



The Regional Municipality of Durham Report

To: Health & Social Services Committee
From: Commissioner & Medical Officer of Health
Report: #2024-MOH-2
Date: March 7, 2024

Subject:

2024 Health Department Business Plan and Budget

Recommendation:

That the Health & Social Services Committee recommends to the Finance and Administration Committee for subsequent recommendation to Regional Council that the 2024 Business Plan and Budget of the Health Department be approved.

Report:

1. Purpose

1.1 The purpose of this report is to obtain Health & Social Services Committee concurrence of the 2024 Business Plan and Budget for the Health Department. The Health Department 2024 Business Plan and Budget will be referred to the Finance and Administration Committee for consideration during deliberations of the 2024 Property Tax Supported Business Plans and Budget.

2. Overview

2.1 The recommended 2024 Health Department Business Plan and Budget meets the Council approved guideline for the 2024 Property Tax Supported Business Plans and Budget.

2.2 The 2024 Health Department Business Plan 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 2024 Health Department Business Plan and Budget includes \$145.7 million in gross expenditures requiring \$68.2 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 2024 Health Department Business Plan and Budget provides operating and capital funding for the following divisions:

a. Public Health

- Healthy Living
- Healthy Families
- Infectious Diseases
- Health Protection
- Health Analytics & Business Affairs
- 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. 2023 Accomplishments

3.1 All regular programs and services were restored in 2023 after being suspended due to the pandemic response. Catch-up and recovery efforts such as immunizing students who were overdue for immunizations per the [Immunization of School Pupil Act and Child Care and Early Years Act, 2014](#) and school dental screening began in 2023 and will continue in 2024.

3.2 Since 2020 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 for the Health Department in 2023.

3.3 In 2023, the Health Department balanced the restoration of public health programs and services with ongoing requirements for vaccinating eligible populations against COVID-19.

3.4 The Health Department's 2023 accomplishments include:

- a. Held 116 community clinics and 55 pop-up clinics in identified priority areas to support continued COVID-19 vaccination efforts.
- b. Opened the new health services clinic in Oshawa to support breastfeeding and immunization services. The clinic location is centralized within the southern part of Durham Region and is a hub for transit services, reducing transportation barriers for clients.
- c. Educated 4,319 residents about the importance of oral health and how to access dental programs, including Health Smiles Ontario and Ontario Seniors Dental Care Program.
- d. Delivered early intervention services to 902 children through the Infant and Child Development program.
- e. Supported 4,558 families through the Healthy Babies Healthy Children Program.
- f. Declared 494 outbreaks (62 in childcare settings, 37 in group homes, 60 in hospitals, 199 in long-term care homes, 122 in retirement homes, 5 in shelters, and 9 in other settings).
- g. Conducted 11,879 inspections (7,847 food safety inspections, 1,006 childcare centre inspections, 658 inspections of private sewage systems, 1,054 personal service setting inspections, 806 recreation water facility inspections, 262 housing for international agriculture worker inspections, and 246 other facility inspections).
- h. Conducted 1,543 rabies investigations with 163 residents receiving orders for rabies pre-exposure prophylaxis.
- i. Treated 255,619 catch basins for mosquito larvae to control for the West Nile virus.
- j. Responded to 100,058 calls for emergency paramedic services.

4. 2024 Strategic Highlights

- 4.1 The recommended 2024 Health Department Business Plan and Budget includes three incremental new full-time staff including two Data Analysts and a Financial Coordinator. In order to meet the 7.5% guideline approved by Council, the Health Department deferred some positions that were initially proposed such as a Policy Analyst supporting Health Equity/Indigenous Health and three Public Health Inspectors.
- 4.2 Ongoing COVID-19 response activity costs include storage for pandemic supplies (\$76k), costs related to the online booking portal (\$241k) as well as increases in operating costs. At the current time, the provincial and federal governments have not extended additional funding support to cover these costs.
- 4.3 Following is a summary of the significant capital and operating investments in the 2024 Public Health Business Plan and Budget.
 - a. Two new full-time Data Analysts (annualized cost of \$277k) to support responsibilities related to maintaining COVID-19 health information systems and related reporting needs.

- b. One new Financial Co-ordinator (annualized cost of \$138k) to support improved financial analysis, monitoring, reporting and internal controls.
 - c. One new part-time Registered Pharmacy Technician (annualized \$56k) to support COVID-19 vaccine management and disbursement.
 - d. One time cost of \$35k to replace a vaccine fridge per the required replacement schedule, which is proposed to be funded from provincial subsidy.
 - e. Capital costs (\$393k) for regular replacement of computers.
- 4.4 The 2024 Health budget includes a projected net increase in Public Health funding of \$79k. This net impact includes an adjustment to the base budget to reflect the funding received in 2023 (a budget shortfall of \$229k) and a projected one per cent increase in this base funding in 2024 as announced by the province (a budget shortfall of \$308k). The one per cent increase in Public Health funding does not keep pace with the base inflationary and contractual pressures impacting Public Health. As a result, the portion of the Public Health budget funded from property taxes has had to increase to maintain service levels and to continue to meet the needs of our community. The financial obligations of the Region and the Province are outlined in Attachment #1.
- 4.5 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 2024 Paramedic Services Business Plan and Budget includes the following:
- a. Sixteen new full-time paramedic positions (8 Advanced Care Paramedics (ACPs) and 8 Primary Care Paramedics (PCPs)).
 - b. Two new full-time support and management staff positions (one new Superintendent and one Stockkeeper).
 - c. \$720k for two new ambulances and associated equipment to support an increase in service hours.
 - d. \$420k investment for ACP training.
 - e. \$1.9 million for land acquisition for the Uxbridge/Port Perry replacement.

5. 2024 Risks and Uncertainties

- 5.1 The Health Department remains flexible and is prepared to respond to COVID-19 in accordance with provincial direction. The Chief Medical Officer of Health advised in December 2023 that there is an expectation that all vaccine work be built into and managed as part of 2024 approved budgets/funding for cost-shared mandatory health programs and services so these costs must be absorbed into the current funding levels from the Province. The Health Department was also challenged by the announcement by the Province in August 2023 that they were providing local public health units an annual one per cent funding increase over the next three years. This will be a constraining factor for the Health portion of the budget over the next couple of years.

5.2 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. Strengthening of Public Health, which may impact the mandate, structure and funding of public health units.
- e. Significant ongoing challenges with patient offload delays impacting Paramedic Services' ability to service 911 requests as call volumes increase.
- f. Staff retention and attraction of qualified paramedics as well as decreasing enrollment in paramedic programs at community colleges.
- g. 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 draft 2024 Health Department Business Plan and Budget will have annualization impacts in 2025 and beyond.

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.
- d. Cap of 1 per cent funding increase by the province from 2024 through 2026.

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 program material, equipment costs, and utilities 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 goal 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 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 2024 Health Department Business Plan 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 2024 Health Department Business Plan 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 2024 Health Department Business Plan and Budget meets the Council approved guideline for the 2024 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 2024 Business Plan and Budget for the Health Department and forward this report to the Finance & Administration Committee for consideration during the budget deliberations of the 2024 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

9.1 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).

9.2 The detailed 2024 Business Plan and Budgets for the Health Department is attached.

Respectfully submitted,

Original signed by

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

Recommended for Presentation to Committee

Original signed by

Elaine 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 7, 2024

RE: Duties of Boards of Health under the [Health Protection and Promotion Act](#) (HPPA)

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Background

1. Further to the 2024 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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