



Board of Health Finance Standing Committee

Wednesday, October 30, 2019

9:30 a.m. until 11:30 a.m.

Boardroom, Public Health Sudbury & Districts

AGENDA
BOARD OF HEALTH FINANCE STANDING COMMITTEE
WEDNESDAY, OCTOBER 30, 2019 – 9:30 A.M. TO 11:30 A.M.
BOARDROOM, SECOND FLOOR

MEMBERS: Carolyn Thain, Chair Randy Hazlett René Lapierre
Mark Signoretti

STAFF: Colette Barrette France Quirion Dr. Penny Sutcliffe
Rachel Quesnel, Recorder

- 1. CALL TO ORDER**
- 2. ROLL CALL**
- 3. REVIEW OF AGENDA/DECLARATIONS OF CONFLICTS OF INTEREST**
- 4. APPROVAL OF BOARD OF HEALTH FINANCE STANDING COMMITTEE**
 - 4.1 Board of Health Finance Standing Committee Notes dated May 3, 2019*

MOTION: APPROVAL OF MEETING NOTES

THAT the meeting notes of the Board of Health Finance Standing Committee meeting of May 3, 2019, be approved as distributed.

- 5. NEW BUSINESS**
 - 5.1 Year-to-Date Financial Statements
 - a) September 2019 Financial Statements *
 - 5.2 2020 Operating Budget
 - a) Briefing Note: Context and Assumptions*
 - b) 2020 Summary of Budget Pressures*
 - c) 3-Year Financial Projections*
 - d) 2020 Recommended Operating Budget*

IN CAMERA

MOTION: IN CAMERA

THAT this Board of Health Finance Standing Committee goes in camera for personal matters involving one or more identifiable individuals, including employees or prospective employees. Time: _____

RISE AND REPORT

MOTION: RISE AND REPORT

THAT this Board of Health Finance Standing Committee rises and reports.

Time: _____

6. ADJOURNMENT

MOTION: ADJOURNMENT

THAT we do now adjourn. Time: _____

UNAPPROVED MINUTES
BOARD OF HEALTH FINANCE STANDING COMMITTEE
FRIDAY, MAY 3, 2019 – 10 A.M.
PUBLIC HEALTH SUDBURY & DISTRICTS, BOARDROOM, SECOND FLOOR

BOARD MEMBERS PRESENT

Carolyn Thain

Randy Hazlett

René Lapierre

BOARD MEMBERS REGRETS

Mark Signoretti

STAFF MEMBERS PRESENT

France Quirion

Colette Barrette

Rachel Quesnel, Recorder

Dr. Penny Sutcliffe

GUEST

Paul Pidutti, KPMG

RACHEL QUESNEL PRESIDING

1. CALL TO ORDER

The meeting was called to order at 10 a.m.

2. ROLL CALL

3. ELECTION OF BOARD OF HEALTH FINANCE STANDING COMMITTEE CHAIR FOR 2019

Nominations were held for the position of Board of Health Finance Standing Committee Chair. Carolyn Thain was nominated and nominations were closed. C. Thain accepted her nomination and the following was announced:

THAT the Board of Health Finance Standing Committee appoint Carolyn Thain as the Board of Health Finance Standing Committee Chair for 2019.

CAROLYN THAIN PRESIDING

4. REVIEW OF AGENDA/DECLARATIONS OF CONFLICTS OF INTEREST

There were no declarations of conflict of interest.

5. APPROVAL OF BOARD OF HEALTH FINANCE STANDING COMMITTEE MINUTES

4.1 Board of Health Finance Standing Committee Meeting Notes dated October 29, 2018.

01-19 APPROVAL OF MEETING NOTES

MOVED BY HAZLETT – LAPIERRE: THAT the meeting notes of the Board of Health Finance Standing Committee meeting of October 29, 2018, be approved as distributed.

CARRIED

6. NEW BUSINESS

6.1 2018 Audited Financial Statements

- a) Briefing Note from the Medical Officer of Health and Chief Executive Officer on the 2018 Financial Statements

The Ministry of Health and Long-Term Care requires each health unit to undergo an annual audit by an external auditing firm. Boards are further required to engage the auditing firm of their largest municipality. The 2018 audit was completed by KPMG. This is KPMG's final year of a three year service agreement.

Paul Pidutti from KPMG joined the meeting via teleconference and invited to provide comments regarding the Audit Findings Report and a brief overview of the notes contained in the 2018 Audited Financial Statements.

It was reported that there were no significant findings and the financial statements present fairly, in all material respects, the financial position as at December 31, 2018.

The auditor congratulated the Public Health Sudbury & Districts financial team on their work. Questions and comments were entertained.

The financial unknowns relating to the 2019 provincial budget announcement were acknowledged. P. Pidutti noted that PHSD has provided thoughtful leadership on potential future course and indicated that KPMG would be pleased to work with PHSD once the Ministry provides additional information and direction. The auditor and the KPMG audit team were thanked.

- b) Review of the 2018 Audit Report and Audited Financial Statements

F. Quirion thanked the Accounting Manager and team for their work on the audit. Board members were referred to the Audited Financial Statements which are presented in

draft form and provide the financial performance of the Public Health Sudbury & Districts based on the 2018 budget endorsed by the Board of Health.

C. Barrette provided an overview of the statements and notes. The detailed presentation of revenues and expenses by funding sources in Note 9 is a requirement of the accountability agreement and instrumental in the completion of the annual reconciliation report with the Ministry of Health and Long-Term Care.

Questions were entertained. Committee members thanked staff noting it is reassuring to have strong leaders. C. Barrette was thanked and excused.

02-19 2018 AUDITED FINANCIAL STATEMENTS

MOVED BY LAPIERRE – HAZLETT: THAT the Board of Health Finance Standing Committee recommend to the Board of Health for the Sudbury and District Health Unit the adoption of the 2018 audited financial statements.

CARRIED

6.2 Year to Date Financial Statements

a) Draft March 2019 Financial Statements

The draft March year to date financial statements represent the first quarter for 2019 and may undergo minor revisions. Questions were entertained. It was clarified that some expenses might vary from the 2018 year to date statements due to calendarization. The draft statements will be included in the May Board agenda package.

6.3 Financial Management Policy Review

a) 2019 Schedule of Policy Review

One of this Committee's responsibilities, per the Terms of Reference, is to periodically review administrative policies relating to the financial management of the organization, including but not limited to, procurement, investments, and signing authority.

The next cycle for the Board of Health manual review is 2020.

The tables summarize governance and operational policies to be reviewed and are color coded to identify whether the review has not been started, is in progress, delayed or completed. It was noted that we are on schedule and that there are no changes to our policies to report other than small housekeeping updates.

Members noted that the colored table is helpful, easy to follow and the update is reassuring. Questions were entertained.

6.4 Annual Insurance Review

a) Frank Cowan Company Summary of the Public Health Sudbury & Districts' 2019 Insurance Program

Annually, the Board of Health Finance Standing Committee receives an update on insurance coverage. F. Quirion reviewed coverage noting that cyber risk coverage has been added. Cyber risk coverage includes privacy liability, media content services liability, network security liability, extortion threat, crisis management expense, and business interruption. It was concluded that PHSD insurance coverage is comprehensive. Fraudulent induced transfer coverage is now available and we are working with the insurer on the application process.

It was noted that we have two active claims outstanding.

Questions were entertained. It was shared that there was recently a ransomware attack on the Algoma Public Health system.

6.5 2019 Provincial Budget

Dr. Sutcliffe indicated that there has been no new official information from the province regarding budget numbers.

The Chief Medical Officer of Health has announced the cost shared funding formulas for public health over the next three years and the cost-shared funding formula for us is expected to be 70:30 and will be applied also to most of the currently 100% funded programs.

The Board of Health was previously informed that management had implemented a hiring freeze immediately following the provincial budget announcement as well as a stop to all non-essential expenses.

During a one-on-one call, Ministry of Health and Long-Term Care staff indicated that it is business as usual as it relates to the delivery of all public health programs and services. Dr. Sutcliffe indicated that we continue to assess the financial impact and need for an ongoing hiring freeze and spending limitations. If the hiring freeze is lifted to ensure the delivery of programs and services, a stringent vacancy management review process

would ensure each position that becomes vacant is reviewed. The internal vacancy management review process was explained.

Dr. Sutcliffe noted that the organization should also be in a position of strength in order to engage effectively in consultations and the implementation of a new regional public health entity. We want to be a strong partner in trying to influence the new agency. The Board Chair is being kept closely apprised of developments.

Senior management has instituted an internal IMS structure to touch base regularly, almost daily, in order to get organized for these system changes and engage with the NE public health units. A presentation is being planned for the May Board meeting regarding the NE PH collaboration project.

IN CAMERA

None

7. ADJOURNMENT

03-19 ADJOURNMENT

MOVED BY HAZLETT – LAPIERRE: THAT we do now adjourn. Time: 10:58 a.m.

CARRIED

(Chair)

(Secretary)

APPROVAL OF MEETING NOTES

MOTION: THAT the meeting notes of the Board of Health Finance Standing Committee meeting of May 3, 2019, be approved as distributed.

Public Health Sudbury & Districts
STATEMENT OF REVENUE & EXPENDITURES
For The 9 Periods Ending September 30, 2019

Cost Shared Programs

	Annual Budget	Budget YTD	Current Expenditures YTD	Variance YTD (over)/under	Balance Available
Revenue:					
MOHLTC - General Program	15,127,700	11,345,775	11,345,775	0	3,781,925
MOHLTC - Unorganized Territory	826,000	619,500	619,500	0	206,500
MOHLTC - VBD Education & Surveillance	65,000	48,750	48,750	0	16,250
MOHLTC - SDWS	106,000	79,500	79,500	0	26,500
Municipal Levies	7,276,750	5,457,569	5,457,569	0	1,819,181
Municipal Levies - Small Drinking Water Sys	47,222	35,417	35,417	(0)	11,805
Municipal Levies - VBD Education & Surveil	21,646	16,235	16,235	(0)	5,411
Interest Earned	105,000	105,000	186,424	(81,424)	(81,424)
Total Revenues:	\$23,575,318	\$17,707,745	\$17,789,170	\$(81,425)	\$5,786,148
Expenditures:					
Corporate Services:					
Corporate Services	4,101,712	3,116,090	3,125,887	(9,798)	975,824
Print Shop	120,102	79,310	63,145	16,164	56,957
Espanola	114,957	85,083	81,869	3,214	33,088
Manitoulin	123,702	91,518	82,124	9,395	41,578
Chapleau	101,791	75,355	72,577	2,778	29,215
Sudbury East	16,808	12,606	13,356	(750)	3,452
Intake	328,471	244,926	241,864	3,062	86,607
Facilities Management	509,759	375,002	354,700	20,302	155,059
Volunteer Resources	4,850	2,593	821	1,772	4,029
Total Corporate Services:	\$5,422,151	\$4,082,483	\$4,036,343	\$46,140	\$1,385,808
Clinical Services:					
Clinical - General	1,120,623	829,068	717,707	111,362	402,917
CID	1,324,291	1,016,517	910,877	105,640	413,414
Districts - Clinical	219,267	161,845	153,771	8,074	65,496
Family	372,662	372,662	372,663	(1)	(1)
Risk Reduction	98,842	58,993	29,760	29,233	69,082
Sexual Health	1,109,034	821,463	755,202	66,261	353,832
Influenza	0	0	(0)	0	0
HPV	0	0	1	(1)	(1)
Dental	451,537	329,488	241,171	88,317	210,366
Vision Health	69,518	50,591	17,564	33,027	51,954
Total Clinical Services:	\$4,765,775	\$3,640,628	\$3,198,715	\$441,913	\$1,567,061
Environmental Health:					
Environmental Health - General	812,719	582,659	563,579	19,080	249,140
Environmental	2,392,985	1,718,357	1,579,487	138,871	813,499
Vector Borne Disease (VBD)	86,907	59,355	27,756	31,599	59,151
Small Drinking Water System	163,130	119,733	119,107	626	44,022
Total Environmental Health:	\$3,455,742	\$2,480,105	\$2,289,929	\$190,176	\$1,165,813
Health Promotion:					
Health Promotion - General	1,222,926	857,760	816,382	41,378	406,543
School	1,366,057	965,749	921,849	43,900	444,208
Workplace Health	146,826	102,602	95,170	7,432	51,656
Districts - Espanola / Manitoulin	324,077	235,426	207,519	27,907	116,559
Nutrition & Physical Activity	1,080,614	788,282	689,473	98,809	391,141
Districts - Chapleau / Sudbury East	388,476	285,718	271,745	13,974	116,731
Injury Prevention	375,538	266,263	236,451	29,812	139,087
Tobacco, Vaping, Cannabis & Alcohol	275,848	199,725	182,894	16,831	92,955
Family Health	261,089	94,038	81,569	12,469	179,520
Healthy Growth and Development	1,108,398	800,230	659,619	140,611	448,779
Substance Misuse Prevention	139,242	83,852	77,880	5,972	61,362
Mental Health and Addictions	394,783	267,897	210,865	57,032	183,918
Alcohol Misuse	239,533	166,530	146,047	20,483	93,487
Total Health Promotion:	\$7,323,407	\$5,114,071	\$4,597,461	\$516,610	\$2,725,946
Knowledge and Strategic Services:					
Knowledge and Strategic Services	1,908,716	1,351,888	1,194,683	157,205	714,034
Workplace Capacity Development	23,507	1,140	300	840	23,207
Health Equity Office	62,692	40,845	53,733	(12,888)	8,959
Indigenous Engagement	25,000	1,840	323	1,517	24,677
Strategic Engagement	588,327	397,684	326,247	71,437	262,080
Total Knowledge and Strategic Services:	\$2,608,242	\$1,793,397	\$1,575,286	\$218,111	\$1,032,956
Total Expenditures:	\$23,575,318	\$17,110,683	\$15,697,734	\$1,412,950	\$7,877,584
Net Surplus/(Deficit)	\$0	\$597,061	\$2,091,436	\$1,494,375	

Public Health Sudbury & Districts

Cost Shared Programs

STATEMENT OF REVENUE & EXPENDITURES

Summary By Expenditure Category

For The 9 Periods Ending September 30, 2019

	BOH Annual Budget	Budget YTD	Current Expenditures YTD	Variance YTD (over) /under	Budget Available
Revenues & Expenditure Recoveries:					
Funding	23,870,047	17,976,649	18,149,214	(172,565)	5,720,833
Other Revenue/Transfers	809,548	586,592	625,365	(38,772)	184,183
Total Revenues & Expenditure Recoveries:	24,679,595	18,563,241	18,774,579	(211,337)	5,905,016
Expenditures:					
Salaries	16,199,507	11,754,633	10,820,389	934,244	5,379,118
Benefits	4,471,344	3,285,677	3,162,355	123,322	1,308,989
Travel	262,983	175,843	146,639	29,204	116,344
Program Expenses	912,344	618,304	489,442	128,862	422,902
Office Supplies	67,727	43,004	29,257	13,747	38,470
Postage & Courier Services	69,322	51,350	42,663	8,687	26,659
Photocopy Expenses	33,807	24,848	18,207	6,641	15,600
Telephone Expenses	61,632	45,989	39,524	6,464	22,108
Building Maintenance	365,128	292,085	317,457	(25,373)	47,671
Utilities	214,325	143,744	129,142	14,601	85,183
Rent	259,105	198,448	198,342	106	60,763
Insurance	115,636	109,903	109,903	0	5,733
Employee Assistance Program (EAP)	34,969	26,227	29,176	(2,949)	5,793
Memberships	33,089	25,297	24,111	1,185	8,978
Staff Development	204,232	92,296	78,341	13,955	125,891
Books & Subscriptions	11,815	7,953	2,642	5,310	9,173
Media & Advertising	162,785	86,455	60,302	26,153	102,483
Professional Fees	362,514	270,414	294,858	(24,444)	67,656
Translation	60,777	45,858	40,845	5,013	19,932
Furniture & Equipment	47,541	43,556	57,122	(13,566)	(9,581)
Information Technology	729,013	624,298	592,423	31,874	136,590
Total Expenditures	24,679,595	17,966,180	16,683,142	1,283,038	7,996,452
Net Surplus (Deficit)	0	597,061	2,091,436	1,494,375	

Sudbury & District Health Unit
SUMMARY OF REVENUE & EXPENDITURES
For the Period Ended Sept 30, 2019

100% Funded Programs

Program	FTE	Annual Budget	Current YTD	Balance Available	% YTD	Program Year End
Pre/Postnatal Nurse Practitioner	704	139,000	66,163	72,837	47.6%	Mar 31/2020
OTF - Getting Ahead and Circles	706	115,179	27,214	87,965	23.6%	Mar 31/2020
CGS - Local Poverty Reduction Evaluation	707	70,326	16,860	53,466	24.0%	Mar. 31/2021
SFO - Electronic Cigarette Act	722	36,700	17,220	19,480	46.9%	Dec 31
SFO -TCAN - Prevention	724	97,200	18,902	78,298	19.4%	Dec 31
SFO - Tobacco Control Area Network - TCAN	725	285,800	201,070	84,730	70.4%	Dec 31
SFO - Local Capacity Building: Prevention & Protection	726	259,800	146,315	113,485	56.3%	Dec 31
SFO - Tobacco Control Coordination	730	100,000	73,467	26,533	73.5%	Dec 31
SFO - Youth Engagement	732	80,000	54,108	25,892	67.6%	Dec 31
Infectious Disease Control	735	479,100	345,696	133,404	72.2%	Dec 31
LHIN - Falls Prevention Project & LHIN Screen	736	100,000	30,860	69,140	30.9%	Mar 31/20
MOHLTC - Special Nursing Initiative	738	180,500	133,651	46,849	74.0%	Dec 31
MOHLTC - Northern Fruit and Vegetable Funding	743	176,100	124,435	51,665	70.7%	Dec 31
Food Safety - Haines Funding	750	36,500	16,933	19,567	46.4%	Dec 31
NE HU Collaborations/Shared Services Exploration	755	-	45,738	(45,738)	#DIV/0!	Mar 31/20
Triple P Co-Ordination	766	37,742	37,742	-	100.0%	Dec 31
Supervised Consumption Study	770	80,000	30,474	49,526	38.1%	Dec 31
MOHTLC - Harm Reduction Program	771	150,000	68,782	81,218	45.9%	Dec 31
Healthy Babies Healthy Children	778	1,476,897	718,287	758,610	48.6%	Mar 31/20
Healthy Smiles Ontario (HSO)	787	612,200	407,215	204,985	66.5%	Dec 31
Anonymous Testing	788	61,193	30,594	30,599	50.0%	Mar 31/20
MHPS- Diabetes Prevention Program	792	175,000	86,212	88,788	49.3%	Dec 31
Total		4,749,237	2,697,938	2,051,299		

To: C. Thain, Chair, Finance Standing Committee
From: Dr. Penny Sutcliffe, Medical Officer of Health/Chief Executive Officer
Date: October 30, 2019
Re: Context and Assumptions for Recommended 2020 Operating Budget

For Information

For Discussion

For a Decision

Issue:

The rapidly evolving provincial context for public health transformation combined with the lack of written provincial financial parameters have meant that management made certain assumptions in preparing the recommended 2020 operating budget. The Board should be aware of these assumptions and this briefing note describes them, providing key contextual information for the recommended 2020 operating budget.

Recommended Action:

That the Board Finance Standing Committee receive this briefing note for information.

Context:

The provincial budget released on **April 11, 2019** announced massive changes to Ontario's public health system:

- The 35 existing boards of health would be dissolved and 10 new regional boards would be established in 2020/2021.
- Budget cuts in the amount of \$200M were to be achieved across the local public health system by fiscal 2021/22.
- Funding formula changes would mean that funding to Public Health Sudbury & Districts would be based on a provincial/municipal formula of 70:30 retroactive to April 1, 2019 for all programs including most of the currently 100% provincially funded programs (increasing to 60:40 for large boards and 50:50 for Toronto).

Through subsequent communication in **May** with the Ministry of Health it was understood that the annual impact of this announcement would be an approximate \$1.2M deficit for Public Health Sudbury & Districts. This would be offset by an approximate \$600,000 one time grant from the provincial

2018–2022 Strategic Priorities:

1. Equitable Opportunities
2. Meaningful Relationships
3. Practice Excellence
4. Organizational Commitment

government. As reported to the Board at its May meeting, a hiring freeze was immediately implemented and all non-essential spending was ceased until further notice.

On **May 27, 2019**, it was announced that in response to municipalities' concerns about within-year retroactive funding cuts, the provincial government would not proceed with planned cuts in 2019. Consequently, restraints on spending to the 2019 Board approved budget were partially lifted.

On **August 19, 2019**, the Premier and Minister of Health announced at the annual meeting of the Association of Municipalities of Ontario (AMO) that all boards of health would be subject to a 70:30 cost-shared formula as of January 1, 2020. Also announced was the availability of transition funds in 2020 such that municipal increases in 2020 would be capped at 10%. Finally, the Minister of Health noted that status quo for the public health system is not acceptable and that a special advisor to assist with upcoming consultations on restructuring would be appointed.

On **September 12, 2019**, it was announced that Alison Blair, Assistant Deputy Minister for Emergency Health Services, was appointed to the additional role of Executive Lead for Public Health Modernization

Assumptions:

1. Effective January 1, 2020, the Ministry of Health (MOH) will implement a 70:30 funding formula, including:
 - Mandatory Cost-shared Programs historically funded at up to 75%
 - Other Related Programs historically funded at 100%and excluding:
 - Unorganized Territories
 - MOH/AMOH Compensation Initiative
 - Ontario Senior Dental Care Program
2. The MOH will calculate the 2020 grant on the basis of projections made in the Board's 2018 third quarter reporting for both cost-shared and 100%-funded programs.
3. Requirements of boards of health remain the same, as prescribed by legislation, regulation and the Ontario Public Health Standards and related protocols and guidelines.
4. Public Health Sudbury & Districts will continue to operate as an autonomous entity for the entire 2020 calendar year.
5. Per Ministry communication with PHSD in May (\$600,000 one time mitigation funding) and Ministry August announcement (10% cap on municipal increases), one time MOH mitigation funding in the amount of \$600,000 will be allocated to Public Health Sudbury & Districts to offset 2020 operating expenses.

Ontario Public Health Standard: Organizational Requirements – Good Governance

Strategic Priority: Organizational Commitment

2018–2022 Strategic Priorities:

1. Equitable Opportunities
2. Meaningful Relationships
3. Practice Excellence
4. Organizational Commitment

IMPACT OF FUNDING FORMULA CHANGE (70:30)

Item 5.2 b

	2019 Approved Budget	RECOMMENDED 2020 Mandatory and Other Related Cost Shared Budget	Financial Implications
Operating Revenue			
MOH - Mandatory Programs (2020 is 70% of 2018 -Q3)	15,298,700	14,983,563	- 315,137
MOH - Other Related Program (2020 is 70% of 2018 -Q3)	2,848,076	1,993,653	- 854,423
MOH - Unorganized Territories	826,000	826,000	-
Municipal Levy - Mandatory Programs	7,345,618	7,345,618	-
Interest Revenue	105,000	105,000	-
MOH Operating Revenue	\$ 26,423,394	\$ 25,253,834	\$ (1,169,560)
Operating Expenditures			
MOH - Mandatory Programs	23,575,318	24,201,175	625,857
MOH - Other Related Program	2,848,076	2,984,100	136,024
Total Operating Expenditures	\$ 26,423,394	\$ 27,185,275	\$ 761,881
Projected 2020 Budget Shortfall	\$ -	\$ (1,931,441)	\$ (1,931,441)
Funding Offsets			
MOH Mitigation One-time Grant	-	600,000	600,000
Municipal Levy increase	-	734,562	734,562
Total	\$ -	\$ 1,334,562	\$ 1,334,562
2020 Budget Shortfall remaining	\$ -	\$ (596,879)	\$ (596,879)
Cost Reduction Initiatives			
HR Adjustments		487,409	
Interest Revenue adjustment		35,000	
Total Cost Reduction Initiatives	\$ -	\$ 522,409	
Unfunded Budget Pressures	\$ -	\$ (74,470)	

PUBLIC HEALTH SUDBURY & DISTRICTS

Item 5.2 c

3-Year Financial Projections

* Assumptions:	2020
Salaries	1.50%
Benefits	4.57%
Fixed Costs	1.72%

	2019 BOH Approved	Recommended 2020 Year 1	2021 Year 2	2022 Year 3
Mandatory Programs Revenue	23,575,318	23,295,181	23,295,181	23,295,181
Mandatory Programs Expenditures	23,575,318	23,713,766 *	24,204,734 *	24,709,694 *
Mandatory Programs Projected surplus or (deficit)	-	-418,585	-909,552	-1,414,513
Other Related Programs Revenue	2,848,075	1,993,653	1,993,653	1,993,653
Other Related Programs Operational Expenditures	2,848,075	2,984,101	3,036,756 *	3,090,959 *
Other Related Programs Projected surplus or (deficit)	-	-990,448	-1,043,103	-1,097,305
Total Mandatory and Other Related Programs projected surplus (deficit)		-1,409,032	-1,952,655	-2,511,818
Municipal levy increase		734,562		
MOH One-time Mitigation Grant		600,000		
Total Mandatory and Other Related Programs projected surplus (deficit) after mitigation grant		(74,470)	(1,952,655)	(2,511,818)

**Public Health Sudbury & Districts
Operating Budget**

**Item 5.2 d
2020 Budget - Recommended**

Summary	2019	2020		% Ratio
Revenue				
MOH - Mandatory Cost Shared	15,298,700	14,983,563	(315,137)	
MOH - Other Related Cost Shared (2019 = 100%)	2,848,076	1,993,653	(854,423)	
MOH - One-time Mitigation Grant		600,000	600,000	0.69
MOH - Unorganized Territories	826,000	826,000	-	
Total MOH	18,972,776	18,403,216	(569,560)	
Municipal				
Municipal - Cost Shared Programs and Other Related	7,345,618	8,080,180	734,562	
Total Municipal	7,345,618	8,080,180	734,562	0.31
Other				
Interest Earned	105,000	140,000	35,000	
Total Other	105,000	140,000	35,000	
Total All Funding Sources	26,423,394	26,623,396	200,002	
Expenditures				
Mandatory Cost Shared Programs	23,575,318	23,713,766	138,448	
Other Related Cost Shared Programs	2,848,076	2,984,100	136,024	
Unfunded Budget Pressures		(74,470)	(74,470)	
Total Expenditures	26,423,394	26,623,396	200,002	
Funding Surplus (Deficit)	0	0	(0)	

Public Health Sudbury & Districts

2020 Budget - Recommended

Operating Budget

Description	BOH 2019 Approved	2020 Budget	Increase (Decrease)
Revenue			
MOH - General Programs	15,298,700	14,983,563	(315,137)
MOH - Unorganized Territory	826,000	826,000	-
MOH - Diabetes Prevention Programming	139,627	97,739	(41,888)
MOH - Enhanced Food Safety - Haines Initiative	36,500	25,550	(10,950)
MOH - Safe Water Initiative	16,200	11,340	(4,860)
MOH - Harm Reduction	150,000	105,000	(45,000)
MOH - Healthy Smiles Ontario Program	585,425	409,798	(175,628)
MOH - Indigenous Partnerships	90,400	63,280	(27,120)
MOH - Infectious Diseases Control Initiative	389,000	272,300	(116,700)
MOH - Needle Exchange Program Initiative	87,100	60,970	(26,130)
MOH - Northern Fruit and Vegetable Program	177,361	124,153	(53,208)
MOH - Nursing Initiatives	392,144	274,501	(117,643)
MOH - Smoke-Free Ontario Strategy	784,319	549,023	(235,296)
MOH - Mitigation Grant		600,000	600,000
Municipal Levies	7,345,618	8,080,180	734,562
Interest Earned	105,000	140,000	35,000
Total Revenue	26,423,394	26,623,396	200,002
Expenditures			
Corporate Services			
Corporate Services	3,977,579	4,144,255	166,676
Office Admin	120,102	115,350	(4,752)
Espanola	120,699	117,509	(3,190)
Manitoulin Island	130,271	127,187	(3,084)
Chapleau	101,791	104,631	2,840
Sudbury East	16,808	17,940	1,132
Intake	328,471	337,278	8,808
Facilities Management	562,937	574,599	11,662
Volunteer Resources	4,850	3,850	(1,000)
Total Corporate Services	5,363,508	5,542,599	179,091
Clinical Services			
Clinical Services - General	1,157,626	818,629	(338,997)
Clinic	1,335,692	1,344,296	8,604
Clinical Services - Branches	221,267	223,123	1,856
Risk Reduction	98,842	98,842	-
Sexual Health	1,131,169	1,165,804	34,635
Dental	454,537	472,758	18,222
Vision Health	71,344	68,977	(2,367)
Healthy Smiles Ontario Program	585,425	612,200	26,775
Infectious Diseases Control Initiative	389,000	389,000	-
Needle Exchange Program Initiative	87,100	87,100	-
Total Clinical Services	5,532,002	5,280,730	(251,272)
Health Promotion			
Promotion - General	1,242,506	1,245,943	3,437
School	1,426,438	1,459,229	32,791
Workplace	146,826	-	(146,826)
Branches (Espanola/Manitoulin)	324,077	336,364	12,287
Nutrition & Physical Activity Team	1,089,514	1,043,077	(46,437)
Branches (Sudbury East/Chapleau)	390,476	402,549	12,073
Injury Prevention	393,692	524,894	131,202
Tobacco, Alcohol and Cannabis	272,393	488,047	215,654
Family Team	633,751	635,138	1,387
Reproductive & Child Health	1,207,483	1,093,858	(113,624)
Drug Strategy	114,242	19,600	(94,642)
Mental Health and Addictions	305,326	624,320	318,994
Alcohol and Substance Misuse	244,533	-	(244,533)
Northern Fruit and Vegetable Program	177,361	176,100	(1,261)
Diabetes Prevention Programming	139,627	175,000	35,373
Harm Reduction	150,000	150,000	-
Smoke-Free Ontario Strategy	554,822	563,000	8,178
Total Health Promotion	8,813,067	8,937,118	124,052
Knowledge & Strategic Services			
KSS	1,805,809	2,462,000	656,192
Workplace Capacity Development	23,507	23,507	-
Health Equity Office	14,440	14,440	-
Strategic Engagement Unit	596,767	10,232	(586,535)
Indigenous Partnerships	90,400	90,400	-
Nursing Initiatives	392,144	392,100	(44)
Total RRED	2,923,067	2,992,679	69,613
Environmental Health			
Environmental Health - General	808,066	824,452	16,385
Environmental	2,451,450	2,520,968	69,518
Vector Borne Disease	86,907	87,545	638
Small Drinking Water Systems	163,130	162,574	(556)
Enhanced Food Safety - Haines Initiative	36,500	36,500	-
Safe Water Initiative	16,200	16,200	-
Smoke-Free Ontario Strategy	229,497	296,500	67,003
Total Environmental Health	3,791,751	3,944,739	152,989
Total Expenditures	26,423,394	26,697,866	274,472
Unfunded Budget Pressures		74,470	74,470
Net Surplus (Deficit)		26,623,396	200,002

* Previously 100% Funded

Public Health Sudbury & Districts

2020 Budget - Recommended

Operating Budget

Expenditures By Category

	2019 Budget	2020 Proposed	Change (\$) Inc/(Dec)
Salaries	18,208,486	18,080,749	(127,737)
Benefits	5,051,144	5,207,679	156,535
Total Salaries & Benefits	23,259,630	23,288,428	28,798
Office Supplies	159,763	153,507	(6,256)
Media & Advertising	120,527	131,950	11,423
Health Services / Purchased Services	93,128	121,233	28,105
Professional Fees	48,919	82,756	33,837
Travel	295,017	302,161	7,144
Program Expenses	1,019,101	1,000,316	(18,785)
Photocopy Expenses	28,817	28,255	(562)
Telephone Expenses	195,054	197,786	2,732
Postage & Courier Services	69,322	64,972	(4,350)
Vector Borne Disease - Education and Surveillance	44,825	44,825	-
Books & Subscriptions	11,965	9,345	(2,620)
Furniture & Equipment	13,770	21,270	7,500
Rent Revenue	(69,076)	(69,076)	-
Insurance	115,636	117,849	2,213
Information Technology	588,040	608,040	20,000
Rent Surplus Transferred to Reserve	56,642	56,642	-
Translation	45,647	50,240	4,593
Memberships	32,289	29,889	(2,400)
Expense Recoveries	(893,660)	(878,193)	15,467
Rent	259,105	266,932	7,827
Building Maintenance	588,599	593,599	5,000
Utilities	214,325	219,249	4,924
Staff Development	126,008	255,891	129,883
Total Operational Expenses	3,163,763	3,409,438	245,675
Unfunded Budget Pressures		(74,470)	
Total Expenditures	26,423,393	26,623,396	200,003

**Public Health Sudbury & Districts
Operating Budget**

2020 Budget - Recommended

Municipal Levy

	2019	2020
Total Budget	23,575,318	26,623,396
Total Municipal Levy	7,345,618	8,080,180

Municipalities	Population*	% Population	2019	2020	Difference	Monthly Billing
			Levy	Levy		
Assignack (Township of)	754	0.459%	33,720	37,093	3,372	3,091
Baldwin (Township of)	505	0.307%	22,555	24,811	2,256	2,068
Billings (Township of)	501	0.305%	22,408	24,649	2,241	2,054
Burpee and Mills (Township of)	273	0.166%	12,198	13,418	1,220	1,118
Central Manitoulin (Township of)	1,711	1.042%	76,545	84,200	7,655	7,017
St. Charles	1,156	0.704%	51,717	56,889	5,172	4,741
Chapleau (Township of)	1,915	1.166%	85,654	94,219	8,566	7,852
French River	2,374	1.445%	106,148	116,763	10,615	9,730
Espanola Town	4,362	2.655%	195,030	214,533	19,503	17,878
Gordon/ Barrie Island	449	0.273%	20,057	22,063	2,006	1,839
Gore Bay Town	739	0.450%	33,059	36,365	3,306	3,030
Markstay-Warren	2,328	1.417%	104,091	114,501	10,409	9,542
Northeastern Manitoulin & the Islands (Town)	2,129	1.296%	95,203	104,724	9,521	8,727
Nairn & Hyman (Township)	396	0.241%	17,707	19,478	1,771	1,623
Killarney	346	0.211%	15,503	17,054	1,551	1,421
Sables-Spanish River (Township of)	2,680	1.631%	119,811	131,792	11,981	10,983
City of Greater Sudbury	141,290	86.010%	6,317,974	6,949,767	631,793	579,147
Tehkummah (Township of)	363	0.221%	16,238	17,862	1,624	1,488
TOTAL	164,271	100%	7,345,618	8,080,180	734,562	673,348
Per Capita Rate			44.72	49.19	4.47	

Municipal Levy Increase/-Decrease over previous year	10.0%
Per Capita Increase/-Decrease over previous year	9.99%

* Population data per 2018 Ontario Population Report, Municipal Property Assessment Corporation

IN CAMERA

MOTION:

THAT the Board of Health Finance Standing Committee goes in camera to deal with personal matters involving one or more identifiable individuals, including employees or prospective employees. Time: _____

RISE AND REPORT

MOTION:

THAT this Board of Health Finance Standing Committee rises and reports. Time:

ADJOURNMENT

MOTION:

THAT we do now adjourn. Time: _____