

# The Regional Municipality of York

Board of Health  
Community and Health Services  
October 3, 2019

Report of the Commissioner of Community and Health Services and Medical Officer of Health

## **Public Health 2018 Annual Report and Attestation and Healthy Babies Healthy Children Year-End Settlement**

### **1. Recommendations**

1. The Board of Health receive and approve the 2018 Annual Report and Attestation and Healthy Babies Healthy Children Year-End Settlement certificates.
2. The Chair of the Board of Health sign the 2018 Annual Report and Attestation certificate for submission to the Ministry of Health.
3. The Chair of the Board of Health sign the 2018 Healthy Babies Healthy Children Year-End Settlement certificate for submission to the Ministry of Children, Community and Social Services.

### **2. Summary**

The province requires the Annual Report and Attestation and Year-End Settlement for various public health programs to carry out its legislative duties and responsibilities as the Board of Health under the *Health Protection and Promotion Act*.

Boards of Health are responsible for providing or ensuring the provision of health programs and services in their respective geographic jurisdictions. An accountability agreement between the Region and the Ontario government requires separate audited financial returns for various Public Health Programs be reviewed and approved by Council in its capacity as the Board of Health.

Key Points:

- Each year, the Ministry of Health and the Ministry of Children, Community and Social Services (MCCSS) provide year end settlement packages and instructions for completion to service providers. The completed packages are reviewed by an external auditor, and then submitted for approval by the Board of Health.
- In 2018, the Ministry of Health introduced new reporting requirements for programs they fund. In addition to a new template for the financial reconciliation, the report now

includes program narratives, outcome indicators and an Attestation related to compliance with requirements under the Accountability Agreement.

- The year-end settlement report for the Healthy Babies, Healthy Children program funded by the MCCSS remains the same as previous years.

### **3. Background**

#### **The Board of Health is required to submit an Annual Report and Attestation**

The 2018 Annual Report and Attestation (Attachment 1), which replaces separate program specific annual reports and the Program-Based Grants Annual Settlement Report, is a new report Boards of Health are required to submit annually as per the *Ontario Public Health Standards and Public Health Funding and Accountability Agreement*.

The 2018 Annual Report and Attestation requires the Board of Health to:

- Provide a year-end summary report on program achievements and finances
- Identify any major changes in planned program activities due to local events
- Demonstrate compliance with programmatic and financial requirements

The template includes four main components:

1. Program Narratives
2. Annual Reconciliation of Financials
3. Program Outcome Indicators
4. Attestation by Domain of the Public Health Accountability Framework

The 2018 Annual Report and Attestation template was released by the Ministry of Health in May 2019 and the completed pre-audit report was submitted on the Ministry's deadline of June 28, 2019. Upon completion of the report, the financial audit engagement was scheduled and conducted in July 2019 by the Region's audit firm, KPMG-LLP, for the fiscal year ended December 31, 2018. A copy of the 2018 Auditor's Attestation Report is included as Attachment 2.

#### **The Healthy Babies Healthy Children Year-End Settlement forms remain the same as previous years**

The 2018 Healthy Babies Healthy Children (HBHC) Year-End Settlement forms (Attachment 3) remain the same as prior years. The forms report revenue and expenditures specific to funding provided to the HBHC Program by MCCSS.

The 2018 HBHC Year-End Settlement forms were released by the MCCSS in July 2019 and the completed pre-audit report was submitted July 31, 2019 by Public Health. Upon completion of the report, the audit engagement was scheduled and conducted in August 2019 by the Region's audit firm, KPMG-LLP, for the fiscal year ended December 31, 2018. A copy of the 2018 HBHC Auditor's Questionnaire is appended as Attachment 4.

## 4. Analysis

### **Public Health programs were compliant with standards and managed within Regional budget approval**

The Board of Health is responsible for ensuring delivery of mandatory and related Public Health programs and services in accordance with the *Ontario Public Health Standards: Requirements for Programs, Services and Accountability* and the *Health Protection and Promotion Act*.

York Region Public Health plays a critical role protecting and promoting the health and well-being of York Region residents by addressing risk factors associated with health outcomes through the delivery of core public health programs and services outlined in the *Ontario Public Health Standards*, including:

- Assessment and Surveillance
- Health Promotion and Policy Development
- Health Protection
- Disease Prevention
- Emergency Management

Examples of programs and services supporting these core functions include:

1. **Assessment and Surveillance:** Public Health is responsible for monitoring of disease and health trends affecting York Region to ensure public health programs and services can best protect and promote the health status of York Region communities. In 2018, the Healthy Living Division conducted a comprehensive program review that resulted in a change in the way certain programs and services were being delivered to better meet community needs. For example, sexual health clinics increased clinic hours to incorporate drop-in hours for at-risk clients and the harm reduction program redirected existing resources to increase the number of training events provided and the number of naloxone kits distributed to community agencies and the public.
2. **Health Promotion and Policy Development:** Public Health plays key roles leading, supporting, developing and participating with other organizations in policy analysis, development and advocacy for improving health inequities. In 2018, these initiatives

focused on tobacco free living in Housing York properties, robust healthy growth and development programs for children, healthy built environments, and concussion supports to York Region’s publicly funded school boards.

3. **Health Protection:** A core function of Public Health is ensuring public venues are safe from a public health standpoint. This includes conducting inspections of food premises, personal service settings, recreational water venues and legislated areas. This work also includes ensuring residents are protected from vector borne diseases by conducting tick and mosquito surveillance and control activities. Public Health also plays a role in developing healthy built environment policies through consultations with planners and local municipalities.
4. **Disease Prevention:** Another core function of Public Health is investigating, controlling and preventing the spread of infectious diseases. This work involves timely and responsive case, contact and outbreak management activities to mitigate the risk of disease transmission among residents. This work also involves delivering an effective immunization program to keep our communities protected from harmful, but preventable, diseases (e.g., measles, mumps, meningococcal disease).
5. **Emergency Management:** Health emergency planning is embedded into operational work of the Public Health branch. This includes ensuring the public health emergency response plan is current and aligns with both the Emergency Management Guideline and Regional Emergency Plan. In 2018, memorandums of understanding were signed between the Region and the York Region District School Board and York Catholic District School Board for mass immunization clinics.

The Ministry of Health provides funding for mandatory and related public health programs through an annual subsidy allocation. Although the subsidy is primarily comprised of 75% cost shared funding (where the Region must contribute 25%), there are a number of small programs and one-time funding initiatives that receive 100% provincial funding. In 2018, Ministry of Health approved grants totalled approximately \$45.56 million, comprised of \$39.33 million in 75% cost shared funding for mandatory and related programs, and approximately \$6.23 million of 100% funding for related programs.

Table 1 summarizes the financial results for the Public Health programs funded by Program-Based Grants in 2018.

**Table 1**  
**Public Health Program-Based Grants**

	2018 Ministry Approved Grant	Subsidy Claimed	Difference between Approved and Claimed
Mandatory Programs @ 75%	\$38,862,300	\$38,862,300	-
Related Programs @ 75%	470,700	470,700	-

	2018 Ministry Approved Grant	Subsidy Claimed	Difference between Approved and Claimed
Related Programs @ 100%	6,229,895	5,825,629	404,266
<b>Total Public Health Programs</b>	<b>\$45,562,895</b>	<b>\$45,158,629</b>	<b>\$404,266</b>

The subsidy claimed in 2018 was \$45.16 million, which was \$404,000 less than the approved grants. This under-expenditure was mainly due to eligible one-time costs being lower than anticipated, and because this funding is not permitted to be redirected to another purpose. Funding received in excess of subsidy claimed has been recovered by the Ministry of Health.

### **The Healthy Babies Healthy Children Program has been managed within Regional budget approval for Public Health Programs**

The HBHC Program is a mandatory preventative early intervention program intended to improve the well-being and long-term prospects of children. In 2018, the HBHC Program received \$4,401,635 in provincial funding, and all funds were expended.

The program does not require municipal cost sharing, however, the actual cost of delivering this mandatory program exceeded the allocated provincial funding. Actual expenditures for the HBHC program were \$5.45 million in 2018, exceeding the provincial subsidy allocation by \$1.05 million.

Provincial funding for the HBHC program has remained constant at \$4.40 million since 2015 and only increased by \$150,000 since 2009. Actual costs over and above the approved provincial allocation have been supported through the approved Regional tax levy for public health programs.

## **5. Financial**

Each year, Council approves the annual operating budget which includes an estimated provincial funding amount for all public health programs. The approved funding allocation for all public health programs in 2018 was \$49.96 million; of which \$4.40 million came from the MCCSS for the HBHC program, and the remaining \$45.56 million came from the Ministry of Health. Eligible provincial funding amounts are determined on a program by program basis subject to individual program eligibility and funding limits.

In 2018, \$49.56 million or 99.2% of the approved \$49.96 million provincial allocation was applied against the actual eligible public health program expenditures.

The total 2018 approved Regional budget for Public Health was \$65.75 million in expenditures planned to be funded by \$48.21 million in estimated provincial funding, \$0.53 million in fees and charges, and a net tax levy of \$17.01 million. The actual provincial funding

exceeded the budgeted \$48.21 million by approximately \$1.35 million, which reduced the tax levy requirement.

## 6. Local Impact

There are no local municipal impacts associated with this report.

## 7. Conclusion

York Region Public Health plays a critical role protecting and promoting the health and well-being of York Region residents through the delivery of core public health programs and services that are compliant with provincial standards and managed within Regional budget approval.

The province requires the attached 2018 Annual Report and Attestation and 2018 Year –End Settlement be received by Regional Council in its capacity as the Board of Health and signed by the Regional Chair, the Medical Officer of Health and Business Administrator.

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For more information on this report, please contact Karen Antonio-Hadcock, Director, Integrated Business Services Branch at 1-877-464-9675 ext. 72088. Accessible formats or communication supports are available upon request.

Recommended by: **Katherine Chislett**  
Commissioner of Community and Health Services

**Dr. Karim Kurji**  
Medical Officer of Health

Approved for Submission: **Bruce Macgregor**  
Chief Administrative Officer

September 20, 2019  
Attachments (4)  
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