



## STAFF REPORT ACTION REQUIRED

### Core Service Review: Toronto Public Health

<b>Date:</b>	July 21, 2011
<b>To:</b>	Board of Health
<b>From:</b>	Medical Officer of Health
<b>Wards:</b>	All
<b>Reference Number:</b>	

### SUMMARY

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This report serves to present an overview of the findings of the Core Service Review of Toronto Public Health (TPH), undertaken by KPMG at the direction of City Council. The report further provides recommendations from the Medical Officer of Health to the board regarding the report and its findings (see Attachment 1). The report is currently scheduled for consideration by Executive Committee on July 28, 2011.

### RECOMMENDATIONS

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The Medical Officer of Health recommends:

1. That the Board of Health communicate to Executive Committee its agreement with the findings of the Core Service Review for those cost-shared public health programs legally mandated by the Ontario Public Health Program Standards under the Health Protection and Promotion Act (HPPA).
2. That the Board of Health recommend to the Executive Committee to maintain current municipal funding to the Student Nutrition Program.
3. That the Board of Health direct the Medical Officer of Health to explore alternate sources of funding for the AIDS Prevention and Drug Prevention Community Investment Programs as a way to retain these programs and report as part of the 2012 Operating Budget process.
4. That the Board of Health strongly advocate to the Province of Ontario for an expansion in the scope and eligibility of Provincially funded dental services or to include low income adults and seniors.

5. That this report be sent to the Executive Committee for its meeting of July 28, 2011.

### **Financial Impact**

There are no direct financial impacts flowing from this report.

### **COMMENTS**

Consistent with Council direction, Toronto Public Health has participated in the recently concluded Core Service Review process. To assist the review process, TPH staff provided the external consulting company (KPMG) with a comprehensive overview of the major legislative and regulatory requirements which govern Public Health in Ontario and the Ontario Public Health Standards under which the Board of Health provides the vast majority of its mandated programming.

Due to the extremely constrained timeframes for the review, TPH staff met on one occasion with the external consulting team and staff from the City Manager's office to review initial draft materials and provide verbal feedback. Electronic feedback was subsequently provided on the draft.

The overall findings of the Core Service Review for Toronto Public Health are broadly consistent and reflect the current legislative basis for the programs delivered by TPH.

All legislatively required programming, as set out in the Health Protection and Promotion Act and the Ontario Public Health Standards proclaimed under that act, Smoke Free Ontario Act, Immunization of School Pupils Act and the range of other statutes under which Board of Health programs and services are provided - have been accurately depicted as mandatory with service levels broadly either at standard or slightly below standard.

For all legislatively mandated areas of programming, the report makes the observation that the manner in which the legislatively mandated programs are implemented is "discretionary in some cases". The common comment across all mandated services is to "continuously review decisions on the execution of the program delivery (volume, resource allocation, strategy) to seek and generate efficiencies and cost savings."

With this observation the report notes "Program efficiency and effectiveness should increase over time, as the Agency streamlines service delivery". For all areas of legislated programming the report defines the opportunities for potential savings as low (up to 5%).

These observations are consistent with the approach taken by TPH to periodically assess and adjust service delivery to reflect community health needs and to continually identify opportunities for cost effective service delivery. TPH efforts in this regard have enabled cost-shared public health programming and service levels to be maintained for the past several years despite budget increases substantially less than the rate of inflation.

The KPMG report provides a very high level comparison with a number of North American and European cities including Montreal, Chicago, Boston, Philadelphia and Barcelona. The report further notes that because of the Provincially legislated nature of Public Health, the vast bulk of the services provided are consistent with all other health units in Ontario.

While a number of high level observations are made regarding other non-Ontario jurisdictions providing similar baskets of services, given the considerable differences in the structure, mandate, organization and legislative authority of public health delivery systems across North America and Europe, few if any meaningful interpretations can be derived from the observations provided.

This benchmarking challenge is further compounded by the responsibility of all public health providers to tailor much of how their services are delivered to specific demographics and population health trends and risks specific to the communities they serve.

### **Public Consultation**

As part of the core service review, a public consultation was carried out consisting of eight public meetings and a web-based survey. Over 13,000 people participated. Over 95% of participants ranked public health services as necessary for the City, ranking them fifth among 35 service areas, ahead of waste collection, libraries, parks and police services. When asked which services should be delivered directly by the City, participants ranked public health services second among all city services.

### **Service Reduction Opportunities**

The following four areas of programming have been identified as "other", meaning, non-essential and non-legislated and potential areas for elimination or reduction. All of the programming identified in this category are solely funded at the discretion of City Council. For the AIDS and Drug Grants funded through the Community Investment Program, the report notes that in addition to considering elimination or reduction alternate sources of funding might be identified.

#### Student Nutrition Program

Toronto Public Health administers the municipal contribution to the Student Nutrition Program designed to provide breakfast and/or nutritious snacks to school students in high need areas. These programs provide vital nutritional support to low income disadvantaged children in all parts of Toronto. As detailed in many previous reports to the Board of Health, this supports an essential component of addressing widespread food insecurity in Toronto.

#### AIDS Prevention and Community Investment Program (APCIP) and Drug Prevention Community Investment Program (DPCIP)

The TPH administered AIDS and Drug Prevention grants assist Toronto Public Health in drawing upon community capacity to assist in meeting the requirements of the Ontario Public Health Standards.

### Municipally Funded Dental Program

In addition to Provincially funded dental programming, Toronto Public Health also provides municipally funded dental programming to low income seniors and children. These services are a last resort for low income residents without dental insurance and are constantly at capacity often with significant waiting periods.

### Investing in Families

Toronto Public Health contributes a small portion to a larger support initiative operated and funded by Toronto Employment and Social Services (TESS).

## **CONTACT**

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## **SIGNATURE**

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Dr. David McKeown  
Medical Officer of Health

## **ATTACHMENT**

Attachment 1: Toronto Public Health - KPMG's Final Service Profile