
Subject: Public Health 2021 Annual Service Plan and Budget Submission

Report to: Public Health and Social Service Committee

Report date: Tuesday, April 13, 2021

Recommendations

1. That a budget adjustment in the amount of \$16,552,272 **BE APPROVED** and **BE FUNDED** from Ministry of Health funding for 2021 COVID-19 extraordinary cost funding for the following items:
 - 1.1. COVID-19 Vaccine Program Extraordinary Costs \$13,031,345
 - 1.2. Reinstatement of Business Continuity Staffing \$ 3,520,927; and
2. That the Board of Health/Regional Council **APPROVE** the Public Health 2021 Annual Service Plan (ASP) and Budget submission to the Ministry of Health for a Total Gross ask of \$59,026,080 inclusive of the following one-time funding requests (\$22,170,280):
 - 2.1. COVID-19 Extraordinary Costs (Pandemic Response Division) (\$7,969,326)
 - 2.2. COVID-19 Vaccine Program Extraordinary Costs (\$13,496,014)
 - 2.3. Mobile Dental Clinic (\$457,940)
 - 2.4. Infection Prevention and Control Compliant Flooring (\$65,000)
 - 2.5. Needles to Support Community Based Safe Injection Activities (\$162,000)
 - 2.6. Public Health Inspector Practicum Program (\$20,000)

Key Facts

- The purpose of this report is to seek Board of Health (BOH)/Regional Council approval for; an adjustment to the 2021 Levy Operating Budget related to establishing a budget for the COVID-19 Vaccine Program, reinstatement of Business Continuity Staffing, and the 2021 Annual Service Plan (ASP) and Budget submission.
- The ASP and Budget submission is a Ministry of Health (the Ministry) requirement for BOH accountability and to communicate the program plans and budgeted expenditures for a given year in fulfillment of the Ontario Public Health Standards: Requirements for Programs, Services, and Accountability.

- The ASP includes the opportunity to apply for six one-time funding grants from the province; these requests, if granted, would enable enhanced service and action on public health priorities and support capital improvements and any remaining budget adjustments would follow.
- At the time the 2021 Levy Operating Budget was approved it was unclear what the Region's role would be in the COVID-19 immunization, therefore; the approved budget did not include any funding for these efforts. In accordance with the budget control policy, this report seeks approval for a \$16.5 million budget adjustment to be included in the ASP related to the COVID-19 Vaccine Program as well as a budget adjustment to reinstate Business Continuity staffing that originally had been removed from the 2021 budget, in part to mitigate staffing costs in the Pandemic Response Division (PRD).
- At the request of the Ministry and to facilitate quicker Provincial approvals, the 2021 ASP and Budget submission was submitted electronically in draft form on April 6, 2021. Pending BOH approval, a final version of the submission will be provided to the Ministry.

Financial Considerations

The Ministry provides cost shared funding to BOHs, and has instituted the ASP and Budget submission process as a major accountability mechanism towards provisioning of funding for mandatory and related public health programs and services. The budget figures included in the ASP are the formal request to the Ministry for provincial funding accounted for within the Regional Municipality of Niagara 2021 Levy Operating Budget that was approved by the BOH/Regional Council on January 21, 2021. However, as there was a great deal of uncertainty at the time the 2021 budget was approved regarding incremental provincial funding for Pandemic Response and the COVID-19 Vaccine Program, this report is seeking budget adjustments to include both of these initiatives in the 2021 Levy Operating Budget.

The Public Health base budget is largely cost shared between the Ministry (70%) and the Regional Municipality of Niagara (30%), with the Seniors Dental program being the only 100% funded program reported on the ASP. The Public Health 2021 annual funding request to the Ministry is for \$48,747,089 and is based on gross budget expenditures of \$59,026,079 as outlined in Table 1 below:

Table 1 – Summary of 2021 ASP Budget Submission

Description	Ministry Funding %	Gross Budget Expenditure	ASP Funding Requests	Net Levy Expense	Notes
2020 Base*	70%	33,680,286	23,576,200	10,104,086	See below 1.
Mitigation Funding*	100%	455,500	455,500	-	See below 1.
Request for 6 Permanent Staff*	70%	583,014	408, 110	174,904	See below 1.
Total 2021 Base Request		34,718,800	24,439,810	10,278,990	
Seniors Dental*	100%	2,137,000	2,137,000	-	See below 2.
Extraordinary Costs (PRD)*	100%	8,433,995	8,433,995	-	See below 3.
Extraordinary Costs (moved to Vaccine Program)*	100%	(464,669)	(464,669)		See below 3.
Vaccine Program Extraordinary Costs	100%	13,031,345	13,031,345	-	See below 3.
Vaccine Program Extraordinary Costs (moved from PRD)*	100%	464,669	464,669		See below 3.
Mobile Dental Clinic	100%	457,940	457,940	-	See below 3.
Infection Prevention and Control Compliant Flooring	100%	65,000	65,000	-	See below 3.
Needles to Support Comm. Based Safe Injection Activities	100%	162,000	162,000	-	See below 3.
Public Health Inspector Practicum Program	100%	20,000	20,000	-	See below 3.

Description	Ministry Funding %	Gross Budget Expenditure	ASP Funding Requests	Net Levy Expense	Notes
Total 2021 One-Time Requests		22,170,280	22,170,280	-	
Overall Total		59,026,080	48,747,090	10,278,990	

*Approved by Council in 2021 Levy Operating Budget

1. Cost Shared Program-Based Funding (70% Ministry funded/30% Levy funded)

The 2020 approved allocation was \$23,576,200. The 2021 base funding request is for \$24,439,810 which includes a one-time increase of \$455,000 in mitigation funding approved by the province in-year in 2020 (was intended to offset the original reduction in cost sharing from 75% to 70%) as well as an increase of \$408,110 (70% of the total cost of \$583,014) related to the six permanent full time equivalents (FTE's) that were approved as part of the PRD business case in the 2021 Levy Operating Budget. Council approved these six positions with funding from the tax levy. If the Province approves this base funding request, a budget adjustment will be required to reflect this incremental provincial funding which will decrease contribution from the levy.

2. Seniors Dental Program Funding (100% Ministry funded)

This request relates to the Seniors Dental Program for \$2,137,000 and has not changed from 2020 to 2021.

3. One-Time Funding Requests (100% Ministry funded)

There is an opportunity to submit up to six one-time budget requests as part of the ASP. The Public Health portion of the 2021 Levy Operating Budget was based on an assumption of no new provincial funding (a reduction in "real funding" when accounting for inflation). This assumption appears to be validated by the Ministry only allowing for one-time requests for increases, and not allowing for any requests for increased base funding. The one-time requests must fit into one of the following seven categories: Capital, COVID-19 extraordinary costs, COVID-19 vaccine program extraordinary costs, non-COVID-19 extraordinary costs, new purpose-build vaccine refrigerators, public health inspector practicum program, or smoke-free Ontario enforcement tablet upgrades. One-time requests will be considered by the Ministry at 100%, however, approval of one-time requests must not be assumed and will be dependent upon the availability of ministry funding.

One-time requests related to COVID-19 Extraordinary Costs (PRD and the COVID-19 Vaccine Program) were/or will be approved by Council in the 2021 Levy Operating Budget and/or in this report. The other four requests have not been included in the 2021 Levy Operating Budget as it is unknown which if any might be granted by the Province. If one of these four requests are approved by the Ministry, a budget adjustment would be done to reflect these expenditures in the 2021 Levy Operating Budget.

The one-time funding requests include the following (\$22,170,279):

- COVID-19 Extraordinary Costs (PRD) (\$7,969,326)
- COVID-19 Vaccine Program Extraordinary Costs (\$13,496,014)
- Mobile Dental Clinic (\$457,940)
- Infection Prevention and Control Compliant Flooring (\$65,000)
- Needles to Support Community Based Safe Injection Activities (\$162,000)
- Public Health Inspector Practicum Program (\$20,000)

COVID-19 Extraordinary Funding Request

As part of the 2021 Levy Operating Budget, the BOH approved a gross expenditure budget related to the PRD of \$11,807,063 (net \$4,913,067). The PRD budget included dedicated staffing resources for the COVID-19 response to support the call centre, contact tracing, case management, and outbreak management. The one-time funding request related to the PRD has been adjusted to \$7,969,325 as outlined in Table 2.

Table 2 – Reconciliation of Council Approved PRD to ASP Submission

Description	Council Approved	Budget Adjustment	Budget Reallocation	COVID-19 Extraordinary Funding Request	Notes
EXPENSE:					
Pandemic Response Division	9,622,518			9,622,518	

Description	Council Approved	Budget Adjustment	Budget Reallocation	COVID-19 Extraordinary Funding Request	Notes
6 Permanent Staff	583,014		(583,014)	-	See above 1.
Reallocation of staffing	464,669		(464,669)	-	See below 4.
School-focused Nurses Initiative	1,136,862		1,136,862	-	See below 5.
Total Expense	11,807,063	-	(2,184,545)	9,622, 518	
FUNDING:					
Business Continuity Staff	(3,520,927)	3,520,927		-	See below 6.
6 Permanent Staff	(583,014)		583,014	-	See above 1.
School-focused Nurses Initiative	(1,136,862)		1,136,862	-	See below 5.
Gapping	(1,653,193)			(1,653,193)	
Total Funding	(6,893,996)	3,520,927	1,719,876	(1,653,193)	
Total	4,913,067	3,520,927	(464,669)	7,969,325	

4. Reallocation of Staffing Costs to the COVID-19 Vaccine Program (Reduction of \$464,669)

These staffing costs were originally approved in the 2021 Levy Operating Budget in the PRD. Since these costs more closely align with the COVID-19 Vaccine Program they

have been included in the COVID-19 Vaccine Program Extraordinary Costs Fund One-Time request.

5. Removal of Costs/Funding For the School-Focused Nurses Initiative (Gross \$1,136,862/Net \$0)

As per the ASP and Budget submission guidelines from the Ministry, compensation costs associated with this program are not to be included in the ASP and will be captured through a separate process.

6. Budget Adjustment Related to the Reinstatement of Business Continuity Staffing (Increase of \$3,520,927)

The ASP and 2021 Budget have been adjusted (see recommendation number one) to reflect the reinstatement of business continuity staffing reductions (50.9 FTE's) which were originally approved by Council as a result of reduced program and services due to COVID-19 as well as a mitigation against the PRD budget. Reinstating these positions/related budget will result in less compensation savings to offset PRD costs and results in an increased request for one-time funding from the Ministry. The Region received reimbursements for 2020 COVID-19 related expenditures giving us confidence that we can expect reimbursements of these costs on a go forward basis.

COVID-19 Vaccine Program Extraordinary Funding Request

The 2021 Levy Operating budget did not include a fulsome budget related to the COVID-19 Vaccine Program as staff did not have enough information at that time to present and seek approval for the budget required. Staff are now asking Council to authorize a budget adjustment of \$13,031,345 related to the COVID-19 Vaccine Program. Staff have been proceeding with resourcing the mass immunization efforts as required in anticipation that the Ministry would provide the required funding. The one-time request for the COVID-19 Vaccine Program Extraordinary Costs of \$13,496,014 includes positions in the PRD approved budget (\$464,699) because the staffing costs have already been approved by Council and, therefore, these costs have not been included in the budget adjustment.

Other Funding Implications

As per the funding agreement with the Ministry, the cost shared program-based funding must first be maximized before being eligible for 100% COVID-19 related funding. If

there is underspending in the base program budget, COVID-19 related expenditures would first be charged against the cost shared budget which could result in less COVID-19 specific funding being provided by the Ministry, as well as less public health programming provided to Niagara residents. Staff are balancing the resourcing requirements associated with pandemic response and business continuity and will continue to do so to the fullest extent possible.

The 2021 Levy Operating Budget that was approved by the BOH included a transfer from the Taxpayer Relief Reserve for the net cost of all program costs related to COVID-19 that did not have confirmed external COVID-19 related funding (\$4,913,067). Since the budget was approved, there have been many instances where external funding related to COVID-19 has been confirmed, including funding from the Ministry. Based on the recommendations in this report staff are seeking funding from the Ministry for 2021 COVID-19 extraordinary cost. Budget adjustments will be recommended in the first quarter financial report scheduled for Corporate Services Committee on June 16, 2021, for all existing programs that have secured incremental external COVID-19 related funding that were originally approved with funding from the Taxpayer Relief Reserve.

Analysis

The ASP is a requirement of the Ministry of Health to communicate the BOH's program plans and budgeted expenditures to be delivered in accordance with the *Ontario Public Health Standards: Requirements for Programs, Services, and Accountability* (the *Standards*) based on local needs. For the 2021 funding year, the Ministry expects BOHs to take all necessary measures to continue to respond to COVID-19, to support the ministry in the provincial roll-out of the COVID-19 Vaccine Program, and to continue to maintain critical public health programs and services as identified in business continuity plans. Due to workload pressures related to COVID-19, the Ministry has condensed the ASP requirements. At the request of the Ministry and to facilitate quicker provincial approvals, the 2021 ASP and Budget submission was submitted electronically in draft form on April 6, 2021. Pending BOH approval, a final version of the submission will be provided to the Ministry. The Ministry recognizes the tremendous efforts to respond to COVID-19 and therefore, the BOH is not required to complete specific sections of the ASP for the 2021 funding year. For this year, the community assessment and narrative program plans are not required.

While Niagara Region Public Health (NRPH) did not use a comprehensive process to reassess 2021 priorities, it was determined to continue the plans set in motion in early

2020 prior to COVID-19 with some reduction in services while staffing resources are re-stabilized. Due to the redeployment of staff, four of the five health promotion priorities continued as business continuity priorities: healthy eating/physical activity, substance use and addictions, mental health promotion, and healthy child development. The sexually transmitted infections priority was put on hold temporarily.

Similar to previous years, the ASP has not been included as an appendix with this report given its extreme length and its format which is not printer-friendly nor AODA compliant. Regional councillors may review the document in full by contacting the Office of the Medical Officer of Health to make an appointment.

One-Time Funding Requests

Project Title and Amount	Description
COVID-19 Extraordinary Costs: Case and contact and outbreak management (\$7,969,326)	Dedicated staffing resources for the COVID-19 response to support the call centre, contact tracing, case management, and outbreak management. This streamlines staff reporting relationships and allows improved COVID-19 reporting capabilities.
COVID-19 Vaccine Program Extraordinary Costs: Mass immunization clinics (\$13,496,014)	Dedicated resources to support the COVID-19 mass immunization clinics, working with community partners to deliver vaccinations to Niagara residents following Ontario's three phased vaccination distribution plan.
Capital: Mobile dental clinic (\$457,940)	Replacement of a 33-foot Class A mobile dental clinic. The mobile dental clinic provides preventative services to youth under 18 years of age, restorative treatments for seniors enrolled in the Ontario Seniors Dental Care Program. A new unit will provide accessibility to seniors in rural communities.
Capital: Infection prevention and control compliant flooring (\$65,000)	Replacement of flooring in 24 clinic and counselling rooms across three Regional sites in order to meet infection prevention and control compliance.
Extraordinary Cost: Needles to support community based	Increased demand for needles as a harm reduction strategy. The cost for needles and hazardous waste disposal have increased significantly during COVID-19

Project Title and Amount	Description
COVID-19 Extraordinary Costs: Case and contact and outbreak management (\$7,969,326)	Dedicated staffing resources for the COVID-19 response to support the call centre, contact tracing, case management, and outbreak management. This streamlines staff reporting relationships and allows improved COVID-19 reporting capabilities.
safe injection activities (\$162,000)	and there has been an alarming increase in substance related deaths locally.
PHI Practicum: Public Health Inspector (PHI) practicum Program (\$20,000)	PHI practica build increased workload capacity and supports the response to the Standards and recent legislated amendments. With the increased workload related to COVID-19 enforcement and infection prevention and control compliance inspections, the practica also help balance workload and support recruitment and retention efforts.

COVID-19 Vaccine Program

In order to effectively respond to COVID-19, the BOH approved additional funding to create the PRD with dedicated, temporary resources and streamlined staff reporting relationships to support COVID-19 call centre work, contact tracing, case management, and outbreak management. As the role of Public Health evolved to include leading the COVID-19 vaccine program, additional resources are required. Part of the one-time ASP request includes funding for the COVID-19 Vaccine program. NRPH plays a significant lead role in coordinating and rolling out mass immunization clinics across the Region. Currently, NRPH delivers clinics in 11 locations across Niagara. This also includes working with many community partners to deliver vaccinations to the population including acute care hospital settings, primary care, and pharmacies. In order to ensure adequate staffing levels, NRPH has recruited nurses, immunization clinic assistants, screeners, data support roles, logistic support, volunteer coordinators, and leadership staff. There are also significant costs for medical supplies and other resources to support the clinics. All costs associated with the COVID-19 Vaccine Program are being tracked separately to allow reporting to the province and BOH as required.

The COVID-19 Vaccine program one-time funding request is based on the assumption that the NRPH will deliver 415,000 doses of vaccine with an anticipated end date of October 14, 2021. This accounts for doses already administered and doses that will be offered through pharmacies and other health care providers. The budget is built on a scenario of administering approximately 2,200 doses per day, alternating between two medium clinics (1,100 doses per day) and a combination of some smaller clinics (500 doses per day) to ensure Niagara residents have access to the vaccine. Depending on vaccine supply and uptake by residents, the actual locations and speed of delivery of vaccines will adjust to match the supply and best target populations with lower uptake. The scenario used for planning is a good approximation of the scale of costs for the range of scenarios that might play out.

To date, the mass immunization rollout has vaccinated all eligible and consenting long-term care home and retirement home residents and staff, and essential caregivers. This was completed well in advance of the deadline imposed by the province. NRPH is following Ontario's [three phased vaccination distribution plan](#) and supporting the provincial online booking tool. NRPH has been running mass immunization clinics targeting the seniors population and the Indigenous community. Additional efforts will be focused on resuming dedicated, culturally appropriate clinics for the Indigenous population as the provincial registration tool does not accommodate Indigenous persons booking into the mass immunization clinics. NRPH is currently at the end of Phase 1, vaccinating the final priority group in that phase, while simultaneously making progress on Phase 2 with seniors under 80 years of age and other targeted populations (e.g. developmental sector, agricultural workers, educators). Working with Niagara Health, vaccination of health care workers, staff, and caregivers in congregate settings and home care recipients is near completion.

The effort to vaccinate thus far has been, and will continue to be, a true team effort. The immunization clinics have involved support not only from NRPH and external partners, but from across the corporation as a whole: Community Services helping connect with vulnerable populations; Human Resources supporting a mammoth hiring effort; Legal Services helping secure site agreements; Facilities Management, Public Works, and Information Technology helping us with the logistics of getting each clinic set up and to keep them running; Business Licensing to provide security; and Finance to ensure resources are not holding back this effort. Numerous external partners have also made significant contributions.

Other Funding Implications

COVID-19 has had a tremendous negative impact on the residents of Niagara region. A majority of NRPH resources have been diverted to the pandemic response, including significant expansions and reallocations at the staff level. This shift in resources has come at the expense of many of the routine programs and services being significantly reduced or stopped altogether. Niagara is already seeing the detrimental and compounding impacts of COVID-19 on the health and health equity of residents. As a result, a reinstatement of business continuity resources (50.9 FTE and \$3,520,927) is recommended.

A Niagara Community Health Survey conducted between November 9, 2020 and December 6, 2020 revealed many poor health behaviours. Since COVID-19 began, notable lifestyle trends from the survey included: one third of respondents increased their alcohol consumption; roughly half increased their processed food consumption; 80% increased watching TV or using an electronic device; and about a half of respondents decreased their leisure activity and use of active ways. Respondents also identified employment and finance related issues as a result of the pandemic and was responsible for causing negative changes to their employment status. This included a disruption in the form of working from home, working part-time from a full time position, loss of employment and/or created barriers to employment. In some instances, respondents indicated a greater need to work to support others during COVID-19. Female respondents appeared to be disproportionately burdened by loss of employment and lack of child care.

The survey also revealed that the mental health of Niagara's population has worsened during COVID-19, including greater perceived stress, anxiety, and depression. Specifically, participants identified the following contributing factors associated with their decline in mental health: social isolation, lack of adherence to public health measure by others, stress and anxiety related to contracting and exposing others to COVID-19, employment related burnout, media and misinformation, and seasonal effect on mental health. Many parents also perceived a decline of their children's mental health and felt that their children experienced greater negative mental health impact as a result of social isolation from the lack of available school and extracurricular activities and the limiting of social interactions. This was a particular concern for parents of children living with pre-existing mental health issues. If Niagara residents do not seek timely access to healthcare services, it will only serve to exacerbate existing or preventable chronic health issues. Other internal data sources from our Mental Health program also identified higher than normal waitlists and opioid data indicates significantly higher EMS transports, hospitalizations and death in Niagara in comparison to this time last year.

While NRPH has leveraged the use of virtual platforms, chat features, texting, and telephone to reach residents in Niagara for routine programs and services, it is not always possible to rely solely on this. As a result of redeployed staff and barriers to managing in-person visits in some aspects of service delivery, there is concern with having to deal with potential health crises of clients along side COVID-19 infection, which will severely hinder the response as well as compound health issues. These will further escalate with delays in service. For example, there has been an inability for school aged vaccinations to be offered and primary care providers are equally not able to offer this service to all eligible children. Niagara's vaccine coverage rates are quickly declining. No dental programs for high risk children have been offered since March 16, 2020. With Dental Health staff redeployed, approximately 600 clients have had scheduled appointments for preventive services be cancelled; in addition, many of these clients also have subsequent appointments that have been cancelled. It is anticipated that the shadow effect of the pandemic will affect the oral health status of youth for years to come. Furthermore, early childhood development as a social determinant of health will have long lasting deterioration, and damaging effects in the later stages of development of children will result in many not reach their full potential; already an increasing number of children are not meeting early childhood milestones. Home visiting continues only with the most complex cases who have no other supports in place. This leaves many vulnerable families without the much needed resources and access to in-person service. Most programs and services across the department have stopped or have been significantly modified to reach the highest priority areas.

Recognizing that the COVID-19 emergency is likely to be a public health focus for the foreseeable future, attention needs to be turned to restoring capacity to routine health protection and promotion activities within Niagara region. A COVID-19 recovery will not be possible without reinstating the critical programs and services and to support those disproportionately affected with lower socioeconomic status.

Alternatives Reviewed

Submitting the ASP and Budget submission is a requirement to receive Ministry funding as outlined in the Standards. The alternative not to submit the ASP would be loss of provincial funding which would impose an untenable burden onto the Regional levy.

While typical priority setting has not been formally completed for 2021, the programs and services offered are based on the 2020 ASP data regarding ill health in Niagara, research and practice evidence around impact to health, priorities that have been endorsed by the BOH, and assessments that incorporate the input of community

partners. The alternative of using other inputs to service planning would be contrary to best practice and exclude critical inputs. Public Health refines services plans annually to incrementally improve Public Health's impact in spite of declining resources. This past year in particular has required Public Health to pivot and offer programs and services in a way that supports COVID-19 public health safety measures.

NRPH is not required to submit additional one-time funding requests. Nonetheless, a total of six one-time funding requests totalling \$22,170,280 have been identified to be included in the ASP and Budget submission to identify options that would be most beneficial to Niagara residents and improve their health. These requests are not mandatory, nor guaranteed, however, NRPH aims to maximize revenue to Niagara Region in order to bring greater benefit to Niagara residents and to stabilize levy costs.

Relationship to Council Strategic Priorities

The ASP is based on NRPH's operational planning that aligns with Council's strategic priority #2 Healthy and Vibrant Community which aims to foster a high quality of life through safe, inclusive neighbourhoods and delivery of quality, affordable, and accessible human services.

Other Pertinent Reports

- [BRC-C 4-2021](#) Levy Workshop Discussion Items from January 7, 2021
- [PHD 02-2020](#) Public Health 2020 Annual Service Plan and Budget Submission, Feb. 11, 2020
- [PHD 05-2019](#) 2019 Public Health Annual Service Plan and Budget Submission, Feb. 19, 2019
- [MOH 02-2018](#) Public Health Annual Service Plan & Budget Submission, Feb. 20, 2018
- [MOH 01-2018](#) Strategic Plan, Jan. 30, 2018
- MOH 03-2017 Program Budgeting and Marginal Analysis in Public Health, Oct. 17, 2017
- PHD 01-2017 Key Health Issues in Niagara, Jan. 31, 2017
- PHD 06-2016 MOH 2016 Program Based Grants Budget Submission, Feb. 16, 2016
- PH 04-2015 Levy Operating Budget, Jan. 29, 2015

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