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# The Regional Municipality of Durham Report

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To: Health & Social Services Committee  
From: Commissioner & Medical Officer of Health  
Report: #2023-MOH-03  
Date: March 9, 2023

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**Subject:**

2023 Health Department Business Plans and Budget

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**Recommendation:**

That the Health & Social Services Committee recommends to the Finance and Administration Committee for subsequent recommendation to Regional Council that the 2023 Business Plans and Budget of the Health Department be approved.

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**Report:**

**1. Purpose**

1.1 The purpose of this report is to obtain Health & Social Services Committee concurrence of the 2023 Business Plans and Budget for the Health Department. The Health Department 2023 Business Plans and Budget will be referred to the Finance and Administration Committee for consideration during deliberations of the 2023 Property Tax Supported Business Plans and Budget.

**2. Overview**

2.1 The recommended 2023 Health Department Business Plans and Budget meets the Council approved guideline for the 2023 Property Tax Supported Business Plans and Budget.

2.2 The 2023 Health Department Business Plans and Budget supports the following five goals of the Region's Strategic Plan:

- a. Environmental Sustainability
- b. Community Vitality
- c. Economic Prosperity
- d. Social Investment
- e. Service Excellence

- 2.3 The recommended 2023 Health Department Business Plans and Budget includes \$142.2 million in gross expenditures requiring \$60.7 million in property tax funding with the remaining budget funded by program fees, development charges, provincial subsidies, reserves and reserve funds.
- 2.4 The recommended 2023 Health Department Business Plans and Budget provides operating and capital funding for the following divisions:
- a. Public Health
    - Healthy Living
    - Healthy Families
    - Infectious Diseases
    - Health Protection
    - Commissioner & MOH Office & Administration
    - Facilities Management
    - Headquarters Shared Cost
  - b. Paramedic Services
    - Administration
    - Operations
    - Quality Development
    - Planning and Logistics
    - Facilities Management
    - Hospital Contract – Offload Delay
    - Primary Care Outreach Program
    - Community Paramedicine

### **3. 2022 Accomplishments**

- 3.1 The Health Department was Accredited in Accreditation Canada's Qmentum program, which supports ongoing efforts to provide the highest quality services to Durham Region residents.
- 3.2 As in 2020 and 2021, and as one of the Health Department's critical public health functions under the [Ontario Public Health Standards: Requirements for Programs, and Accountability](#) (OPHS), COVID-19 response efforts were a priority in 2022 and required significant resource commitments.
- 3.3 In 2022, the Health Department balanced the restoration of public health programs and services with ongoing pandemic response needs, including continued requirements for vaccinating eligible populations.
- 3.4 The Health Department's 2022 accomplishments related to COVID-19 response activities include:

- a. Administered 464,543 COVID-19 vaccines (86 per cent were booster doses) via hospitals, pop-up clinics, mobile clinics, provincial clinics, as well as pharmacies and health care providers. Of these, 222,511 doses were administered in Health Department clinics.
  - b. Received and distributed 60,414 test results for follow-up.
  - c. Conducted 359 inspections related to COVID-19 out of 6,563 total inspections.
  - d. Completed 12,732 COVID-19 phone and email interactions with residents and community partners.
  - e. Responded to 1,638 COVID-19 inquiries received through Durham Health Connection Line's Health Protection staff from businesses or the public.
  - f. Completed 1,713 COVID-19 Public Health Nurse (PHN) interactions with schools.
  - g. Follow-up by PHNs of 21,482 COVID-19 cases.
  - h. Paramedics screened 63,692 clients for COVID-19 and obtained 220 nasal swabs in congregate living settings and from high-risk clients (e.g., housebound, unsheltered, etc.).
- 3.5 The Health Department's 2022 accomplishments related to regular programs and services include:
- a. Opened the new Oral Health Dental Clinic and administrative offices, offering a new state of the art seven operatory dental clinic to provide a full range of dental care for seniors, children and youth covered under provincially funded dental programs.
  - b. Provided oral health services to 2,235 clients through the Healthy Smiles Ontario Program (HSO) and Ontario Seniors Dental Care Program (OSDCP).
  - c. Consulted 950 families through the Infant and Child Development program.
  - d. Supported 1,491 families through the Healthy Babies Healthy Children Program and 1,030 families through breastfeeding services.
  - e. Declared 546 outbreaks (66 in childcare settings, 116 in group homes, 90 in hospitals, 124 in long-term care homes, 123 in retirement homes, 14 in shelters, and 13 in other settings).
  - f. Conducted 6,597 inspections (3,773 food safety inspections, 681 childcare centre inspections, 654 inspections of private sewage systems, 573 personal service setting inspections, 485 recreation water facility inspections, 247 housing for international agriculture worker inspections, and 184 other facility inspections).
  - g. Conducted 1,348 rabies investigations with 156 residents receiving orders for rabies pre-exposure prophylaxis.
  - h. Treated 190,480 catch basins for mosquito larvae to control for the West Nile virus.
  - i. Responded to 142,227 calls for emergency paramedic services.

#### 4. 2023 Strategic Highlights

- 4.1 The recommended 2023 Health Department Business Plans and Budget includes lease costs as well as a capital investment of \$250k to renovate a new space for the Breastfeeding Clinic. The lease for the existing Breastfeeding Clinic location expires in August 31, 2023 which provides an opportunity to relocate the clinic and create a shared multi-purpose clinic space for Health Department services, including a central immunization catch-up clinic location. This service delivery model would support sharing human resources (e.g., administrative support), diversity of service delivery, shared operating costs, and the opportunity for future expansion to other services. This investment supports the strategic goal of Service Excellence by optimizing resources and partnerships to deliver exceptional quality services and value, and by collaborating for a seamless service experience.
- 4.2 The recommended 2023 Health Department Business Plans and Budget include ten incremental new full-time Public Health staff (four of which are for OSDCP and are dependent on receiving 100 per cent provincial funding), five new part-time Public Health staff (three of which are for OSDCP and are dependent on receiving 100 per cent provincial funding), and thirty new full-time staff for Paramedic Services.
- 4.3 Despite ongoing resource pressures related to COVID-19 response, the Health Department will continue to restore priority public health programs and services in 2023 including catching up on childhood immunizations in accordance with the Immunization of School Pupils Act and Child Care and Early Years Act, 2014, which were previously suspended to address the COVID-19 response. One-time costs of \$612k have been included in the 2023 Health Department Business Plans and Budget for temporary staff to support catch-up immunizations. An application will be made for provincial one-time funding to offset these costs. Should provincial funding not be provided, the Health Department will need to consider a phased approach for immunization catch-up.
- 4.4 Ongoing COVID-19 response activities include storage costs for pandemic supplies (\$76k), costs related to the online booking portal (\$276k) as well as costs related to temporary staffing (\$380k). The Province has indicated there will be opportunities to request reimbursement of COVID-19 extraordinary costs in 2023. It is expected that this provincial one-time funding will cover 100 per cent of costs for the pandemic supplies storage, booking portal and temporary staff. Should the provincial and federal governments not extend additional funding support, the Region will need to consider further cost mitigation measures and the use of reserve funds.
- 4.5 The 2023 Public Health Business Plans and Budget include a projected 2.0 per cent increase in the provincial public health subsidy for mandatory programs and services, above the 2022/2023 approved subsidy.

- 4.6 The 2023 Paramedic Services Business Plans and Budget include a projected 2.5 per cent increase in the provincial subsidy for paramedic services, above the 2022 approved subsidy.
- 4.7 Following is a summary of the significant capital and operating investments in the 2023 Public Health Business Plans and Budget.
- a. Annualization of seven positions approved as part of the 2022 Public Health Business Plans and Budget.
  - b. One new full-time Data Analyst (annualized cost of \$135k) and one new full-time Program Assistant (annualized cost of \$93k) to support expanding and changing health information systems needs.
  - c. One new full-time Senior Public Health Inspector (annualized cost of \$142k) to support work related to the increased growth in new food facilities and home-based businesses.
  - d. Two new full-time Public Health Inspectors (annualized cost of \$252k) to support the growing needs of the Infectious Disease Prevention and Control Program.
  - e. Two new full-time Dental Hygienists (annualized cost of \$252k) and two new full-time Dental Assistants (annualized cost of \$187k) to support increased needs related to OSDCP. These four full-time positions are dependent on receiving 100 per cent provincial funding.
  - f. One full-time Clerk 2 (annualized cost of \$85k) to provide administrative support to the Immunization Program.
  - g. One part-time Pharmacy Technician (annualized cost of \$56k) to support optimal vaccine usage in the Immunization Program.
  - h. One part-time Oral Surgeon (annualized cost \$38k), one part-time Anesthetist (annualized cost of \$37k) and one part-time PHN (annualized cost of \$32k) to support increased needs related to OSDCP. These three part-time positions are dependent on receiving 100 per cent provincial funding.
  - i. One part-time Clerk 2 (annualized cost of \$43k) to provide administrative support to the HSO Program.
  - j. Lease costs of \$49k (annualized cost of \$65k), operating costs of \$22k (annualized cost of \$30k) and one time cost of \$250k to relocate the Breastfeeding Clinic and to renovate the new space to support a combined clinic that provides breastfeeding and immunization services.
  - k. Capital cost of \$48k for new computers and monitors for new permanent staff positions and \$14k for facility improvements.
  - l. Capital costs (\$400k) for regular replacement of computers.
  - m. \$3.3 million for costs related to the modernization of 101 Consumers Drive, with funding to be provided from a reserve fund.
- 4.8 As per the 10-year implementation plan for increased investment in Paramedic Services, included in report #2023-COW-7 and presented to Regional Council on March 1, 2023, the 2023 Paramedic Services Business Plans and Budget includes the following:

- a. Annualization of 15 positions approved as part of the 2022 Paramedic Services Business Plans and Budget.
- b. Twenty-four new full-time paramedic positions (12 Advanced Care Paramedics (ACPs) and 12 Primary Care Paramedics (PCPs)).
- c. Six new full-time support and management staff positions (two Superintendents, one Disability Management Specialist, one Logistics Technician, one Scheduler and one Professional Standards Investigator).
- d. \$800k for preliminary studies for a new Paramedic Station in South Whitby.
- e. \$1.3 million for four new ambulances and associated equipment to support an increase in service hours.
- f. \$440k investment for ACP training.
- g. \$1.9 million for land acquisition for the Uxbridge/Port Perry replacement.
- h. \$2.2 million for replacement of 57 defibrillators, with funding to be provided from the equipment replacement reserve.
- i. \$2.2 million for replacement of 11 ambulances.
- j. \$100k for increases in Workplace Safety and Insurance Board costs.
- k. A 20 per cent increase from 2022 costs for inflationary pressures related to fuel, medical supplies and program materials.

## 5. 2023 Risks and Uncertainties

- 5.1 COVID-19 continues to circulate and new variants continue to emerge. The Health Department remains flexible and is prepared to respond to spikes in COVID-19 activity, in accordance with Provincial direction.
- 5.2 The 2023 Public Health Business Plans and Budget assumes that all one-time costs related to COVID-19 response will continue to be funded at a 100 per cent by the Province. The Province has indicated there will be opportunities to request reimbursement of COVID-19 extraordinary costs in 2023, however, there is a risk that the 2023 provincial reimbursement allocated to the Health Department will not cover Health Department costs. Should this be the case, the Region will need to consider further cost mitigation measures and use of reserve funds.
- 5.3 The 2023 Health Department Business Plans and Budget include a projected 2.0 per cent increase in the provincial subsidy for Public Health and a projected 2.5 per cent increase in the provincial subsidy for Paramedic Services. There is a combined risk of \$1.2 million, should the Province not provide any increase in subsidy.
- 5.4 Additional Health Department risks and uncertainties include:
  - a. Ongoing support required by public health and paramedics for COVID-19 response.
  - b. Changing population needs in Durham Region due to population growth and the pandemic.
  - c. Increased need for technology and increased resources to ensure privacy and security of clients and staff for systems and solutions that support improved virtual client interactions.

- d. Public Health Modernization, which is currently on hold, to re-start, which may impact the mandate, structure and funding of public health units.
- e. Further reductions to the provincial investment for public health programs and services.
- f. Significant ongoing challenges with patient offload delays impacting Paramedic Services' ability to service 911 requests as call volumes increase.
- g. Staff retention and attraction of qualified paramedics as well as decreasing enrollment in paramedic programs at community colleges.
- h. Uncertainty with respect to the provincial subsidy for Paramedic Services increasing proportionally with increasing costs related to population growth and the Region's plan for Paramedic Services.

## 6. Future Budget Pressures

- 6.1 All new full time staff positions included in the 2023 Health Department Business Plans and Budget will have annualization impacts in 2024 and beyond. The estimated incremental cost in 2024 for these positions is \$2.2 million.
- 6.2 Significant future Public Health budget pressures over the next four years include:
  - a. Changes to the scope of work for Public Health and changes to provincial legislation and standards which lead to a need for increases in staff and training to support compliance with program changes.
  - b. Changing population needs due to the pandemic leading to a need to expand programs, impacting communications, education, equipment, staff and training costs.
  - c. Population growth and an increased need for services leading to increases in staff and equipment to support growth.
- 6.3 With respect to Paramedic Services, report #2023-COW-7 provides a comprehensive 10-year service and financing plan for Paramedic Services. Operating expenditures are projected to increase by \$59.56 million over 10 years, with total capital expenditures over this time estimated at \$89.47 million.
- 6.4 Additional significant Paramedic Services budget pressures over the next four years include:
  - a. Inflationary pressures on fuel, utilities, program material and equipment costs as well as annual labour increases.
  - b. Higher acquisition costs related to supply chain challenges for new vehicles, and increased repairs and maintenance on the existing fleet.
  - c. Potential provincial legislative amendments that are expected to have an impact on the delivery of paramedic services in Ontario which may require increases in staff and training.
  - d. Improvement of mental health resources and support initiatives within the service.

## **7. Relationship to Strategic Plan**

7.1 This report aligns with/addresses the following strategic goals and priorities in the Durham Region Strategic Plan:

- a. Goal 2 Community Vitality – to foster an exceptional quality of life with services that contribute to strong neighbourhoods, vibrant and diverse communities, and influence our safety and well-being.
- b. Goal 4 Social Investment – to ensure a range of programs, services and supports are available and accessible to those in need, so that no individual is left behind.
- c. Goal 5 Service Excellence – to provide exceptional value to Durham taxpayers through responsive, effective and fiscally sustainable service delivery. By responsibly managing the Region’s financial assets, the proposed 2023 Health Department Business Plans and Budget looks to optimize resources to deliver critical infrastructure and services for current and future generations.

7.2 The Strategic Priorities section of the 2023 Health Department Business Plans and Budget document further highlights planned activities for the current budget year which will contribute to the achievement of the priorities outlined in the Region’s Strategic Plan.

## **8. Conclusion**

8.1 The recommended 2023 Health Department Business Plans and Budget meets the Council approved guideline for the 2023 Property Tax Supported Business Plans and Budget and supports the Department’s role to protect and promote the health of Durham Region residents.

8.2 It is recommended that the Health & Social Services Committee approve the 2023 Business Plans and Budget for the Health Department and forward this report to the Finance & Administration Committee for consideration during the budget deliberations of the 2023 Property Tax Supported Business Plans and Budget.

8.3 This report has been reviewed by the Finance Department and the Commissioner of Finance concurs with the recommendation.

## **9. Attachments**

Attachment #1: Memorandum to Regional Council (Durham Regional Board of Health) re: duties of boards of health under the Health Protection and Promotion Act (HPPA).

The detailed 2023 Business Plans and Budgets for the Health Department is attached.



Respectfully submitted,

Original signed by

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R.J. Kyle, BSc, MD, MHSc, CCFP, FRCPC, FACPM  
Commissioner & Medical Officer of Health

Recommended for Presentation to Committee

Original signed by

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Elaine C. Baxter-Trahair  
Chief Administrative Officer



## MEMORANDUM

The Regional  
Municipality  
of Durham

**TO:** Regional Council (Durham Regional Board of Health)  
**FROM:** Dr. Robert Kyle  
**DATE:** March 9, 2023  
**RE:** Duties of Boards of Health under the [Health Protection and Promotion Act](#) (HPPA)

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HEALTH  
DEPARTMENT

Street Address  
605 Rossland Rd.E.  
Whitby ON  
Canada

Mailing Address  
P.O. Box 730  
Whitby ON  
Canada L1N 0B2

Tel: 905-668-7711  
Fax: 905-666-6214  
1-800-841-2729

[www.durham.ca](http://www.durham.ca)

An Accredited  
Public Health Agency

### **Background**

1. Further to the 2023 Health Department Business Plans and Budgets transmittal report, the purpose of this memorandum is to summarize: the duties of boards of health and medical officers of health regarding the provision of public health programs and services; the payment of boards of health and medical officers of health expenses; and provisions within the HPPA that may be used by the Minister of Health or the Chief Medical Officer of Health to address issues and concerns related to compliance with the HPPA, regulations and guidelines by boards of health.

### **Purpose of the HPPA**

2. The HPPA is the statutory regime that “provides for the organization and delivery of public health programs and services, the prevention of the spread of disease and the promotion and protection of the health of the people of Ontario” (section 2).

### **Duties of a Board of Health**

3. As regards the general provision of public health programs and services, section 61 of the HPPA requires every board of health to “superintend and ensure the carrying out of Parts II [Health Programs and Services], III [Community Health Protection] and IV [Communicable Disease Control] and the regulations relating to those Parts [Communicable Diseases – General, Control of West Nile Virus, Designation of Diseases, Food Premises,

4. Personal Service Settings, Public Pools, Qualification of Board of Health Staff, Rabies Immunization, Reports, School Health Programs and Services, Small Drinking Water Systems] in the health unit served by the board of health.”
5. With respect to health programs and services, section 4 states that “every board of health,
  - a) shall superintend, provide or ensure the provision of the health programs and services required by this Act and the regulations to the persons who reside in the health unit served by the board; and
  - b) shall perform such other functions as are required by or under this or any other Act.”

### **Mandatory Health Programs and Services**

6. Section 5 requires every board of health to superintend, provide or ensure the provision of health programs and services in the following areas:
  - a) “Community sanitation, to ensure the maintenance of sanitary conditions and the prevention or elimination of health hazards.
  - b) The provision of safe drinking water by small drinking water systems.
  - c) Control of infectious diseases and diseases of public health significance, including provision of immunization services to children and adults.
  - d) Health promotion, health protection and disease and injury prevention, including the prevention and control of cardiovascular disease, cancer, AIDS and other diseases.
  - e) Family health, including,
    - I. Counselling services,
    - II. Family planning services,
    - III. Health services to infants, pregnant women in high risk health categories and the elderly,
    - IV. Preschool and school health services, including dental services,
    - V. Screening programs to reduce the morbidity and mortality of disease,
    - VI. Tobacco use prevention programs, and
    - VII. Nutrition services.
  - f) Collection and analysis of epidemiological data.
  - g) Such additional health programs and services as are prescribed by the regulations.”

### **School Pupils**

7. Section 6 (1) requires every board of health to provide such of the health programs and services as are prescribed by the regulations [School Health Programs and Services] for the purposes of this section to the pupils attending schools within the health unit served by the board of health.

## **Optional Health Programs and Services**

8. Section 9 permits a board of health to “provide any other health program or service in any area in the health unit served by the board of health if:
  - a) The board of health is of the opinion that the health program or service is necessary or desirable, having regard to the needs of persons in the area; and
  - b) The councils of the municipalities in the area approve of the provision of the health program or service.”

## **Guidelines**

9. Section 7 (1) permits the Minister of Health to “publish public health standards for the provision of mandatory health programs and services and every board of health shall comply with them.” In terms of the extent of programs and services, section 8 states that “a board of health is not required by this Part to provide or ensure the provision of a mandatory health program or service referred to in this Part except to the extent and under the conditions prescribed by the regulations and the public health standards.”
10. The current public health standards were published as the [Ontario Public Health Standards: Requirements for Programs, Services, and Accountability](#) (OPHS) by the Minister of Health and Long-Term Care who transmitted them to all boards of health in January 2018. The OPHS establish requirements for fundamental public health programs and services, and are informed by the core public health functions which include assessment and surveillance, health promotion and policy development, health protection, disease prevention, and emergency management. The OPHS outline the expectations of boards of health, which are responsible for providing public health programs and services that contribute to the physical, mental, and emotional health and well-being of all Ontarians. Boards of health are responsible for the assessment, planning, delivery, management, and evaluation of a variety of public health programs and services that address multiple health needs, as well as the context in which these needs occur.
11. The OPHS is organized as follows:

### *Foundational Standards*

- The Foundational Standards articulate specific requirements that underlie and support all Program Standards.
- The Foundational Standards include:
  - Population Health Assessment;
  - Health Equity;
  - Effective Public Health Practice, which is divided into three sections:
    - Program Planning, Evaluation, and Evidence-Informed Decision-Making;
    - Research, Knowledge Exchange, and Communication;
    - Quality and Transparency; and

- Emergency Management.

### *Program Standards*

- Program Standards (grouped thematically) address Chronic Disease Prevention and Well-Being, Food Safety, Healthy Environments, Healthy Growth and Development, Immunization, Infectious and Communicable Diseases Prevention and Control, Safe Water, School Health, and Substance Use and Injury Prevention. Specific requirements are articulated for each of the Program Standards. Boards of health shall assess, plan, deliver, manage, and evaluate programs and services in each of those Program Standards and coordinate across the Program Standards.

### **Annual Service Planning and Budgeting**

12. As part of the Ministry of Health's Public Health Accountability Framework, boards of health are required to submit an Annual Service Plan and Budget Submission, Standards Activity Reports, and an Annual Report and Attestation.
13. The Annual Service Plan and Budget Submission: describes the complete picture of programs and services being delivered by boards of health, within the context of the OPHS; demonstrates that board of health programs and services align with the priorities of their communities, as identified in their population assessment; demonstrates accountability for planning; and demonstrates the use of funding per program and service.
14. Quarterly, boards of health are required to complete Standards Activity Reports that provide interim information on program achievement and finances and identify risks, emerging issues, changes in local context, and programmatic and financial adjustments in program plans.
15. At year-end, boards of health are required to submit an Annual Report and Attestation to: provide a year-end summary report on program achievements and finances; identify any major changes in planned activities due to local events; and demonstrate board of health compliance with programmatic and financial requirements.

### **Duties of Associate/Medical Officers of Health**

16. Section 67 (1) states that every "medical officer of health of a board of health reports directly to the board of health on issues relating to public health concerns and to public health programs and services under this or any other Act." Section 67 (2) states that "the employees of and the persons whose services are engaged by a board of health are subject to the direction of and are responsible to the medical officer of health of the board if their duties relate to the delivery of public health programs or services under this or any other Act." Section 67 (3) states that "the medical officer of health of a board of health is responsible to the board for the management of the public health programs and services under this or any other Act." Section 68 (1) states that the "associate medical officer of health of a board of health, under the direction of

the medical officer of health of the board, shall assist in the performance of the duties of the medical officer of health and, for the purpose, has all the powers of the medical officer of health.” Finally, section 42 (1) states that “no person shall hinder or obstruct a medical officer of health...lawfully carrying out a power, duty or direction under this Act.”

### **Staff**

17. In addition to appointing, as required or permitted respectively under section 62 (1), a full-time medical officer of health and one or more associate medical officers of health, section 71 (1) requires every board of health to “engage the services of such persons, including public health nurses, as are considered necessary to carry out the functions of the board of health, including the duties of the board of health in respect of mandatory health programs and services”, subject to section 71 (3) respecting public health nurses, the *Qualifications of Board of Health Staff Regulation*.

### **Payment by Obligated Municipalities**

18. Section 72 (1) requires the obligated municipalities in a health unit to pay the expenses incurred by or on behalf of the board of health and medical officer of health of the health unit in the performance of their functions and duties under the HPPA or any other Act. Section 72 (2) states that the obligated municipalities shall ensure that the amount paid is sufficient to enable the board of health,

- a) “to provide or ensure the provision of health programs and services in accordance with sections 5, 6, and 7, the regulations and the public health standards; and
- b) to comply in all other respects with this Act and the regulations.”

### **Grants**

19. Section 76 permits the Minister to make grants “for the purposes of this Act on such conditions as he or she considers appropriate.” To this end, the Organizational Requirements of the OPHS include Fiduciary Requirements to hold boards of health accountable for using ministry funding efficiently for its intended purpose. The Fiduciary Requirements state that the “board of health shall use the grant only for the purposes of the *Health Protection and Promotion Act* and to provide or ensure provision of programs and services in accordance with the *Health Protection and Promotion Act*, Foundational and Program Standards, and Ministry-Board of Health Accountability Agreement.”

### **Financial Records**

20. Section 59 requires boards of health to keep “books, records and accounts of its financial affairs” and to prepare “statements of its financial affairs in each year.”

## **Agreements**

21. Section 81.2 permits the Minister to enter into “an agreement with a board of health of any health unit for the purpose of setting out the requirements for the accountability of the board of health and management of the health unit.”
22. In 2014, a new evergreen Public Health Funding and Accountability Agreement (PHFAA) was executed by all boards of health and the ministry. PHFAAs set out the obligations of boards of health and the ministry. They incorporate financial reporting requirements.
23. Sub-section 8.3 of Article 8 of the PHFAA permits the Province, its authorized representatives and/or an independent auditor identified by the Province to review the board of health’s of the grant and/or assess compliance with the PHFAA

## **Inspectors**

24. Section 80 permits the Minister to appoint one or more ministry employees as inspectors who shall make inspections of health units to ascertain the “extent of compliance with the Act and the regulations and the carrying out of the purposes of this Act.”

## **Assessors**

25. Section 82 requires the Minister to appoint assessors who may carry out an assessment of a board of health for the purpose of,
  - a) “ascertaining whether the board of health is providing or ensuring the provision of health programs and services in accordance with sections 5, 6 and 7, the regulations and the public health standards;
  - b) ascertaining whether the board of health is complying in all the other respects with this Act and the regulations; or
  - c) assessing the quality of the management and administration of the affairs of the board of health.”

## **Direction to Board of Health**

26. If an assessment reveals non-compliance with the HPPA, regulations or public health standards and/or inadequacies in the management or administration of a board of health’s affairs, section 83 permits the Minister to give a board of health written direction,
  - a) “to do anything that the Minister considers necessary or advisable to correct the failure identified in the direction; or
  - b) to cease to do anything that the Minister believes may have caused or contributed to the failure identified in the direction.”

If a board of health fails to comply with the direction, it is guilty of an offence under sections 100 (3) and 101 (2). In addition, section 84 permits the Minister to do whatever is necessary to ensure that the direction is carried out. Section 85 entitles a board of health that receives a notice of failure to comply to a hearing by the Health Services Appeal and Review Board. The Board's decision under this section is final and binding on the board of health.

### **Conclusion**

This memorandum has summarized the relevant sections of the HPPA related to the provision and funding of public health programs and services, including compliance with the HPPA, regulations and guidelines. To this end, our online [Board of Health Manual](#) includes foundational documents and other links and resources to assist Regional Councillors in serving as more effective board of health members.

Respectfully submitted,

Original signed by

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R.J. Kyle, BSc, MD, MHSc, CCFP, FRCPC, FACPM  
Commissioner & Medical Officer of Health