

**Report To:** Finance + Audit Committee, Board of Health  
**Submitted by:** Dr. Nicola Mercer, Medical Officer of Health & CEO  
**Subject:** 2020 ANNUAL SERVICE PLAN & BUDGET SUBMISSION

---

**RECOMMENDATION(S):**

- (a) That the Finance + Audit Committee makes recommendation to the Board of Health to approve the 2020 Annual Service Plan & Budget Submission (ASP&BS), as presented.

**BACKGROUND:**

Wellington-Dufferin-Guelph Public Health (WDGPH) is required to submit an Annual Service Plan & Budget Submission (ASP&BS) to the Ministry of Health (Ministry) in the first quarter of each calendar year. The ASP&BS is a core component of the Public Health Accountability Framework and provides information about how Ministry funding will be used to deliver public health programs and services under the Ontario Public Health Standards (OPHS), based on local needs and priorities.

In 2017, the Ministry introduced the ASP&BS to align with the revised OPHS. The Ministry's objectives for the ASP&BS are to have boards of health:

1. Describe the complete picture of the programs and services being delivered by boards of health within the context of the Standards;
2. Demonstrate that board of health programs and services align with the priorities of their communities, as identified in their population health assessment;
3. Demonstrate accountability for planning; and
4. Demonstrate the use of funding per program and service.

**Content of the 2020 ASP&BS**

The 2020 ASP&BS provides a description of each program that WDGPH will deliver in 2020 that uses funding from the Ministry (in whole or part). Programming decisions are explicitly linked to the needs and priorities of WDGPH's communities and the activities of key partners and stakeholders. The ASP&BS also provides the agency budget (staff FTE and operating funds) organized by program and demonstrates how WDGPH uses these funds to comply with the OPHS.

The 2020 ASP&BS is similar in structure and content to the 2019 ASP&BS. WDGPH's list of programs is identical to those included in the 2019 ASP&BS, save for the new addition of the Ontario Seniors Dental Care Program. Descriptions of planned 2020 activities within each program have been updated to align with 2020 Operating Plans.

Cumulatively, the programs included in the ASP&BS meet the requirements of the OPHS. The programs and their associated staffing and operating costs are included in *Appendix 1*. The ASP&BS reflects the 2020 Budget approved by the Board of Health in November 2019.

Requests for 2020 One-Time Grants are submitted to the Ministry as part of the ASP&BS. One-Time Grants that are approved by the Ministry will be 100% provincially-funded. Details regarding 2020 One-Time Grant requests are included in a separate report (Closed Session Finance + Audit Committee Report BH.04.MAR0420.R04 – 2020 One-Time Grants).

The 2020 ASP&BS has been posted to DiliTrust and is available for review in detail. The 2020 ASP&BS will be submitted to the Ministry on or before March 2, 2020.

### Future Directions for the ASP&BS

The ASP&BS is an important component of the Ministry's Public Health Accountability Framework, and WDGPH expects that the ASP&BS will remain an annual requirement. 2020 is the third year in which WDGPH is submitting an ASP&BS.

Each year, the Ministry makes changes to the ASP&BS template and has begun to standardize the names and definitions of public health programs. This is intended to reduce variation in the way that health units report on planned activities or assign budgets. Greater standardization allows the Ministry to be able to compare health units to one another and understand the costs associated with delivering different programs and services.

Although costs are currently reported at the "program" level in the ASP&BS, the Ministry has indicated that it will eventually require costing at the more-granular "intervention" level. For example, instead of reporting the cost of a Food Safety program, health units would be required to report on the anticipated costs of restaurant inspections, education/awareness activities, and food handler training as separate items. WDGPH's plan to implement an Enterprise Resource Planning (ERP) system will facilitate the agency's ability to report this data in a future state.

### **PUBLIC HEALTH AND/OR FINANCIAL IMPLICATIONS:**

The Public Health Accountability Framework has four (4) Domains, as follows:

<b>Domain</b>	<b>Objectives</b>
Delivery of Programs and Services	Boards of health will be held accountable for the delivery of public health programs and services and achieving program outcomes in accordance with ministry published standards, protocols, and guidelines.
Fiduciary Requirements	Boards of health will be held accountable for using ministry funding efficiently for its intended purpose.
Good Governance and Management Practices	Boards of health will be held accountable for executing good governance practices to ensure effective functioning of boards of health and management of public health units.
Public Health Practice	Boards of health will be held accountable for achieving a high standard and quality of practice in the delivery of public health programs and services. <sup>1</sup>

The Accountability Framework is supported by Accountability Documents, Planning Documents and Reporting Documents. The ASP&BS is considered a Planning Document, as it outlines how the Board of Health plans to deliver programs and services in accordance with the OPHS for the coming year. Reporting Documents (such as the Annual Report and Attestation) provide a mechanism for the Board of Health to report on how programs were delivered in accordance with the Standards over the previous years.

## REFERENCES:

1. Ontario. Ministry of Health and Long-Term Care. Protecting and Promoting the Health of Ontarians: Ontario Public Health Standards: Requirements for Programs, Services, and Accountability (58-69); 2017.

## APPENDICES:

*Appendix “I”* – Programs Included in the 2020 ASP&BS, by Standard.

---

Prepared by:  
Dr. Matthew Tenenbaum  
Associate Medical Officer  
of Health

---

Reviewed by:  
David Kingma  
Director, Administrative  
Services

*Original Signed Document on File*

---

Approved by:  
Dr. Nicola Mercer,  
Medical Officer of Health &  
CEO

# APPENDIX “1”

## Programs Included in the 2020 ASP&BS, by Standard

Standard/Program	FTE Assigned	Total Expenditures
<b>FOUNDATIONAL STANDARDS</b>	<b>17.23</b>	<b>\$2,173,373</b>
Population Health Assessment	6.27	\$774,477
Health Equity	2.72	\$369,407
Effective Public Health Practice	7.66	\$936,831
Emergency Management	0.58	\$92,658
<b>CHRONIC DISEASE PREVENTION &amp; WELL-BEING</b>	<b>13.61</b>	<b>\$2,066,533</b>
Ontario Seniors Dental Care Program	5.82	\$1,014,218
Active Living	2.22	\$291,154
Non-Mandatory Oral Health Programs	0.21	\$48,420
Menu Labelling	0.07	\$8,212
Healthy Eating	3.17	\$419,882
Mental Health Promotion	2.12	\$284,647
<b>FOOD SAFETY</b>	<b>10.23</b>	<b>\$1,313,510</b>
Food Safety	10.23	\$1,313,510
<b>HEALTHY ENVIRONMENTS</b>	<b>1.33</b>	<b>\$176,212</b>
Health Hazard Prevention and Management	1.33	\$176,212
<b>HEALTHY GROWTH AND DEVELOPMENT</b>	<b>15.53</b>	<b>\$2,101,371</b>
Healthy Families	4.68	\$605,021
Preconception Health	1.52	\$210,633
Healthy Pregnancies	1.52	\$207,911
Parenting	2.22	\$299,606
Community Connections	4.12	\$529,742
Speech & Language	1.47	\$248,458
<b>IMMUNIZATION</b>	<b>14.18</b>	<b>\$1,516,371</b>
Community Based Immunization Outreach (excluding vaccine administration)	2.11	\$259,820
Immunization Monitoring and Surveillance 1 (Data Entry & Epi. Analysis)	2.19	\$184,108
Vaccine Administration	5.16	\$645,841
Vaccine Management	2.57	\$273,146
Non-publicly Funded Immunizations	2.00	\$132,838
Immunization Monitoring and Surveillance 2 (AEFI & Outbreak mgmt)	0.15	\$20,618
<b>INFECTIOUS AND COMMUNICABLE DISEASE PREVENTION AND CONTROL</b>	<b>25.87</b>	<b>\$3,474,800</b>
Vector-Borne Diseases Program	0.57	\$205,256
Rabies	3.84	\$494,444
Infectious Diseases Prevention	5.78	\$732,665
Infection Control	6.90	\$884,331
Infectious Diseases Control Initiative - Public Health Nurses (100%)	3.07	\$376,475
Tuberculosis Prevention and Management	1.95	\$263,592

Sexual Health	3.76	\$518,037
On Call	-	-
<b>SAFE WATER</b>	<b>2.61</b>	<b>\$362,180</b>
Small Drinking Water Systems Program	0.18	\$26,397
Safe Water	2.43	\$335,783
<b>SCHOOL HEALTH – ORAL HEALTH</b>	<b>10.32</b>	<b>\$1,175,387</b>
Healthy Smiles Ontario Program	7.56	\$830,866
Oral Health Assessment and Surveillance	1.82	\$240,964
Dental Clinic	0.94	\$103,557
<b>SCHOOL HEALTH – VISION</b>	<b>0.77</b>	<b>\$100,903</b>
Child Visual Health and Vision Screening	0.77	\$100,903
<b>SCHOOL HEALTH – IMMUNIZATION</b>	<b>7.39</b>	<b>\$907,512</b>
Immunizations for Children in Schools and Licensed Child Care Settings	3.64	\$465,079
Vaccine Administration – Schools	3.75	\$442,433
<b>SCHOOL HEALTH – OTHER</b>	<b>2.82</b>	<b>\$379,552</b>
School Health Promotion	2.82	\$379,552
<b>SUBSTANCE USE AND INJURY PREVENTION</b>	<b>11.62</b>	<b>\$1,586,533</b>
Smoke Free Ontario 1 (Prevention, Cessation, and System Coordination)	3.10	\$430,292
Smoke-Free Ontario 2 (Enforcement)	0.75	\$82,315
Substance Use	2.16	\$303,776
Injury Prevention	1.32	\$176,868
Harm Reduction Enhancement (100%)	1.43	\$231,999
Harm Reduction including Needle Exchange	2.86	\$361,283