

**Report to
Rapport au:**

**Ottawa Board of Health
Conseil de santé d'Ottawa
3 November 2016 / 3 novembre 2016**

**and Council
et au Conseil
9 November 2016 / 9 novembre 2016**

**Submitted on November 3, 2016
Soumis le 3 novembre 2016**

**Submitted by
Soumis par:
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Ward: CITY WIDE / À L'ÉCHELLE DE LA VILLE File Number: ACS2016-OPH-IQS-0009

**SUBJECT: 2017 DRAFT OPERATING BUDGET FOR THE OTTAWA BOARD OF
HEALTH**

**OBJET: BUDGET PROVISOIRE DE FONCTIONNEMENT POUR 2017 POUR LE
CONSEIL DE SANTÉ D'OTTAWA**

REPORT RECOMMENDATIONS

**That, at its meeting of November 3, 2016, the Board of Health for the City of
Ottawa Health Unit:**

1. Receive and table the 2017 Draft Operating Budget for the Ottawa Board of Health; and
2. Direct staff to forward the 2017 Draft Operating Budget for the Ottawa Board of Health to Ottawa City Council on November 9 2016, as part of the City Council's tabling of the City of Ottawa 2017 Draft Operating and Capital budget; and

That, at its meeting of December 5, 2016, the Board of Health for the City of Ottawa Health Unit:

3. Approve the 2017 Draft Operating Budget for the Ottawa Board of Health;
4. Upon the Board of Health's approval of the 2017 Draft Operating Budget for the Ottawa Board of Health, direct staff to forward the report to Ottawa City Council, for consideration on December 14, 2016 as part of the City Council's approval of the City of Ottawa 2017 Draft Operating and Capital budget; and
5. Upon approval of the 2017 Draft Operating Budget for the Ottawa Board of Health by the Board of Health and Ottawa City Council, direct staff to forward the approved 2017 Operating Budget for the Ottawa Board of Health to the Ministry of Health and Long-Term Care (MOHLTC) for consideration as part of the Program-Based Grant application.

RECOMMANDATIONS DU RAPPORT

Que, lors de la réunion du 3 novembre 2016, le Conseil de santé de la circonscription sanitaire de la Ville d'Ottawa :

1. reçoive et dépose le Budget provisoire de fonctionnement pour 2017 pour le Conseil de santé d'Ottawa; et
2. demande au personnel de transmettre le Budget provisoire de fonctionnement pour 2017 pour le Conseil de santé d'Ottawa au Conseil municipal d'Ottawa lors du dépôt des budgets préliminaires de fonctionnement et d'immobilisations de 2017 de la Ville d'Ottawa le 9 novembre 2016; et

Que, lors de la réunion du 5 décembre 2016, le Conseil de santé de la circonscription sanitaire de la Ville d'Ottawa :

3. approuve le Budget provisoire de fonctionnement pour 2017 pour le Conseil de santé d'Ottawa;

4. **demande au personnel, une fois le Budget provisoire de fonctionnement pour 2017 pour le Conseil de santé d'Ottawa approuvé par le Conseil de santé, de transmettre le rapport au Conseil municipal d'Ottawa afin que ce dernier puisse l'examiner le 14 décembre 2016 dans le cadre de l'approbation, par le Conseil municipal, des budgets préliminaires de fonctionnement et d'immobilisations de 2017 de la Ville d'Ottawa; et**
5. **demande au personnel, une fois le Budget provisoire de fonctionnement pour 2017 pour le Conseil de santé d'Ottawa approuvé par le Conseil de santé et le Conseil municipal d'Ottawa, de transmettre ce budget approuvé au ministère de la Santé et des Soins de longue durée (MSSLD) aux fins d'examen dans le cadre de la demande de subvention des programmes.**

BACKGROUND

Improving Public Health and Well-being

The Ottawa Board of Health, through Ottawa Public Health (OPH), seeks to improve, respond to, and advocate for the health and well-being of Ottawa residents and ensure the effective delivery of public health programs and services. The core functions of the public health unit are: population health assessment, surveillance, health promotion, disease prevention, health protection and emergency preparedness and response.

The proposed operating budget for the Ottawa Board of Health reflects budget priorities for 2017, which aim to address community needs, support OPH's strategic directions, and monitor programs and service outcomes to reflect and maximize the current funding allotment to OPH by its major funders – the City of Ottawa and the Government of Ontario. The budget also aims to ensure OPH meets provincial requirements, as outlined in the [Ontario Public Health Standards](#) (OPHS 2008), the [Ontario Public Health Organizational Standards](#) (2011) and the 2014-2016 Public Health Funding and Accountability Agreement and Amending Agreement No. 5.

In May 2016, the Ministry of Health and Long-Term Care (MOHLTC) amended 15 standards and protocols. Under the amendments, the revised Child Health Standard and the new Healthy Smiles Ontario Program Protocol confirmed that the Healthy Smiles Ontario (HSO) program is mandatory and will be funded at 100% of the ministry's approved allocation for public health delivery of this program. The new Electronic Cigarettes Compliance Protocol and amended Tobacco Compliance Protocol provided direction to implement and enforce the *Electronic Cigarettes Act, 2015* (ECA), which came into effect on January 1, 2016, and the amendments to the *Smoke-Free*

Ontario Act (SFOA) that resulted from the passage of the *Making Healthier Choices Act* (MHCA).

Additional provincial regulatory changes in 2017 will include the implementation of the *Ontario Healthy Menu Choices Act*. In 2017, the MOHLTC is also expected to modernize the OPHS, which will include public health's unique role and contributions within the broader health system transformation process. In addition, the *Patients First Act* is expected to enhance the Local Health Integration Network's (LHIN) and public health unit's efforts to align work and ensure population and public health priorities inform health planning.

Delivering a Sustainable and Balanced Budget

Similar to other local health units and municipal and provincial government agencies, OPH has been operating within an increasingly fiscally constrained environment.

As a means to address ongoing increased service demands accompanied by limited increase to funding, OPH has implemented regular administration and operational program reviews as well as a multi-year quality improvement plan, developed a budget with a multi-year approach, and developed a long-range financial plan. Similar to other public health units in Ontario, OPH's funding model is:

1. Cost shared funding (traditionally 75% provincial and 25% City), for programs and services that are provincially mandated, and
2. 100% funding (City or provincial), which are additional services, above and beyond cost shared programs.

In 2015, the Ottawa Board of Health [sought clarification](#) from the MOHLTC regarding the funding for public health programming. Later that year, the ministry implemented a new Public Health Funding Model to reduce funding inequities among public health units over time. In 2017, OPH will continue to request funding levels that will work towards closing the gap of their model share status.

At a Glance: Budget 2016

As in previous years, OPH undertook reviews of administration and operational elements of its programs, identified innovative service delivery solutions and prioritized new needs. Through this process, staff identified efficiencies and resources to address the most critical community health needs.

In 2016, OPH made some important investments in the areas of: Infection Prevention

and Control related to Long-Term Care Homes, Retirement Homes and in the Community; Environmental Health Hazards; Fostering Mental Health in our community; and in establishing a reserve fund to address future technology replacement costs.

In addition, OPH made a \$799K investment in the implementation of the Every Child Every Year immunization strategy.

Summary of 2016 Budget Adjustments

On September 23, 2016, the MOHLTC announced the 2016 funding for the Ottawa Board of Health. Following an adjustment to the 2015 base cost shared program for Healthy Smiles Ontario integration and a removal of the Children in Need of Treatment (CINOT) fee for service, totalling \$313K, OPH received a 2.5% operating budget increase (\$743K) on a MOHLTC revised base for cost shared mandatory programs. After another adjustment of \$259K was made to the Healthy Smiles Ontario 2015 base 100% funding, an additional \$1.2M was added to the provincial 100% funded Healthy Smiles Ontario dental program as the result the province's decision to integrate several dental programs. Finally, \$497K was approved for one-time funding to support the provision of public health programs and services in the community. After adjusting for one-time funded programs (municipal and provincial), OPH increased its gapping provision to 3.4% (200K) and was required to make an adjustment to their 2016 base budget of \$352.

DISCUSSION

2017 Draft Operating Budget for the Ottawa Board of Health

OPH has prepared the estimates for the 2017 Draft Operating Budget for the Ottawa Board of Health in consultation with the City's Finance Department, and in-line with the City's guidelines for 2017 budget development, as outlined in the [Proposed 2016 Budget Timeline and 2016-2018 Budget Directions](#) and in the [Revised 2017-2018 Budget Directions and Strategy](#).

For 2017, OPH is presenting a draft balanced budget of \$59.7 million, which includes the City of Ottawa contribution of \$13 million (an increase of \$375K over 2016), and provincial and other revenue sources contribution of \$44.3 million. This represents a net increase of 1.5%.

The 2017 budget reflects a balanced approach based on best information regarding assumptions, and expected revenues to address emerging needs. The 2017 budget also serves to: identify efficiencies, reinvest in community needs, address long-range

financial pressures, and maximize the provincial government investment. The budget takes into account current budget pressures and challenges, including the increase in cost of living, 2017 sesquicentennial celebrations, and the requirement to fund the replacement of aging IT applications. The budget also addresses new provincial regulations and requirements referenced above, including the new *Ontario Healthy Menu Choices Act*.

As the City's budget operates on a calendar year and the provincial government's budget operates on a fiscal year (April to March), each year OPH makes an assumption about the projected increase that OPH will receive from the province. The 2017 budget was developed assuming a 2.5% increase (\$765K) to the provincial funding allotment for cost shared programs, 0% increase for provincial 100% funded programs, and a \$375K increase, as directed by the City, for funding of cost shared programs.

Addressing Community Health Issues and Pressures

As in previous years, OPH reviewed administration and operational elements of its programs and prioritized new needs.

Environmental Health Inspections & Investigations

The expectations of the public and the MOHLTC have increased such that expected response times to health inspection complaints and inquiries are shorter. For example, the MOHLTC now has targets for resident calls to public health units about rabies to be completed within 24 hours. Calls about rabies have increased by 30% in the last year, requiring significant hours of work throughout the week, including evenings and weekends. Public Health Inspectors (PHIs) routinely operate at 125% capacity or higher.

Additional public health inspection and investigation requirements related to provincial regulatory changes are expected to continue. Implementation of the *Ontario Healthy Menu Choices Act* in 2017 will require PHIs to assess over 1,300 establishments in Ottawa. The province may also require all food premises to have trained food handlers on site at all times, adding to the inspection demand to assess this variable and additional time required to provide in class food handler training. The province has also created regulations that now allow PHIs to issue Provincial Offence Notices "tickets" when recreational water does not meet public health standards.

In light of the continued growth in legislative and community demands for health inspections and investigations, OPH has begun to shift staffing resources from

administrative vacancies towards the creation of five new PHI positions in an effort to better align with accountability demands.

Ottawa Sesquicentennial Celebrations

Ottawa Public Health is collaborating with City departments and partners to coordinate service delivery and ensure readiness in the area of health protection. OPH anticipates that the volume of responses, both preventive and reactive, will increase significantly. Such an increased response volume will strain OPH's human resource requirements and deployment, its budget, and potentially its ability to meet some 2017 MOHLTC Accountability Agreement targets. For example, PHIs may have to be preferentially diverted from routine duties to sesquicentennial celebration event-related inspections and responses. Planning is underway and very early estimates to date suggest that OPH inspection services could experience an additional \$300K in service costs. All revenue streams will be pursued, including MOHLTC funding for extraordinary one-time events.

Outbreak and Overdose Prevention

The prevention and control of communicable disease requires enhanced emergency preparedness and response capacity to address: a) new infectious diseases not previously seen in Canada are emerging (e.g. Middle East respiratory Syndrome Coronavirus); b) other diseases are becoming more prevalent (e.g. Lyme); and; c) challenges remain in the control of some long-established infectious disease (e.g. measles, tuberculosis). In addition, a significant increase in provincial and national drug overdoses and deaths due to overdose is creating an emerging public health crisis requiring enhanced outreach to vulnerable populations, data sharing, awareness campaigns and distribution of Naloxone kits (an antidote to opioids).

Mobile Clinic Van

The lifecycle replacement of the OPH mobile clinic van will occur in 2017. The mobile clinic is a cargo van that is specially outfitted for the purpose of providing nursing and counselling services. Replacements costs have been previously budgeted through an annual depreciation fee with City fleet services.

100% City Funded Public Health Needs

Beyond OPH cost-shared programs, there are public health services that are city funded investments, which have been identified as priorities. These include: a) mental health services to support youth; b) active transportation and helmet use initiatives; c)

needle abatement services; and d) contribution to an information technology reserve fund to replace legacy IT systems used for patient care and client services, which are at risk of technology failure and are no longer supported by the city or vendor.

One-Time Funding Opportunities

To address ongoing and emerging health issues in the community, upon Board approval, OPH will apply for one-time funding through the MOHLTC and other sources for various projects, as well as seek additional one-time funding opportunities for 2017. The following provides a summary of potential projects.

Mental health

Funding will be used to advance three key areas of focus in OPH's Foster Mental Health in Our Community Plan, including: mental health awareness and stigma reduction towards a more resilient community, and suicide prevention. Specifically, OPH will work with partners to: broaden the reach of the *have THAT talk* mental health awareness campaign; support community engagement efforts to promote a culture of moderate alcohol consumption; leverage implementation of community youth programming to reduce harms of substances; support opioid awareness, naloxone access and medication diversion programming; and leverage suicide prevention activities with increased training for intermediaries who work with vulnerable populations.

Indigenous health

Building on the initial input and work of 12 Indigenous and non-Indigenous health service providers in Ottawa, funding will be sought to implement and evaluate cultural competency training aimed at making it safer for First Nations, Inuit and Métis clients to access and benefit from health services in Ottawa.

Persistent Infection Control challenges in the Community

Deficiencies in infection prevention and control practices continue to exist in Personal Service Settings (PSS), which could result in the transmission of bloodborne infections such as Hepatitis B, Hepatitis C and other infectious organisms, including staphylococcus aureus and others that can cause skin and invasive infections. Funding will be used to address challenges in offering education to operators and workers regarding infection prevention and control.

Digital Strategy

Building on the launch of the consolidated OPH website and upgraded telephone infrastructure capacity in early 2017, Phase 2 of the Digital Communications Strategy will focus on modernizing our existing communication channels to allow clients to connect with OPH in the way that they choose. Multi-channel integration will be introduced that will allow for client inquiries to be received through existing channels, as well as a variety of new channels such as online chat, instant messaging, video conferencing and 'click to call' features embedded in content pages of the website and/or social media accounts. Clients will then be queued and routed directly to subject matter experts based on pre-defined skill-sets. In addition, OPH will be proceeding with the implementation of an Electronic Medical Records (EMR) system, which will: support unique public health business requirements; mitigate existing risks related to client safety, technology failure and the achievement of operational efficiencies; provide better data analytics capabilities; improve the client experience; and ultimately contribute to the improvement of population health in Ottawa.

Emerging innovation and research funding opportunities

Building on recent successes with health care sector partnerships, OPH will pursue approximately \$1M in additional innovative and research funding including: 1) technology enhancements for clients to communicate and report immunization status; and 2) research with the Locally Driven Collaborative Projects (LDCPs) program of Public Health Ontario to provide leadership on evaluating how Ontario Public Health Units and LHINs can work together to plan and identify and address local health needs in sub-LHIN areas.

RURAL IMPLICATIONS

There are no rural implications associated with this report.

CONSULTATION

Following the tabling of the 2017 Draft Operating Budget for the Ottawa Board of Health at the November 3, 2016 Board of Health meeting, the budget report will be tabled at the November 9, 2016 Council meeting. The Board will consider the budget for approval at its next meeting on December 5, 2016 and submit it to Council on December 14, 2016 as part of the 2017 Budget process.

The process for consideration of the Board of Health budget is outlined below, and additional information about the City's community consultation process can be found at

Ottawa.ca.

Table 1: Process for Consideration of the Board of Health Budget

Budget Process Date	Budget Process Date
Community Budget Consultations and online interactive consultation tool	September 15 – October 18, 2016
Ottawa Public Health Community Budget Consultations	November 3 – December 5, 2016
2017 Draft Operating Budget for the Ottawa Board of Health tabling and presentation at Board of Health meeting	November 3, 2016
2017 Draft Operating Budget for the Ottawa Board of Health tabling at Ottawa City Council, including Boards and City Departments budgets	November 9, 2016
Public Delegations and 2017 Board of Health Operating Budget Approval	December 5, 2016
Final 2017 City Operations and Capital Budget Approval at Ottawa City Council, including Boards and City Departments budgets	December 14, 2016

Residents can also comment on the draft budget via email at healthbudget@ottawa.ca, on Twitter @ottawahealth using the hashtag #OttHealthBudget2017, on Facebook at www.facebook.com/ottawahealth or, by calling the Ottawa Public Health Information Line at 613-580-6744, Monday to Friday from 9 a.m. to 4 p.m.

Residents are also invited to attend the Board of Health meetings on November 3, 2016 and December 5, 2016 to provide comments.

LEGAL IMPLICATIONS

There are no legal impediments to implementing the recommendations in this report.

RISK MANAGEMENT IMPLICATIONS

There are no risk management implications associated with this report.

FINANCIAL IMPLICATIONS

Financial implications are outlined within the report.

ACCESSIBILITY IMPACTS

There are no accessibility impacts associated with this report.

SUPPORTING DOCUMENTATION

DOCUMENT 1 – 2017 Draft Operating Budget for the Ottawa Board of Health – English

DOCUMENT 1 – Budget provisoire de fonctionnement pour 2017 pour le Conseil de
santé d'Ottawa – Français

DISPOSITION

The Ottawa Board of Health will consider for approval, the 2017 Draft Operating Budget for the Ottawa Board of Health at its meeting on December 5, 2016. Staff will forward the report to Ottawa City Council for its consideration, as part of City Council's 2017 and to the Ministry of Health and Long-Term Care, for consideration as part of the Program-Based Grants Application process.