

Report To: Finance + Facilities Committee, Board of Health
Submitted by: Dr. Nicola Mercer, Medical Officer of Health & CEO
Subject: 2017 PROVINCIAL FUNDING APPROVAL

RECOMMENDATION(S):

- (a) The Finance + Facilities Committee makes recommendation to the Board of Health to receive this Report for information.

BACKGROUND:

Wellington-Dufferin-Guelph Public Health (WDGPH) receives ongoing funding from several sources: the Ministry of Health and Long-Term Care (MOHLTC), the Ministry of Children and Youth Services (MCYS), the City of Guelph, the County of Wellington, the County of Dufferin, the Public Health Agency of Canada (PHAC) and other community partners.

This report pertains to funding received from the MOHLTC. This funding approval does not apply to the MCYS 100% provincially funded programs (HBHC and Preschool Speech and Language), the 100% municipally funded program (County of Wellington Wee Talk), the PHAC 100% federally funded program (Canadian Prenatal Nutrition Program) or any community partner funding.

Some of the MOHLTC funded programs are cost-shared with the three obligated municipalities and some of them are 100% provincially funded programs. Within the programs that are cost-shared with the municipal funders, there are two categories: Cost-Shared Mandatory and Cost-Shared Related. Cost-Shared Mandatory funding is provided as one lump sum for a number of programs. The Board of Health approves the allocation of this funding to programs via the annual budget prepared by management. Cost-Shared Related funding is provided directly for two specific programs and any excess funds from one program cannot be used to offset a deficiency in another program. Throughout this report, the various pieces of funding will reference the following numbering system:

No.	Program/Budget Name	Funder(s)	Year-end
1	Cost-shared Mandatory Programs	Ministry of Health and Long-Term Care (MOHLTC); City of Guelph; County of Wellington; County of Dufferin	December 31st
2	Cost-shared Related Programs	Ministry of Health and Long-Term Care (MOHLTC); City of Guelph; County of Wellington; County of Dufferin	December 31st
3	100% MOHLTC Funded Programs	Ministry of Health and Long-Term Care	December 31st

- (1) Cost-Shared Mandatory programs are:
 - Chronic Disease Prevention
 - Prevention of Injury and Substance Misuse
 - Reproductive Health
 - Child Health
 - Public Health Emergency Preparedness
 - Food Safety
 - Safe Water
 - Health Hazard Prevention and Management
 - Infectious Diseases Prevention and Control
 - Rabies Prevention and Control
 - Sexual Health, Sexually Transmitted Infections and Blood-borne Infections
 - Tuberculosis Prevention and Control
 - Vaccine Preventable Diseases
 - Administrative and overhead expenses
- (2) Cost Shared Related programs are:
 - Vector Borne Diseases
 - Small Drinking Water Systems
- (3) 100% MOHLTC funded programs are:
 - Chief Nursing Officer Initiative
 - Enhanced Food Safety Initiative
 - Enhanced Safe Water Initiative
 - Healthy Smiles Ontario Program
 - Infection Prevention and Control Nurses Initiative
 - Infectious Diseases Control Initiative
 - Needle Exchange Program
 - Smoke Free Ontario
 - Social Determinants of Health Nurses Initiative
 - Harm Reduction Program Enhancement

Public Health Funding Model

In 2015, the MOHLTC implemented a funding model for public health (see 2015 Finance Committee Report BH.04.OCT0115.R15 – Public Health Funding Model for Mandatory Programs: WDGPH Forecast, for details).

In 2015, the Ministry allocated 2% growth funding to the public health sector, and eight health units considered under-funded according to the funding model split this growth funding. In 2016, the Ministry allocated 1% growth funding to the public health sector, and ten health units considered under-funded according to the funding model split this growth funding.

The MOHLTC has confirmed that the public health funding model was not used for the 2017 funding approvals as there was no growth funding available to be split among the health units considered to be under-funded. All health units received a 0% funding increase to Cost-Shared Mandatory Programs funding for 2017.

WDGPH 2017 Budget

On November 2, 2016, the Board of Health voted on a Cost-Shared Mandatory and Related programs budget for 2017 which featured a 0% provincial base funding increase. A \$50,000 base funding increase was requested for the 100% MOHLTC funded Healthy Smiles Ontario program and a \$10,000 base funding increase was requested for the 100% MOHLTC funded Needle Exchange program.

In addition, one-time grant requests totalling \$779,250 (100% MOHLTC funded) were submitted for the 2017 fiscal year as outlined in Board of Health Report BH.01.FEB0117.R07 – 2017 One-Time Grants.

PUBLIC HEALTH AND/OR FINANCIAL IMPLICATIONS:

Overview

The 2017 Provincial Funding Approval letter was received by WDGPH on November 15, 2017.

Overall, an increase of \$200,000 in base MOHLTC funding was received for the 2017 fiscal year. A \$50,000 increase was received for the Healthy Smiles Ontario program and \$150,000 in new base funding was received for the Harm Reduction Program Enhancement. No increases were received to the Cost-Shared Mandatory and Related programs funding nor to any of the other 100% funded programs.

Provincial one-time grants totalling \$268,500 were approved. One-time funding included \$97,200 for Panorama which was not requested (no opportunity to request this funding is provided by the MOHLTC in the budget submission), and \$10,000 for the Needle Exchange program (a base funding increase of \$10,000 was requested but not received). All of the one-time grants received were 100% provincially funded.

The details of the base funding requested versus funding received for 2017 as well as the details of funding received for 2017 versus funding received for 2016 can be found at *Appendix “1”*. Details of one-time grant funding requested versus funding received for 2017 are provided at *Appendix “2”*.

Overview of Appendix “1”: 2017 MOHLTC Base Funding

Two charts are presented in *Appendix “1”*. The first chart presents an overview of funding requested versus funding approved for 2017. The second chart presents an overview of approved funding in 2017 versus 2016.

Chart 1: 2017 Funding Requested versus Approved

- The funding amount of \$11,986,100 that was approved aligns with the Board of Health approved budgeted funding from the MOHLTC.
 - The difference in funding reported requested versus funding received that is reported in Chart 1 (\$3,087,864) arises from the way the budget is required to be submitted in the Ministry’s template.

- In 2017, the Board of Health approved a Cost-Shared Mandatory programs budget totaling \$20,098,641 (plus \$20,000 in interest revenue). Approximately 60% of the funding was budgeted to come from the MOHLTC, with the other 40% of the funding being provided by the three municipal partners.
- When the budget is submitted to the MOHLTC the template automatically calculates 75% of the total Cost-Shared Mandatory budget and requests that number as provincial funding (\$15,073,964). This resulted in a request for increased provincial funding totaling \$3,087,864 in 2017 in the Ministry template.
- As expected, no increase in provincial funding was received.
- The Ministry is providing additional 100% MOHLTC base funding of \$150,000 for Harm Reduction Program Enhancement. This funding was not requested as part of the submission to the MOHLTC in February 2017, as the initiative did not exist at that time.
- The difference of \$7,599 between funding approved versus funding requested for the MOH/AMOH Compensation Initiative is the result of the Ministry's approach to this funding. To improve the timeliness of future adjustments to cash flow resulting from potential changes to MOH and AMOH positions, a maximum base allocation has been approved for each Board of Health.
 - The actual amount of funding that will be received under this initiative is driven by the specific salary and benefits of each eligible MOH/AMOH and their eligibility for funding under this initiative.
 - The actual amount that WDGPH will receive for this initiative is the amount requested, as that is the actual calculation for WDGPH's MOH for the 2017 fiscal year.
- A base funding increase of \$10,000 was requested but not received for the Needle Exchange Program. The MOHLTC did provide a one-time grant for the additional \$10,000 instead, so that offsets current year pressures.
- Base funding increases for both the Small Drinking Water Systems and Vector-Borne Diseases program (both cost-shared programs) were requested, but not received.
- All other programs/initiatives were funded as requested.

Chart 2: 2017 Funding Approved versus 2016 Funding Approved

- Additional 100% MOHLTC funding totaling \$150,000 was approved for Harm Reduction Program Enhancement.
- Additional 100% MOHLTC funding totaling \$50,000 was approved for the Healthy Smiles Ontario program. This funding will support additional ongoing costs for the operation of a low-income dental clinic to be housed at WDGPH.

Overview of Appendix "2": 2017 100% MOHLTC Funded One-Time Grants

In *Appendix "2"*, information about the 2017 one-time grants requested and received is presented.

All approvals are for the period April 1, 2017 to March 31, 2018.

A total of \$779,250 in one-time grant requests were submitted for 2017, and \$268,500 were approved, including \$107,200 in requests that were not requested.

The MOHLTC budget submission template does not allow space for applying for Panorama funding, rather it is allocated annually by the Ministry, which is why it shows up as approved but not requested.

A one-time grant request totaling \$10,000 for the Needle Exchange Program was approved in lieu of the request for \$10,000 in additional base funding, which is why it shows up as approved but not requested.

Management will seek information from the MOHLTC about the rationale for declining to fund the one-time grants that were requested but not approved. If the reason was related to availability of funds, there may be an opportunity to re-submit these requests if invited to submit “in-year” one-time requests. If this opportunity arises, eligible one-time grants will be re-submitted for consideration.

APPENDICES:

Appendix “1” – Analysis of 2017 Provincial Funding Approval (Base Funding)

Appendix “2” – Analysis of 2017 Provincial Funding Approval (One-Time Grants)

REFERENCES:

N/A.

Prepared by:
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Original Signed Document on File

Approved by:
Dr. Nicola Mercer,
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CEO

Chart 1: 2017 Funding Requested versus Approved

Program/Initiative Name	Funding Type	2017 Provincial Base Funding Requested	2017 Provincial Base Funding Approved	Difference
Mandatory Programs	Cost-Shared	15,073,964	11,986,100	(3,087,864)
Chief Nursing Officer Initiative	100% MOHLTC	121,500	121,500	-
Electronic Cigarettes Act: Protection and Enforcement	100% MOHLTC	19,200	19,200	-
Enhanced Food Safety - Haines Initiative	100% MOHLTC	40,300	40,300	-
Enhanced Safe Water Initiative	100% MOHLTC	21,600	21,600	-
Harm Reduction Program Enhancement	100% MOHLTC	-	150,000	150,000
Healthy Smiles Ontario Program	100% MOHLTC	817,400	817,400	-
Infection Prevention and Control Nurses Initiative	100% MOHLTC	90,100	90,100	-
Infectious Diseases Control Initiative	100% MOHLTC	333,400	333,400	-
MOH/AMOH Compensation Initiative	100% MOHLTC	83,901	91,500	7,599
Needle Exchange Program Initiative	100% MOHLTC	60,000	50,000	(10,000)
Small Drinking Water Systems Program	Cost-Shared	41,292	40,600	(692)
Smoke-Free Ontario Strategy: Prosecution	100% MOHLTC	12,800	12,800	-
Smoke-Free Ontario Strategy: Protection and Enforcement	100% MOHLTC	216,700	216,700	-
Smoke-Free Ontario Strategy: Tobacco Control Coordination	100% MOHLTC	100,000	100,000	-
Smoke-Free Ontario Strategy: Youth Tobacco Use Prevention	100% MOHLTC	80,000	80,000	-
Social Determinants of Health Nurses Initiative	100% MOHLTC	180,500	180,500	-
Vector-Borne Diseases Program	Cost-Shared	155,498	150,700	(4,798)
Total		17,448,155	14,502,400	(2,945,755)

Chart 2: 2017 Funding Approved versus 2016 Funding Approved

Program/Initiative Name	Funding Type	2016 Provincial Base Funding Approved	2017 Provincial Base Funding Approved	Difference
Mandatory Programs	Cost-Shared	11,986,100	11,986,100	-
Chief Nursing Officer Initiative	100% MOHLTC	121,500	121,500	-
Electronic Cigarettes Act: Protection and Enforcement	100% MOHLTC	19,200	19,200	-
Enhanced Food Safety - Haines Initiative	100% MOHLTC	40,300	40,300	-
Enhanced Safe Water Initiative	100% MOHLTC	21,600	21,600	-
Harm Reduction Program Enhancement	100% MOHLTC	-	150,000	150,000
Healthy Smiles Ontario Program	100% MOHLTC	767,400	817,400	50,000
Infection Prevention and Control Nurses Initiative	100% MOHLTC	90,100	90,100	-
Infectious Diseases Control Initiative	100% MOHLTC	333,400	333,400	-
MOH/AMOH Compensation Initiative	100% MOHLTC	91,500	91,500	-
Needle Exchange Program Initiative	100% MOHLTC	50,000	50,000	-
Small Drinking Water Systems Program	Cost-Shared	40,600	40,600	-
Smoke-Free Ontario Strategy: Prosecution	100% MOHLTC	12,800	12,800	-
Smoke-Free Ontario Strategy: Protection and Enforcement	100% MOHLTC	216,700	216,700	-
Smoke-Free Ontario Strategy: Tobacco Control Coordination	100% MOHLTC	100,000	100,000	-
Smoke-Free Ontario Strategy: Youth Tobacco Use Prevention	100% MOHLTC	80,000	80,000	-
Social Determinants of Health Nurses Initiative	100% MOHLTC	180,500	180,500	-
Vector-Borne Diseases Program	Cost-Shared	150,700	150,700	-
Total		14,302,400	14,502,400	200,000

Name of Grant	2017 Provincial One-Time Funding Requested	2017 Provincial One-Time Funding Approved	Difference
Panorama		97,200	97,200
Needle Exchange Program		10,000	10,000
Creating a Comprehensive Baseline of the Built Environment in the WDG Region	75,000		(75,000)
Purpose Built Vaccine Refrigerator	12,000	12,000	-
Guelph Clinic Dental Equipment	20,000	20,000	-
HSO Project Manager	75,000	75,000	-
Public Health Inspector Practicum Program	10,000	10,000	-
Reprocessing Room in a Box	14,250	14,300	50
Hedgehog Classic Replacement Project	51,000		(51,000)
Cloud-based Exchange/SharePoint Implementation (Office 365)	100,000		(100,000)
Data Breach Minimization	20,000	15,000	(5,000)
Data Dashboard Development to Aid in Evidence Informed Decision Making	110,000		(110,000)
Electronic Health Records Database Customizations	90,000		(90,000)
High Availability and Business Continuity Upgrade	15,000	15,000	-
Optimization of Databases and Systems	60,000		(60,000)
Population Health Planning to Support the Efforts of LHINs in Aligning and Integrating Health Services	110,000		(110,000)
Telephony System Upgrade	17,000		(17,000)
Total	779,250	268,500	(510,750)

All one-time grants are approved for spending between April 1, 2017 to March 31, 2018