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ML MIDDLESEX-LONDON
HEALTH UNIT



2012 Board of Health Budget Submission

Presentation to Strategic Priorities and
Policy Committee
February 9, 2012



Background

Board of Health Composition

3 City Council Appointees

3 County Council Appointees

5 Provincial Appointees

Board of Health Mandate

Health Protection and Promotion Act (HPPA)

Duty of Board of Health

Section 4 of HPPA

Every board of health,

- (a) shall superintend, provide or ensure the provision of the health programs and services required by this Act and the regulations to the persons who reside in the health unit served by the board; and
 - (b) shall perform such other functions as are required by or under this or any other Act.
- R.S.O. 1990, c. H.7, s. 4.

Section 5 - Mandatory Health Programs and Services

1. Community Sanitation
2. Control of Infectious Diseases and Reportable Diseases
3. Health Promotion, Health Protection and Disease and Injury Prevention
4. Family Health

HPPA - Section 7 (1)

The Minister may publish guidelines for the provision of mandatory health programs and services and every board of health shall comply with the published guidelines. R.S.O. 1990, c. H.7, s. 7 (1).

Ontario Public Health Standards 2008

The Ontario Public Health Standards are published as the guidelines for the provision of mandatory health programs and services by the Minister of Health and Long-Term Care, pursuant to Section 7 of the Health Protection and Promotion Act, R.S.O. 1990, c. H.7.



Ontario Public Health Standards

- **A Foundational Standard**
- **13 Program Standards (5 program areas):**
 - Chronic Disease & Injury Prevention**
 - Family Health**
 - Infectious Diseases**
 - Environmental Health**
 - Emergency Preparedness**
- **25 Protocols**

Ontario Public Health Organizational Standards

- Define 44 specific management and governance requirements for all Boards of Health

Ontario Public Health Organizational Standards

Duties of the Board of Health

The Board of Health shall provide governance direction to the administration and ensure that the board remains informed about the activities of the organization...

Ontario Public Health Organizational Standards

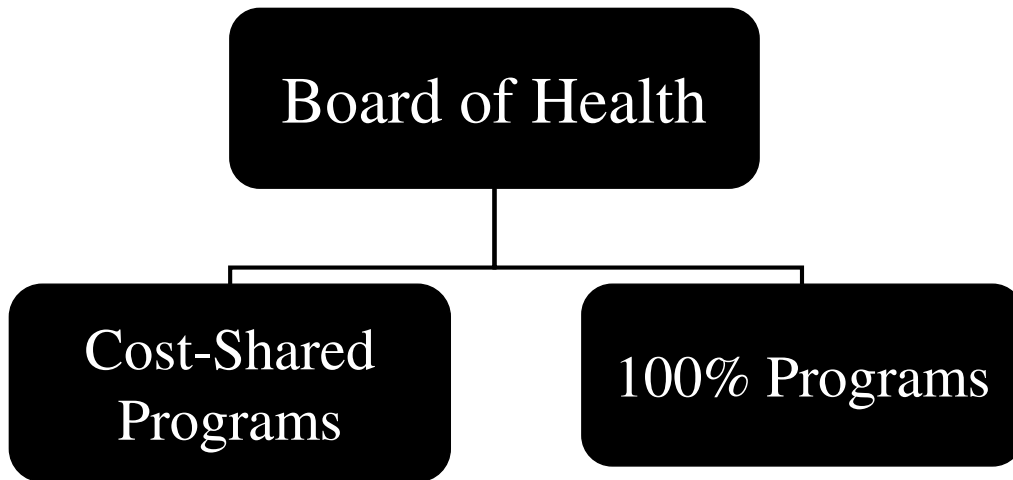
Delegation of Administration

The Medical Officer of Health of a board of health is responsible to the board for the management of the public health programs and services under this or any other act (HPPA, s.67(1) and (3))

Board of Health Mandate Other Legislated Duties

- 1. Health Protection and Promotion Act
- Regulations**
- 2. Smoke Free Ontario Act**
- 3. Immunization of School Pupils Act**
- 4. Safe Drinking Water Act**

Board of Health Funding



**Cost-Shared
Programs**

Calendar year programs:

- Mandatory Programs
- VBD Program
- CINOT

VBD – Vector-Borne Disease
CINOT – Children In Need of Treatment (Dental)
HBHC – Healthy Babies, Health Children Program
MHLTC – Ministry of Health and Long-Term Care
MHPS – Ministry of Health Promotion and Sport
MCYS – Ministry of Children and Youth Services

**100%
Programs**

Calendar year programs:

- Sm. Drinking H₂O Systems (MHLTC)
- Infectious Disease Control (MHLTC)
- Smoke Free Ontario (MHPS)
- Healthy Communities (MHPS)
- HBHC (MCYS)
- Dental Clinic (User Fees)
- Healthy Smiles Ontario (MHLTC)
- Vaccine Delivery (Per dose)
(Influenza/Hep B/HPV)

**Cost-Shared
Programs**

**No cost shared fiscal year
programs**

**100%
Programs**

Fiscal year programs (Mar 31st)

- tykeTALK (MCYS)
- Infant Hearing Prg. (MCYS)
- Blind Low Vision (MCYS)
- Smart Start for Babies (Federal)

2012 Health Unit Budget

Cost Shared Total

\$23 million

100% Funded Total

\$8.8 million

\$ 31.8 million
Total 2012 Budget

Total Public Health Funding by Funding Body (%)

	Province	City	County	Federal
2004	59.82%	33.75%	6.43%	0.00%
2005	69.00%	25.52%	4.86%	0.62%
2006	70.47%	24.30%	4.63%	0.60%
2007	73.84%	21.53%	4.10%	0.53%
2008	75.48%	20.18%	3.84%	0.50%
2009	77.15%	18.81%	3.58%	0.46%
2010	75.81%	19.89%	3.79%	0.51%
2011	76.90%	19.01%	3.62%	0.47%
2012	77.04%	18.89%	3.60%	0.47%

Mandatory (Cost-Shared) Program Funding by Funding Body (%)

	Province	City	County
2004	50.00%	42.00%	8.00%
2005	55.00%	37.80%	7.20%
2006	62.00%	31.90%	6.10%
2007	66.00%	28.60%	5.40%
2008	66.30%	28.31%	5.39%
2009	67.18%	27.57%	5.25%
2010	66.56%	28.09%	5.35%
2011	67.21%	27.54%	5.25%
2012	68.40%	26.54%	5.06%

HPPA – Section 72(1) (Payment by Obligated Municipalities)

The obligated municipalities in a health unit shall pay,

(a) the expenses incurred by or on behalf of the board of health of the health unit in the performance of its functions and duties under this or any other Act; and

b) the expenses incurred by or on behalf of the medical officer of health of the board of health in the performance of his or her functions and duties under this or any other Act.

1997, c. 30, Sched. D, s. 8.

HPPA - Section 76 (Provincial Funding Obligations)

The Minister may make grants for the purposes of this Act on such conditions as he or she considers appropriate. 1997, c. 15, s. 5 (2).



Public Health Accountability Agreement

The contract between each Board of Health and the Province of Ontario to fulfill all duties and responsibilities assigned to Boards of Health under the Health Protection and Promotion Act, including compliance with the Ontario Public Health Standards and the Ontario Public Health Organizational Standards.

Signed by Board of Health Chair September 2011



History of Current Budget Situation

Funding History

Pre 1998 – 75% Provincial – 25% Municipal

1998 – 100% Municipal

1999 – 50% Provincial – 50% Municipal

SARS - 2003

Federal and Provincial Reviews of
Public Health Response conducted
in 2004

Justice Campbell Report

“ SARS showed that Ontario’s public health system is broken and needs to be fixed. Despite the extraordinary efforts of many dedicated individuals and the strength of many local public health units, the overall system proved woefully inadequate.”

Provincial Response to SARS Reviews Recommendations

A commitment to strengthen Public Health by increasing the total funding available for Public Health in order to improve local Public Health capacity and a commitment to increase the provincial portion of the cost shared arrangement with municipal funders.

Proposed Provincial Funding Arrangement Transition

2005 – 55% Provincial – 45% Municipal

2006 – 65% Provincial - 35% Municipal

2007 – 75% Provincial – 25% Municipal

2005 Board of Health Business Plan - Objective

To enhance local Public Health programs and services on an ongoing basis through annual Provincial grant increases with no increase in Municipal funding (using 2004 as the base year) until a 75% Provincial / 25% Municipal cost-sharing arrangement is achieved.

Board of Health Business Plan Rationale

1. The change in the provincial/municipal funding formula is intended to increase resources for public health to address the deficiencies identified by the Provincial SARS Response Reviews.
2. There is no increase in the funding allocated by either the City or the County from that designated by both in 2004.

Board of Health Business Plan - Rationale

3. The Middlesex-London Health Unit on a per capita funding basis is 34th of 36.
4. Funding increases to the Middlesex-London Health Unit have not kept pace with the provincial average over the past five years.



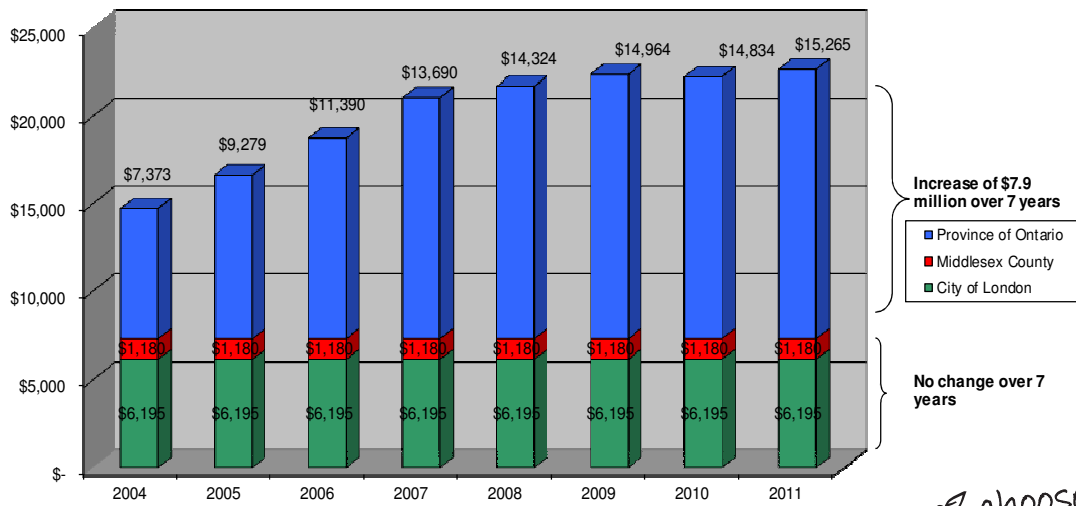
Board of Health Business Plan - Implementation

Approved by City Council and
County Council each year since 2005

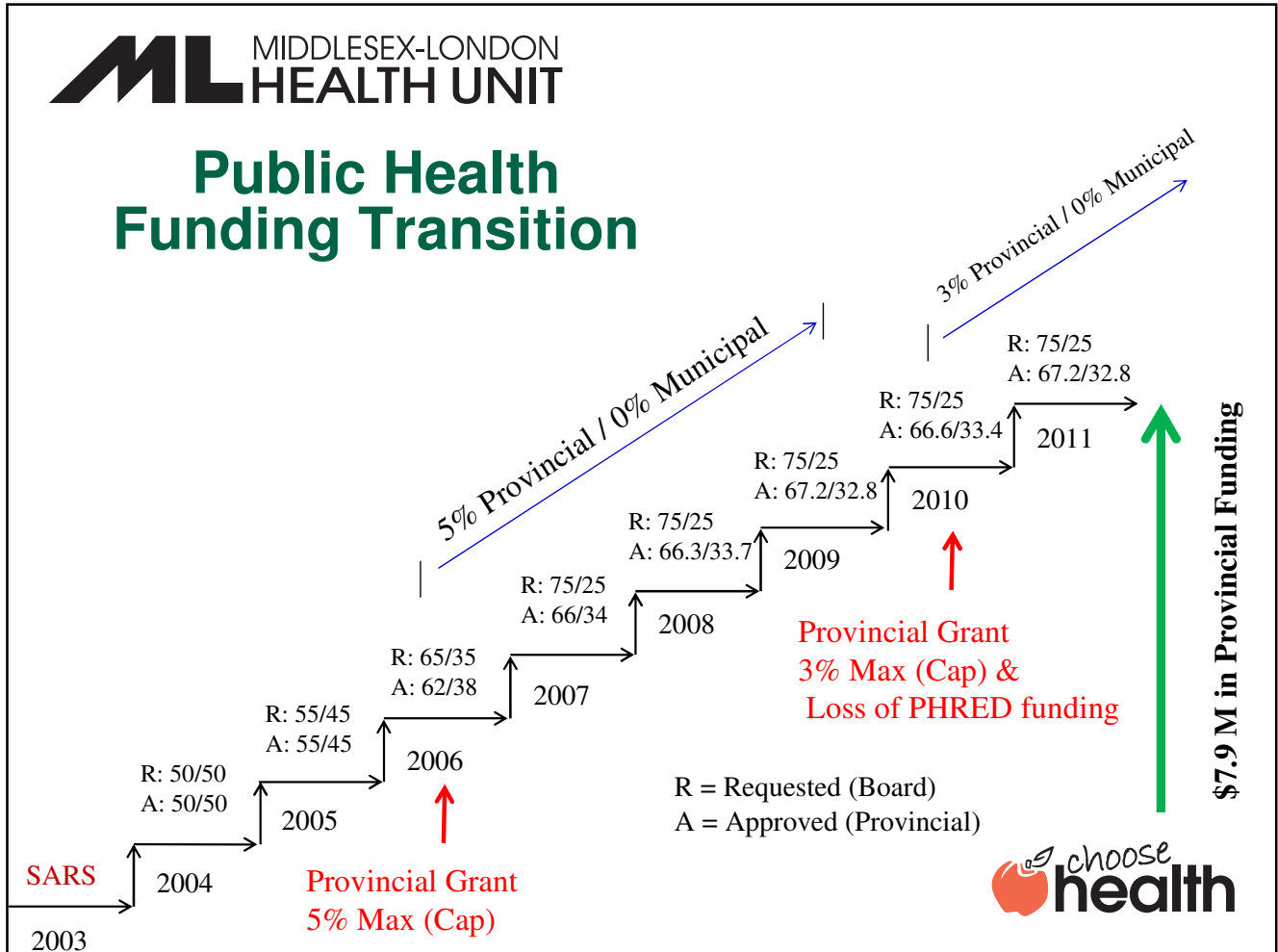


Success of Board of Health Business Plan

2004 - 2011 Cost-Shared Program Funding (\$000's)
by Funding Source



Public Health Funding Transition



2012 Budget Situation

City of London Budget Target

City Council has directed that a 75% provincial 25% municipal cost-sharing arrangement be achieved by 2014 through an annual \$500,000 reduction in City funding over a three year period beginning in 2012

City of London Budget Target

Of all external Boards, Commissions and City Departments, only the Board of Health was assigned a negative budget target.

This despite a 0% increase in City of London funding since 2004 and a 0% increase request for 2012.



Revised 2012 Board of Health Submission

In recognition of local economic conditions and respecting City Council's goal of minimizing a 2012 property tax increase, the Board of Health revised its 2012 Budget Submission through a \$100,000 reduction representing a 1.6% decrease.



Status of 2012 Board of Health Budget Submission

- Revised submission (\$6,095,059) confirmed by Board of Health January 19, 2012
- Board of Health legal opinion shared with City Council

Revised 2012 Board of Health Submission

- Notice under the Health Protection and Promotion Act provided to City Council January 31, 2012.
- Notice under the Health Protection and Promotion Act reaffirmed February 8, 2012.
- Board of Health legal opinion provided to City Council February 8, 2012.



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