



Board of Health Finance Standing Committee Meeting

Monday, November 2, 2020

7 p.m.

Microsoft Teams

AGENDA
BOARD OF HEALTH FINANCE STANDING COMMITTEE
MONDAY, NOVEMBER 2, 2020 – 7 P.M.

TEAMS

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 June 4, 2020*

MOTION: APPROVAL OF MEETING NOTES

THAT the meeting notes of the Board of Health Finance Standing Committee meeting of June 4, 2019, be approved as distributed.

5. NEW BUSINESS

- 5.1 Year-to-Date Financial Statements
 - a) September 2020 Financial Statements *
- 5.2 2021 Operating Budget
 - a) 2020 Funding Announcement*
 - b) Briefing Note: Context and Assumptions*
 - c) 2021 Summary of Budget Pressures*
 - d) 3-Year Financial Projections*
 - e) 2021 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: _____



MINUTES
BOARD OF HEALTH FINANCE STANDING COMMITTEE
THURSDAY, JUNE 4, 2020 – 10:30 A.M.
SKYPE

BOARD MEMBERS PRESENT

Carolyn Thain
Mark Signoretti

Randy Hazlett

René Lapierre

STAFF MEMBERS PRESENT

France Quirion
Rachel Quesnel, Recorder

Colette Barrette

Dr. Penny Sutcliffe

GUEST

Derek Dangelo, KPMG

RACHEL QUESNEL PRESIDING

1. CALL TO ORDER

The meeting was called to order at 10:39 a.m.

2. ROLL CALL

3. ELECTION OF BOARD OF HEALTH FINANCE STANDING COMMITTEE CHAIR FOR 2020

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 2020.

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

5.1 Board of Health Finance Standing Committee Meeting Notes dated October 30, 2019.

01-20 APPROVAL OF MEETING NOTES

MOVED BY SIGNORETTI – LAPIERRE: THAT the meeting notes of the Board of Health Finance Standing Committee meeting of October 30, 2019, be approved as distributed.

CARRIED

6. NEW BUSINESS

6.1 2019 Audited Financial Statements

a) Briefing Note from the Medical Officer of Health and Chief Executive Officer on the 2019 Financial Statements

Dr. Sutcliffe noted that KPMG has completed the audit of the 2019 financial statements and there is a motion on today's agenda that the Board of Health Finance Standing Committee's recommend the Audited Financial Statements for adoption by the Board of Health at its June 18, 2020 meeting

Historically, the Ministry requires that the annual reconciliation report along with the audited financial statements be submitted by the end of April, however, due to the COVID-19 response, this date was extended to the end of July.

Derek Dangelo from KPMG was welcomed at this point of the meeting via Skype and invited to provide comments regarding the Audit Findings Report shared through an addendum for today's meeting as well as to provide an overview of the significant accounting policies under notes in the 2019 Audited Financial Statements.

F. Quirion noted that Public Health Sudbury & Districts is responsible for the preparation and fair presentation of the financial statements in accordance with Canadian public sector accounting standards and auditors provide an opinion on these based on their audit evidence. A condition of provincial funding is that boards of health conduct an annual financial audit and provide a copy of the Audited Financial Statements. F. Quirion was pleased to report that the financial statements present fairly and that no recommendations were received as a result of the 2019 audit.

The KPMG audit team was thanked as well as the PHSD accounting team for their work throughout the year.

The auditor described audit procedures that included the assessment of the risks of material misstatements of the financial statements and consideration of internal controls relevant to the organization's preparation and fair presentation of the financial statements. The auditors also evaluated the appropriateness of accounting policies used and the reasonableness of accounting estimates, as well as evaluated the overall presentation of the 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, 2019.

Questions were entertained. The auditor clarified that, despite COVID-19, all auditing procedures were accomplished virtually, and staff were acknowledged for their openness and coordination to facilitate timely and efficient access to relevant materials.

The auditor and the KPMG auditing team were thanked and Public Health Sudbury & Districts financial team were recognized.

b) Review of the 2019 Audit Report and Audited Financial Statements

It was recapped that provincial announcements in 2019 impacted and shaped our financial strategies. As part of the provincial budget, the government announced a change in the funding policy, moving from up to 75% to up to 70% retroactive to April 1, 2019 for all programs including most of the 100% provincially funded programs. In response to these announcements, the PHSD implemented an immediate stop to all unnecessary spending and initiated significant organizational restructuring to meet the expected in year reductions and expected 2020 budget impacts. The government subsequently reversed the retroactive cuts in May and, in August, announced that as of January 1, 2020, the up to 70% provincial funding policy would be implemented. The 2019 year required PHSD to be nimble and responsive and the 2019 financial statement reflect the changing landscape.

C. Barrette provided a detailed overview of the statements and notes.

F. Quirion recapped that the Board was informed at the February Board of Health meeting of the need for PHSD to move forward with the infrastructure modernization initiative given the age of our building and legislative requirements. Work has moved forward for 1300 Paris and the Rainbow Centre with a request for proposals. Estimates, based the scope of the deliverables for 1300 Paris, is between \$3 to 5.5 million with another up to \$3 million for the Rainbow Centre (over half of which is expected to be offset by Ministry funds for the senior's dental program). This underscores the need for reserves to provide for needed infrastructure dollars and cash flow for emergencies such as COVID-19.

In response to a question about increased expenditures for building maintenance, F. Quirion noted that the cost overruns were related to aging infrastructure and equipment which would be addressed by the infrastructure modernization project.

Questions and comments were entertained. It was suggested that we consult with GSU regarding this project to explore potential cost savings. Discussion ensued regarding pros and cons of using credit line versus using reserves for the infrastructure renewal and it is not anticipated to be necessary at this point.

Clarification was provided as to what is considered non-ministry funded initiatives.

F. Quirion thanked the Accounting Manager and team for their work on the audit.

It was observed that, given the challenges that came with uncertainty, to end 2019 as positively as possible speaks to the sound and strategic management processes and actions.

02-20 2019 AUDITED FINANCIAL STATEMENTS

MOVED BY SIGNORETTI – 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 2019 audited financial statements.

CARRIED

6.2 Year to Date Financial Statements

a) March 2020 Financial Statements

The March 2020 year-to-date financial statements include additional COVID-19 expenses totaling \$294,682. The statements show an overall positive variance totaling \$172,144 as of March 31, 2020.

It was pointed out that the COVID-19 expenses have been carefully documented as the Ministry has advised that there will be a process for boards to submit COVID-19 expenses to the Ministry for potential reimbursement. The criteria and timing are not yet known; however, internal processes have been put in place to capture all expenses. Most expenses relate to staff and staff support. There has been a tremendous amount of work and staff have been extremely dedicated and working long hours to ensure our best response. It is anticipated that the April year to date financial statements will show a deficit position. It is expected that there will be a shift in operating expenses as 2020

progresses. Most programs and services had been put on hold temporarily to respond to COVID-19 making it challenging to balance the needs within reasonable budget.

There has been no recent communication regarding the modernization of public health. There were a few consultation sessions outstanding when the modernization initiative halted due to COVID-19. A. Blair is currently assisting the Deputy Minister and Ministry of Health staff who were supporting this work are preoccupied with COVID-19 response. It was clarified that we have not received the provincial grant letter for 2020, which will include one-time revenue to help transition due to the funding formula change. In a news release, the Ministry announced that one-time mitigation funding would be available again for 2021.

Staff are beginning 2021 budget discussions and that will include explicit assumptions to have a base to start working with.

Questions were entertained. The April statements will be included in the June Board agenda package.

7. ADJOURNMENT

03-20 ADJOURNMENT

MOVED BY LAPIERRE – SIGNORETTI: THAT we do now adjourn. Time: 11:58 a.m.

CARRIED

(Chair)

(Secretary)

APPROVAL OF MEETING NOTES

MOTION:

THAT the meeting notes of the Board of Health Finance Standing Committee meeting of June 4, 2020, be approved as distributed.

Public Health Sudbury & Districts
STATEMENT OF REVENUE & EXPENDITURES
For The 9 Periods Ending September 30, 2020

Cost Shared Programs

	Annual Budget	Budget YTD	Current Expenditures YTD	Variance YTD (over)/under	Balance Available
Revenue:					
MOH - General Program	14,983,563	11,237,672	11,237,672	0	3,745,891
MOH - Other Related Program	1,806,222	1,354,672	1,354,666	6	451,556
MOH - One Time Mitigation Grant	1,179,500	0	0	0	1,179,500
MOH - Unorganized Territory	826,000	619,500	619,500	0	206,500
Municipal Levies	8,080,180	6,060,141	6,060,143	(2)	2,020,037
Interest Earned	140,000	110,402	110,402	1	29,598
Total Revenues:	\$27,015,465	\$19,382,387	\$19,382,383	\$4	\$7,633,082
Expenditures:					
Corporate Services:					
Corporate Services	5,007,486	3,235,583	3,186,808	48,774	1,820,678
Office Admin.	115,350	48,557	46,316	2,241	69,034
Espanola	117,509	86,593	81,671	4,922	35,837
Manitoulin	127,187	93,789	83,286	10,503	43,901
Chapleau	104,631	77,382	73,779	3,603	30,852
Sudbury East	17,940	13,455	13,690	(235)	4,250
Intake	337,278	247,472	244,279	3,193	92,999
Facilities Management	574,599	447,215	437,110	10,105	137,489
Volunteer Resources	3,850	2,412	203	2,210	3,648
Total Corporate Services:	\$6,405,830	\$4,252,459	\$4,167,143	\$85,316	\$2,238,688
Health Protection:					
Environmental Health - General	1,310,160	906,942	858,526	48,415	451,633
Environmental	2,527,907	1,794,562	1,743,801	50,761	784,106
Vector Borne Disease	87,545	37,182	23,902	13,280	63,643
Small Drinking Water Systems	178,774	130,642	136,746	(6,104)	42,028
CID	1,266,024	972,079	1,019,996	(47,917)	246,028
Districts - Clinical	223,123	164,610	161,754	2,857	61,369
Risk Reduction	185,942	128,091	126,503	1,587	59,439
Sexual Health	1,167,837	844,716	806,210	38,506	361,628
MOHLTC - Influenza	0	0	112	(112)	(112)
MOHLTC - Meningitis	0	0	(162)	162	162
MOHLTC - HPV	0	0	(774)	774	774
SFO: E-Cigarettes Protection and Enforcement	36,700	19,307	12,123	7,184	24,577
SFO: Protection and Enforcement	259,800	148,655	115,330	33,325	144,470
Infectious Diseases Control Initiatives	479,100	350,149	350,149	(1)	128,951
Food Safety: Haines Funding	36,500	0	0	0	36,500
	\$7,759,412	\$5,496,934	\$5,354,217	\$142,717	\$2,405,195
Health Promotion:					
Health Promotion - General	1,434,506	1,011,030	869,340	141,690	565,166
Districts - Espanola / Manitoulin	336,364	244,298	227,532	16,766	108,833
Nutrition & Physical Activity	1,139,448	785,624	617,087	168,536	522,361
Districts - Chapleau / Sudbury East	402,549	294,881	284,912	9,970	117,637
Injury Prevention	516,438	367,882	307,211	60,671	209,227
Tobacco, Vaping, Cannabis & Alcohol	479,591	335,426	332,074	3,352	147,517
Family Health	635,138	464,721	426,506	38,215	208,631
Healthy Growth and Development	988,657	709,955	431,330	278,625	557,327
Mental Health & Addiction	607,321	426,083	327,547	98,536	279,775
Dental	452,214	316,021	287,097	28,925	165,117
Healthy Smiles Ontario	612,200	423,610	418,102	5,508	194,098
Vision Health	68,977	11,990	826	11,164	68,151
SFO: TCAN Prevention	97,200	9,218	8,510	708	88,690
SFO: TCAN Coordination	285,800	189,261	181,056	8,205	104,744
SFO: Tobacco Control Coordination	100,000	73,033	73,033	(0)	26,967
SFO: Youth Tobacco Use Prevention	80,000	56,748	55,525	1,223	24,475
Harm Reduction Program Enhancement	150,000	104,760	103,871	889	46,129
Diabetes Prevention	175,000	80,260	72,269	7,991	102,731
Total Health Promotion:	\$8,561,402	\$5,904,802	\$5,023,827	\$880,975	\$3,537,576
School Health, Vaccine Preventable Diseases and COVID Pr					
School Health, VPD, COVID Prevention - General	0	0	33,859	(33,859)	(33,859)
School	1,476,641	1,072,239	1,053,197	19,043	423,445
VPD and COVID CCM	0	0	41,074	(41,074)	(41,074)
Total Knowledge and Strategic Services::	\$1,476,641	\$1,072,239	\$1,128,129	\$(55,890)	\$348,512
Knowledge and Strategic Services:					
Knowledge and Strategic Services	2,583,500	1,814,948	1,768,426	46,522	815,074
Workplace Capacity Development	23,507	16,971	3,015	13,957	20,492
Health Equity Office	14,440	8,083	6,890	1,193	7,550
Social Determinants of Health Nurses Initiatives	180,500	131,504	131,505	(1)	48,995
Strategic Engagement	10,232	4,968	2,211	2,756	8,021
Total Knowledge and Strategic Services::	\$2,812,179	\$1,976,474	\$1,912,047	\$64,427	\$900,133
Total Expenditures:	\$27,015,465	\$18,702,908	\$17,585,362	\$1,117,546	\$9,430,103
Net Surplus/(Deficit)	\$0	\$679,479	\$1,797,021	\$1,117,542	
COVID-19 Pandemic Response			1,398,118	(1,398,118)	
Surplus/(Deficit) net of COVID-19 Response				\$(280,576)	

Public Health Sudbury & Districts

Cost Shared Programs

STATEMENT OF REVENUE & EXPENDITURES
 Summary By Expenditure Category
 For The 7 Periods Ending September 30, 2020

	BOH Annual Budget	Budget YTD	Current Expenditures YTD	COVID-19 Expenditures YTD	Variance YTD (over) /under	Budget Available
Revenues & Expenditure Recoveries:						
Funding	27,073,303	19,440,220	19,493,916		(53,697)	7,579,387
Other Revenue/Transfers	741,206	489,680	587,992		(98,312)	153,214
Total Revenues & Expenditure Recoveries:	27,814,509	19,929,900	20,081,908		(152,009)	7,732,601
Expenditures:						
Salaries	18,370,558	12,858,547	12,260,681	778,547	(180,681)	5,331,330
Benefits	5,097,834	3,728,605	3,565,267	85,615	77,725	1,446,952
Travel	301,159	114,575	92,123	5,434	17,018	203,602
Program Expenses	1,082,633	462,720	409,522	88,128	(34,930)	584,983
Office Supplies	67,459	43,246	26,419	1,886	14,941	39,154
Postage & Courier Services	64,972	41,374	39,808	5,119	(3,553)	20,045
Photocopy Expenses	31,367	18,223	19,061	14,109	(14,947)	(1,803)
Telephone Expenses	65,266	48,749	44,438	53,233	(48,922)	(32,405)
Building Maintenance	465,467	369,228	361,173	42,251	(34,196)	62,043
Utilities	219,249	120,437	139,453	-	(19,016)	79,796
Rent	320,584	240,439	237,806	-	2,633	82,778
Insurance	117,849	116,599	115,712	-	887	2,137
Employee Assistance Program (EAP)	35,000	35,000	31,770	-	3,230	3,230
Memberships	29,889	28,324	30,331	-	(2,007)	(442)
Staff Development	204,768	73,054	20,096	198.00	52,760	184,474
Books & Subscriptions	9,345	4,222	2,524	-	1,698	6,821
Media & Advertising	148,850	83,598	39,660	182,828	(138,890)	(73,638)
Professional Fees	341,871	166,995	165,622	37,146	(35,773)	139,103
Translation	49,440	28,456	31,437	46,511	(49,492)	(28,508)
Furniture & Equipment	27,531	14,509	13,059	5,403	(3,953)	9,069
Information Technology	763,418	653,507	638,914	51,709	(37,116)	72,795
Total Expenditures	27,814,509	19,250,407	18,284,877	1,398,117	(432,585)	8,131,515
Net Surplus (Deficit)	0	679,492	1,797,031	(1,398,117)	(280,576)	

Public Health Sudbury & Districts
SUMMARY OF REVENUE & EXPENDITURES
For the Period Ended September 30, 2020

Program	FTE	Annual Budget	Current YTD	Balance Available	% YTD	Program Year End
100% Funded Programs						
Indigenous Communities	703	90,400	46,201	44,199	51.1%	Dec 31
Pre/Postnatal Nurse Practitioner	704	139,000	69,891	69,109	50.3%	Mar 31/2021
OTF - Getting Ahead and Circles	706	82,134	82,134	-	100.0%	Sept.30/2020
CGS - Local Poverty Reduction Evaluation	707	67,771	36,282	31,489	53.5%	Mar. 31/2021
WOKE Age: Youth Driven Racial Equity	708	82,037	104,570	(22,533)	127.5%	Mar 31/2021
LHIN - Falls Prevention Project & LHIN Screen	736	100,000	23,929	76,071	23.9%	Mar 31/21
Northern Fruit and Vegetable Program	743	176,100	130,685	45,415	74.2%	Dec 31
Triple P Co-Ordination	766	68,663	35,944	32,719	52.3%	Dec 31
Supervised Consumption Study	770	12,920	24,683	(11,763)	191.0%	Dec 31
Healthy Babies Healthy Children	778	1,476,897	677,829	799,068	45.9%	Mar 31/21
Ontario Senior Dental Care Program	786	810,200	237,305	572,895	29.3%	Dec 31
Anonymous Testing	788	61,193	30,477	30,716	49.8%	Mar 31/21
Total		3,167,315	1,499,930	1,667,385		

Ministry of Health

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and Minister of Health

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eApprove-72-2020-101

AUG 21 2020

Mr. René Lapierre
Chair, Board of Health
Sudbury and District Health Unit
1300 Paris Street
Sudbury ON P3E 3A3

Dear Mr. Lapierre:

I am pleased to advise you that the Ministry of Health will provide the Board of Health for the Sudbury and District Health Unit up to \$2,249,900 in one-time funding for the 2020-21 funding year, and up to \$1,179,500 in one-time funding for the 2021-22 funding year, to support the provision of public health programs and services in your community.

Dr. David Williams, Chief Medical Officer of Health, will write to the Sudbury and District Health Unit shortly concerning the terms and conditions governing the funding.

Ontario recognizes the considerable time and resources necessary for public health units to continue to effectively respond to COVID-19.

Therefore, the Ministry of Health is providing further stability to municipalities with additional one-time mitigation funding for public health units, if required, for both 2020 and 2021 funding years. This funding ensures that municipalities do not experience any increase as a result of the cost-sharing change.

This is in addition to the \$100 million increased investment to support the public health sector's response to COVID-19. Following receipt of this letter, the ministry will be initiating the process for public health units to request reimbursement of one-time extraordinary costs incurred in managing the response to COVID-19.


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Mr. René Lapierre

Thank you for the important service that your public health unit provides to Ontarians, and your ongoing dedication and commitment to addressing the public health needs of Ontarians.

Sincerely,

A handwritten signature in cursive script that reads "Christine Elliott".

Christine Elliott
Deputy Premier and Minister of Health

c: Dr. Penny Sutcliffe, Medical Officer of Health, Sudbury and District Health Unit

To: Carolyn Thain, Chair, Finance Standing Committee
From: Dr. Penny Sutcliffe, Medical Officer of Health/Chief Executive Officer
Date: November 2, 2020
Re: Context and Assumptions for Recommended 2021 Operating Budget

For Information

For Discussion

For a Decision

Issue:

The provincial context continues to be volatile as governments at all levels respond to the resurgence of COVID-19 while striving to keep businesses operating and the economy open. Management is carefully monitoring the fiscal context as governments respond to the financial requirements of COVID-19. Notwithstanding provincial financial commitments to Public Health into 2021-2022, the environment is unpredictable and management has had to make a number of assumptions in preparing the recommended 2021 operating budget. These assumptions and key contextual information are summarized in this briefing note.

Recommended Action:

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

Context:

In January 2020, the Ontario Public Health system was engaged in discussions on the Public Health Modernization, specifically on preparing responses to the [Ministry of Health Discussion Paper](#) released on November 18, 2019. The financial impact of a potential regionalization of public health remained very speculative.

The environmental context shifted significantly in January 2020. In the latter weeks of January, the World Health Organization (WHO) declared that the 2019 nCOV outbreak constituted a Public Health Emergency. Emergency response preparations began at the national, provincial and local levels with the PHSD Emergency Response Plan being activated on January 26, 2020. Resources were and continue to be reallocated to support the required response and all COVID-19 costs are carefully tracked separately.

2018–2022 Strategic Priorities:

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

PHSD required an ongoing and significant reallocation of resources in support of the COVID-19 response. A staff survey conducted in May revealed that PHSD's human resources were working at a 111% capacity. Noteworthy are the following dates: March 10, 2020: first locally confirmed case of COVID-19; March 11: WHO declaration of a pandemic; March 17: Ontario declaration of provincial emergency.

In a [news release dated March 12, 2020](#), the provincial government announced it was extending the previously announced public health one-time mitigation funding for an additional calendar year for the province's public health units: *Extending mitigation funding would keep municipal funding levels for public health units in calendar year 2021 at the same level as calendar year 2020.*

On March 25, 2020, the provincial government announced an investment of up to [\\$100M for the public health sector](#) to support extraordinary costs incurred in support of COVID-19. As COVID-19 expenditures are admissible under the cost-shared budget, any outbreak-associated costs would be expected to be funded through board of health budgets before being eligible for the extraordinary funding.

On April 25, 2020, the Ministry of Health (MOH) announced a new initiative to support front line nurses with additional [Pandemic Pay](#). In a letter received on June 15, 2020, PHSD was advised that the Ministry of Health would provide the Board of Health up to \$229,000 in one-time funding for the 2020-2021 funding year to support the temporary pandemic pay initiative as part of the COVID-19 response.

On July 30, 2020 the provincial government announced \$50 million to hire up to 500 [school-focused nurses](#) in public health units. On August 26, it was announced that federal funding of \$12.5 million would support additional nurses. This translated into an additional 12 full time nursing positions for Public Health Sudbury & District to the end of the 2020/21 school year.

On August 21, 2020, the Ministry of Health released the 2020 funding announcement. The announcement provides the Board of Health with up to \$2,249,900 in one-time funding for the 2020-2021 funding year and up to \$1,179,500 in one-time funding for 2021-2022. Specifically, \$1,179,500 in one-time mitigation funding in 2020 and 2021 is provided to offset costs to municipalities as a result of the cost-sharing changes.

On the same day, the process for public health units to request reimbursement of one-time extraordinary costs related to COVID-19 was released. The process involves submitting 100% of costs related to COVID-19 (regardless of the source of funding) estimated for the period of January 1, 2020 to December 31, 2020, the total estimated costs that can be managed from within the cost-shared budget approved by the board of health, and the estimated COVID-19 extraordinary expenses for which we would seek one-time Ministry funding.

On September 10th, PHSD received confirmation of up to \$830,900 in one time funding for the 2020-2021 funding year and up to \$396,000 in one time funding for the 2021-2022 funding year to support

2018–2022 Strategic Priorities:

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

12 school-focused nurses and enhanced capacity for case and contact management (CCM) for the implementation of the provincial CCM electronic system.

On October 26, 2020, the Ontario government announced that the 2020 Budget would be released on November 5, 2020: *The upcoming Budget will strike a balance that will focus on continuing to protect everyone's health and safety, while creating the right conditions for our economic recovery.* The potential impacts of this budget on local public health are unknown at this time.

Assumptions:

1. Ministry of Health will continue to apply a 70:30 funding formula to previously cost-shared and most previously 100% funded programs and will provide PHSD \$1,179,500 in one time funding. Of note is that this amount is calculated based on the 2018 provincial funding level which has not been increased since 2014.
2. As per the 2020 funding and accountability agreement, the Ministry in 2021 will support the Northern Fruit and Vegetable and Indigenous Communities programs at 100% in addition to Unorganized Territories, MOH/AMOH Compensation Initiative and the Ontario Senior Dental Care Program.
3. Managing within the existing staffing model is unsustainable. Additional human resources are needed to effectively manage the delivery of high risk programs and services while effectively responding to COVID-19. To do so, there is a need to reinstate the staffing complement to the 2019 level.
4. Fixed costs, including steps on salary grids, negotiated settlements, utilities, etc., continue to increase. These annual increases are not funded through provincial funding which has remained fixed since 2014.
5. Base provincial funding is expected to remain status quo. The one time mitigation grant essentially restores provincial funding to the 2014 level. For context, in 2014, the Board received a 2% increase in the provincial funding grant for cost-shared programs, with no increases since then. The history of municipal funding over the last five years beginning with 2015 is 2%, 2.5%, 2%, 1.75%, 3%, and 10% in 2020.
6. The ministry has made a verbal commitment to fund COVID-19 extraordinary expenses in 2021, however, little is known regarding the level of support that will be available to the system. Significant additional costs estimated to be required for the PHSD COVID-19 response are not included in the recommended 2021 budget.
7. Notwithstanding the need to prioritize programming in the context of a pandemic, the legislative requirements of boards of health remain the same, as articulated in the HPPA, related regulations, and the Ontario Public Health Standards, and related protocols and guidelines.

2018–2022 Strategic Priorities:

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

- 8. The future is unknown and we need to have the capacity and competencies to assess and react quickly to evolving needs, while anticipating and planning for ongoing and future public health challenges.

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

2021 SUMMARY OF BUDGET PRESSURES

Item 5.2 c

	2020 BOH Approved	In-Year Adjustments	Restated 2020 BOH Approved Budget	RECOMMENDED 2021 Budget	Financial Implications
Operating Revenue					
MOH - Mandatory Programs	14,983,563	312,248	15,295,811	14,983,563	(312,248)
MOH - Other Related Program	1,993,653	867,252	2,673,472	1,806,220	(867,252)
100% Funded Program Adjustment		(187,433)			
MOH - Unorganized Territories	826,000	-	826,000	826,000	-
Municipal Levy - Mandatory Programs	8,080,180	-	8,080,180	8,080,180	-
Interest Revenue	140,000	-	140,000	140,000	-
MOH Mitigation One time grant	600,000	(600,000)			
MOH Operating Revenue	\$ 26,623,396	\$ 392,067	\$ 27,015,463	\$ 25,835,963	\$ (1,179,500)
Operating Expenditures					
MOH - Mandatory Programs	23,639,296	658,567	24,297,863	24,762,399	464,536
MOH - Other Related Program	2,984,100	(266,500)	2,717,600	2,663,351	(54,249)
Total Operating Expenditures	\$ 26,623,396	\$ 392,067	\$ 27,015,463	\$ 27,425,750	\$ 410,287
Projected 2021 Budget Shortfall				\$ (1,589,787)	\$ (1,589,787)
Funding Offsets					
MOH Mitigation One-time Grant				1,179,500	
Municipal Levy increase - 5%				404,009	
Total				\$ 1,583,509	
2021 Budget Shortfall remaining/Vacancy Allowance - 5%				\$ (6,278)	
Funding Offsets					
MOH Mitigation One-time Grant				1,179,500	
Municipal Levy increase - 4%				323,208	
Total				\$ 1,502,708	
2021 Budget Shortfall remaining/Vacancy Allowance - 4%				\$ (87,079)	

3-Year Financial Projections

* Assumptions: 2021

		2020		Restated	Recommended	2022	2023
		BOH Approved	in-Yr Adj'ts	2020	2021	Year 2	Year 3
				BOH Approved	Year 1		
Municipal Levy In	5%						
Revenue	Revenue						
MOH - Mandatory Cost-Shared		16,977,216	992,067	17,969,283	16,789,783	16,789,783	16,789,783
MOH - Unorganized Territories		826,000		826,000	826,000	826,000	826,000
MOH - One-Time Mitigation Grant		600,000	600,000	-	-	-	-
Municipal Levies - Mandatory Cost-Shared		8,080,180		8,080,180	8,484,189	8,484,189	8,484,189
Interest Earned		140,000		140,000	140,000	140,000	140,000
Cost-Shared Programs Revenue		26,623,396	392,067	27,015,463	26,239,972	26,239,972	26,239,972
Expenditures							
Cost-Shared Programs Expenditures		26,623,396	392,067	27,015,463	27,425,750 *	27,991,653 *	28,573,859
Cost-Shared Programs Projected surplus or (deficit)		(0)	0	0	-1,185,777	-1,751,680	-2,333,886
Municipal levy increase							
Vacancy Allowance							
MOH One-time Mitigation Grant					1,179,500		
Total Cost-Shared Programs projected surplus (deficit)					(6,277)	(1,751,680)	(2,333,886)

**Public Health Sudbury & Districts
Cost Shared Programs & Services**

**Item 5.3 e
2021 Recommended Operating Budget
MOH: 0% MUN:5%**

Description	BOH	Restated	2021	Increase
	2020 Approved	BOH 2020 Approved	Budget	(Decrease)
Revenue		a	b	(b-a)
MOH - General Cost-Shared Programs	16,977,216	17,969,283	17,969,283	-
MOH - Unorganized Territory	826,000	826,000	826,000	-
MOH - One-Time Mitigation Grant	600,000	-	-	-
Total MOH	18,403,216	18,795,283	18,795,283	-
Municipal				
Municipal Levies	8,080,180	8,080,180	8,484,189	404,009
Total Municipal	8,080,180	8,080,180	8,484,189	404,009
Other				
Interest Earned	140,000	140,000	140,000	-
Total Other	140,000	140,000	140,000	-
Total All Funding Sources	26,623,396	27,015,463	27,419,472	404,009
Expenditures				
Cost Shared Programs	26,623,396	27,015,463	27,425,750	410,287
Total Expenditures	26,623,396	27,015,463	27,425,750	410,287
Funding Surplus (Deficit)	0	0	(6,278)	(6,278)

Public Health Sudbury & Districts
Cost Shared Programs & Services

2021 Recommended Operating Budget
MOH 0%:MUN 5%

Description	BOH	Restated	2021	Increase	% Change
	2020 Approved	BOH 2020 Approved a			
Revenue					
MOH - General Cost-Shared Programs	14,983,563	15,295,811	15,295,811	-	0.0%
MOH - Other Cost-Shared Programs removal of MOH - NFVP & Ind. Comm	1,993,653	2,673,472	2,673,472	-	0.0%
MOH - Unorganized Territory	826,000	826,000	826,000	-	0.0%
MOH - One-Time Mitigation Grant	600,000	-	-	-	0.0%
Municipal Levies	8,080,180	8,080,180	8,484,189	404,009	5.0%
Interest Earned	140,000	140,000	140,000	-	0.0%
Total Revenue	26,623,396	27,015,463	27,419,472	404,009	1.5%
Expenditures					
Corporate Services					
Corporate Services	4,199,080	4,778,580	4,645,042	(133,537)	-3.2%
Office Admin	115,350	115,350	115,350	-	0.0%
Espanola	117,509	117,509	119,440	1,931	1.6%
Manitoulin Island	127,187	127,187	129,622	2,435	1.9%
Chapleau	104,631	104,631	102,536	(2,095)	-2.0%
Sudbury East	17,940	17,940	18,104	164	0.9%
Intake	337,278	337,278	345,062	7,784	2.3%
Facilities Management	574,599	574,599	574,599	-	0.0%
Volunteer Resources	3,850	3,850	3,850	-	0.0%
Total Corporate Services	5,597,424	6,176,924	6,053,605	(123,319)	-2.2%
Health Protection					
Health Protection - General	1,255,471	1,255,471	1,297,270	41,800	3.3%
Environmental	2,520,968	2,520,968	2,574,848	53,880	2.1%
Vector Borne Disease	87,545	87,545	88,162	617	0.7%
Small Drinking Water Systems	162,574	162,574	165,795	3,221	2.0%
Clinical Services - General	-	-	-	-	0.0%
Clinic	1,371,068	1,371,068	1,322,036	(49,032)	-3.6%
Clinical Services - Branches	223,123	223,123	227,749	4,626	2.1%
Risk Reduction	98,842	98,842	98,842	-	0.0%
Sexual Health	1,248,292	1,248,292	1,064,344	(183,948)	-14.7%
MOH - Infectious Diseases Control Initiative	389,000	389,000	389,000	0	0.0%
MOH - Needle Exchange Program Initiative	87,100	87,100	87,100	-	0.0%
MOH - Nursing Initiatives	392,100	392,100	392,100	-	0.0%
MOH - Enhanced Food Safety - Haines Initiative	36,500	36,500	18,250	(18,250)	-50.0%
MOH - Safe Water Initiative	16,200	16,200	16,200	-	0.0%
E-Cigarettes Act	36,700	36,700	26,700	(10,000)	-27.2%
Protection and Enforcement	234,600	234,600	228,600	(6,000)	-2.6%
Prosecution	25,200	25,200	5,200	(20,000)	-79.4%
Total Health Protection	8,185,284	8,185,284	8,002,197	(183,086)	-2.2%
Health Promotion					
Promotion - General	1,342,171	1,421,238	954,735	(466,503)	-34.8%
Branches (Espanola/Manitoulin)	336,364	336,364	333,954	(2,410)	-0.7%
Nutrition & Physical Activity Team	1,043,077	1,043,077	1,279,188	236,112	22.6%
Branches (Sudbury East/Chapleau)	402,549	402,549	219,598	(182,951)	-45.4%
Injury Prevention	524,894	524,894	27,874	(497,020)	-94.7%
Tobacco, Alcohol and Cannabis	488,047	488,047	344,382	(143,665)	-29.4%
Family Team	635,138	635,138	791,330	156,193	24.6%
Reproductive & Child Health	1,093,858	1,093,858	43,700	(1,050,158)	-96.0%
Mental Health and Addictions	643,920	643,920	372,600	(271,320)	-42.1%
Alcohol and Substance Misuse	-	-	-	-	0.0%
Dental	525,585	525,585	538,539	12,953	2.5%
Vision Health	68,977	68,977	70,486	1,509	2.2%
MOH - Diabetes Prevention Programming	175,000	175,000	175,000	-	0.0%
MOH - Harm Reduction	150,000	150,000	150,000	-	0.0%
MOH - Healthy Smiles Ontario Program	612,200	612,200	612,200	-	0.0%
TCAN Prevention	97,200	97,200	97,200	-	0.0%
TCAN - Coordination	285,800	285,800	285,800	-	0.0%
TCC	100,000	100,000	100,000	-	0.0%
Youth Use Prevention	80,000	80,000	80,000	-	0.0%
Total Health Promotion	8,780,880	8,683,847	6,476,587	(2,207,260)	-25.1%
School Health, Vaccine Preventable Diseases and COVID Prevention					
School Health, VPD, COVID Prevention - General	-	-	366,674	366,674	0.0%
School Health and Behaviour Change	1,459,229	1,459,229	1,746,304	287,075	19.7%
VPD and COVID CCM	-	-	2,120,790	2,120,790	0.0%
Total School Health, Vaccine Preventable Diseases and COVID Prevent	1,459,229	1,459,229	4,233,768	2,774,538	190.1%
Knowledge and Strategic Services					
Knowledge and Strategic Services	2,462,000	2,462,000	2,611,414	149,414	6.1%
Workplace Capacity Development	23,507	23,507	23,507	-	0.0%
Health Equity Office	14,440	14,440	14,440	-	0.0%
Strategic Engagement Unit	10,232	10,232	10,232	-	0.0%
Total Knowledge and Strategic Services	2,600,579	2,510,179	2,659,593	149,414	5.7%
Total Expenditures	26,623,396	27,015,463	27,425,750	410,287	1.5%
Net Surplus (Deficit)	0.15	0	(6,278)		

Public Health Sudbury & Districts
Expenditures By Category
Cost-Shared Programs

2021 Recommended Operating Budget

TOTAL for Cost-Shared Programs			
Description	2020 Budget RESTATED	2021 Proposed	Changes (\$) Inc/(Dec)
Salaries	18,250,925	18,598,386	347,461
Benefits	5,289,497	5,513,754	224,257
Total Salaries & Benefits	23,540,422	24,112,140	571,718
Office Supplies & Administration	152,978	151,077	(1,901)
Media & Advertising	131,950	131,950	-
Health Services / Purchased Services	145,433	141,633	(3,800)
Professional Fees	136,623	57,927	(78,696)
Travel	299,356	288,727	(10,629)
Program Expenses	994,631	908,616	(86,015)
Photocopy Expenses	28,255	28,255	-
Telephone Expenses	197,786	197,786	-
Postage & Courier Services	64,972	64,972	-
Vector Borne Disease - Education and Surveillance	44,825	44,825	-
Books & Subscriptions	9,345	9,345	-
Furniture & Equipment	21,270	21,270	-
Rent Revenue	(69,076)	(69,076)	-
Insurance	117,849	121,234	3,385
Information Technology	608,040	620,775	12,735
Rent Surplus Transferred to Reserve	56,642	56,642	-
Translation	49,440	49,440	-
Memberships	29,889	29,889	-
Expense Recoveries	(878,193)	(798,435)	79,758
Rent	266,932	273,408	6,476
Building Maintenance	593,599	593,599	-
Utilities	219,249	225,827	6,577
Staff Development	253,246	163,923	(89,323)
Total Operational Expenses	3,475,041	3,313,610	(161,431)
Total Expenditures	27,015,463	27,425,750	410,287

**Public Health Sudbury & Districts
Cost Shared Programs and Services**

Municipal Levy	5%		4%
	2020	2021	2021
Total Budget	26,623,396	27,425,750	27,425,750
Municipal Levy	8,080,180	8,484,189	8,403,387

Municipal Levy	2018	%	2020	2021			
	Population*	Population	Levy	5% Levy	Difference	4% Levy	Difference
			a	b	c = (b-a)	d	(d-a)
Assignack (Township of)	754	0.459%	37,093	38,947	1,854	38,577	1,484
Baldwin (Township of)	505	0.307%	24,811	26,051	1,240	25,803	992
Billings (Township of)	501	0.305%	24,649	25,881	1,232	25,635	986
Burpee and Mills (Township of)	273	0.166%	13,418	14,088	670	13,955	537
Central Manitoulin (Township of)	1,711	1.042%	84,200	88,410	4,210	87,568	3,368
St. Charles	1,156	0.704%	56,889	59,733	2,844	59,165	2,276
Chapleau (Township of)	1,915	1.166%	94,219	98,930	4,712	97,988	3,770
French River	2,374	1.445%	116,763	122,601	5,838	121,433	4,670
Espanola Town	4,362	2.655%	214,533	225,260	10,727	223,115	8,582
Gordon/ Barrie Island	449	0.273%	22,063	23,167	1,104	22,946	884
Gore Bay Town	739	0.450%	36,365	38,184	1,819	37,820	1,456
Markstay-Warren	2,328	1.417%	114,501	120,226	5,725	119,081	4,580
Northeastern Manitoulin & the Islands (Town)	2,129	1.296%	104,724	109,960	5,236	108,913	4,189
Nairn & Hyman (Township)	396	0.241%	19,478	20,452	974	20,257	779
Killarney	346	0.211%	17,054	17,906	852	17,736	682
Sables-Spanish River (Township of)	2,680	1.631%	131,792	138,382	6,590	137,064	5,273
City of Greater Sudbury	141,290	86.010%	6,949,767	7,297,256	347,489	7,227,753	277,986
Tehkummah (Township of)	363	0.221%	17,862	18,755	893	18,576	714
TOTAL	164,271	100%	8,080,180	8,484,189	404,009	8,403,387	323,208
Per Capita Rate			49.19	51.65	2.46	51.16	1.97

* 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 for 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: _____