programs and various projects/initiatives and one-time mitigation funding to offset the increased costs for municipalities due to cost-sharing change from the mixed 75%/25% to the 70%/30%. As of December 31, 2022, a total of \$44,351,873 of the Provincial share was spent, with a positive variance of \$10,394,702. The City of Hamilton contributed \$12,134,213 in support of these same initiatives.

In 2022, the Ministry of Health continued to provide funding based on a 70%/30% Provincial/Municipal funding formula to support the delivery of public health programs and services under the Ontario Public Health Standards (i.e. Mandatory Programs), except the Ontario Seniors Dental Care Program, which remained 100% provincially funded. Overall, the City of Hamilton Board of Health received \$26,925,875 for Mandatory Programs, and the Ontario Seniors Dental Care Program received \$3,614,900 and spent \$2,928,279, which will result in the Ministry recovering \$686,621. The Ministry of Health also provided \$21,180,500 for COVID-19 costs above the Mandatory Programs at 100%, and, in 2022, we had expensed \$13,679,980. In addition, the Ministry of Health provided one-time 100% funding of \$3,025,300 to support the implementation of specific projects/initiatives and \$817,739 was claimed in 2022. The Ministry of Health also provided one-time mitigation funding to offset the increased costs for municipalities due to the cost-sharing change from a mixed 75%/25% and 100% funding model prior to 2020. A total of \$2,215,800 was granted, which was fully claimed.

Overall, the City of Hamilton Board of Health received \$24,205,800 in one-time funding and spent \$14,497,719 as of December 31, 2022. From January 1, 2023 to March 31, 2023, an additional \$810,957 was spent; the remaining \$8,897,124 will be recovered by the Ministry of Health.

Overview of Ministry of Health Performance Reporting Requirements

The Ontario Public Health Standards include a Public Health Accountability Framework and Organizational Requirements to ensure that boards of health have the necessary foundations within the four domains of program and service delivery, financial management, governance, and public health practice to successfully implement the Standards. These include completing monitoring and reporting requirements for boards of health to demonstrate accountability to the Ministry of Health.

Under the Ontario Public Health Standards, boards of health are required to report on the program and financial performance to the Ministry of Health for Ministry-funded programs through quarterly Standards Activity Reports and an Annual Report and Attestation. The program and financial performance information contained in Public Health Committee Report BOH23024 will be reported through the 2022 Annual Report and Attestation to the Ministry of Health by August 31, 2023.

Under the Ontario Public Health Standards, it is also an organizational requirement that all boards of health produce an annual performance and financial report to the general public. This helps to support enhanced transparency in the public sector and promote confidence in the public health system by providing an opportunity to increase awareness in the community on current public health issues and public health services offered in Hamilton. Appendix “C” to Public Health Committee Report BOH23024 satisfies this annual public reporting requirement. It is the responsibility of boards of health to ensure the annual performance and financial report is posted on the Board of Health website. To fulfil this requirement, the Annual Performance and Financial Report will be made available to the public on the City of Hamilton website at <https://www.hamilton.ca/people-programs/public-health>.

2022 Attestation of Compliance

As part of the Ministry of Health Annual Report and Attestation, boards of health are required to complete a certificate of attestation to demonstrate compliance with the Organizational Requirements as outlined in the Ontario Public Health Standards. In 2022, Public Health Services achieved full compliance with 59 out of the 64 organizational requirements. This is an increase from 2021 (Board of Health Report BOH23001), when Public Health Services fully complied with 55 of 64 organizational requirements. Of the five requirements that were not fully met in 2022, most (four out of five) were related to the inability to deliver the full scope of public health programs and services as required by the Ontario Public Health Standards due to capacity constraints related to the COVID-19 emergency response. As Public Health Services programs and services re-open, return to full capacity and resume full-service levels, compliance with these requirements will be restored. The remaining requirement that was not fully met is: “The board of health shall have a self-evaluation process of its governance practices and outcomes that is completed at least every other year.” The last Board of Health self-evaluation was completed in November 2020. A Board of Health self-evaluation is

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underway, as part of the Restructuring the Board of Health Governance Structure project, with results and recommendations scheduled to be available in Q3 2023.

Summary and Next Steps

In 2022, Public Health Services successfully transitioned from a COVID-19 emergency response to sustained monitoring, prevention, and response. This involved integrating COVID-19 work into existing Public Health Services programs. As part of this transition, staff who were deployed to support the COVID-19 emergency response returned to their home programs at the end of April 2022. During this time, Public Health Services also focused on returning, recruiting, and reorienting staff to programs and services, in addition to supporting staff wellness as another key priority in 2022. Since then, Public Health Services has continued to resume routine programs and services in a prioritized way and enhance some service levels to address the deficits of care and the backlog of services due to COVID-19 in its community.

In parallel, Public Health Services' Performance Monitoring and Measurement System continues to be improved to provide the breadth and depth of information needed to ensure performance on the full scope of Public Health Services priorities and program objectives. The next annual performance and financial report will be provided to the Board of Health in Q1 2024.

APPENDICES AND SCHEDULES ATTACHED

Appendix "A" to Report BOH23024	Program Indicator Results for 2022
Appendix "B" to Report BOH23024	2022 Financial Actuals for Ministry of Health Funded Programs Under the Standards
Appendix "C" to Report BOH23024	Public Health Services 2022 Annual Performance and Financial Report to the Public