



Toronto Public Health Capital Budget and Plan Request

2011-2020



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EXECUTIVE SUMMARY

This report provides an overview of the Toronto Public Health (TPH) 2011 Capital Budget, and 2012-2020 Capital Plan and Forecast.

TPH is submitting a 2011 – 2020 Capital Budget and Plan request of \$34.978 million, including a 2011 Capital Budget of \$3.539 million and future year commitments of \$9.625 million and a 2012 – 2020 Capital Plan and Forecast of \$21.814 million. The Debt Affordability Target provided by the City for TPH is \$4.507 million in 2011, \$3.400 million in 2012 and, \$3.400 million each year from 2013 to 2020 for a total of \$35.107 million.

The 10-Year Capital Budget and Plan request will provide funding for fourteen Information and Technology (IT) projects that support improvement of service delivery with the development and enhancement of systems while complying with provincial mandatory reporting requirements. The associated operating impact of these fourteen IT projects at the end of ten years is \$0.222 million gross and \$0.055 million net for two new positions and ongoing costs for service and maintenance.

Table 1

Toronto Public Health 2011 - 2020 Capital Budget and Plan Request (\$000's)												
	2011 Budget Request	Commitments/Plan				Total 2011 - 2015	2016-2020 Forecast					Total 2011 - 2020
		2012	2013	2014	2015		2016	2017	2018	2019	2020	
2011 Budget & Future Year Commitments	3,539	4,338	2,652	1,353	1,282	13,164	0	0	0	0	0	13,164
2012 - 2020 Plan and Forecast (Estimates)		0	744	2,040	2,114	4,898	3,392	3,388	3,363	3,373	3,400	21,814
Total Plan and Forecast	3,539	4,338	3,396	3,393	3,396	18,062	3,392	3,388	3,363	3,373	3,400	34,978
Debt Affordability Target	4,507	3,400	3,400	3,400	3,400	18,107	3,400	3,400	3,400	3,400	3,400	35,107
Over/(under) Debt Target	-968	938	-4	-7	-4	-45	-8	-12	-37	-27	0	-129

A shift in cash flow funding from 2011 to 2012 was done with the City's Financial Planning Division. The TPH debt target will be revised in 2012 from \$3.400 million to \$4.338 million to reflect the shift in funding.

In 2003, the SARS outbreak in Ontario starkly highlighted the absence of adequate Information Technology systems at both the provincial and local health unit levels to help to detect, track and respond to an infectious disease on international significance. The experience of attempting to manage the tracking of case contacts in the tens of thousands

using spreadsheets and post-it notes became the subject of considerable concern to the SARS Commission and multiple national and provincial reviews of the handling of SARS.

In the period since SARS, there has been considerable progress in developing and implementing some of the Information technology systems required to strengthen and modernise public health, however, there remains significant work to do. Public Health still remains far behind other parts of the health sector in the pace and scale of use of Information Technology and fully closing the gap will require prolonged effort.

Public Health services are uniquely dependent upon collecting, analyzing, sharing and acting upon critical information collected from multiple sources to provide timely and effective actions to reduce risks from human health. Information flows to and from TPH to others are simply one part of the TPH functions – they are at the core of virtually every function undertaken.

Toronto Public Health is in certain cases required to use certain forms of information technology and certain systems in order to collect and share information with other jurisdictions through provincially and/or nationally developed systems. TPH, as with all Boards of Health in Ontario, is also required by law to collect and report certain forms of critical information related to communicable and reportable diseases within mandated timelines and formats prescribed by Ontario.

The Capital Plan presented below outlines a series of projects designed to both improve the ability of TPH to share quickly, critical information, to improve accountability through better and more timely information collection and to assist in more efficiently deliver our programs and services to and on behalf of the residents of Toronto.

RECOMMENDATIONS

The Medical Officer of Health recommends that:

1. City Council approve a 2011 Recommended Capital Budget for Toronto Public Health with a total project cost of \$3.375 million and a 2011 cash flow of \$5.791 million and future year commitments of \$9.625 million. The 2011 Capital Budget is comprised of the following:
 - a) new cash flow funding for:
 - i) one new sub-project and seven change in scope sub-projects with a 2011 total project cost of \$3.375 million that requires a reduction in cash flow of \$0.305 million in 2011 and future year commitments of \$0.405 million in

2012; \$0.640 million in 2013; \$1.353 million in 2014; and, \$1.282 million in 2015; and

- ii) seven previously approved sub-projects with a 2011 cash flow of \$3.843 million and future year commitments of \$3.933 million in 2012 and \$2.012 million in 2013.
 - b) 2010 approved cash flow for six previously approved sub-projects with carry forward funding from 2010 into 2011 totaling \$2.253 million;
2. City Council approve the 2012-2020 Capital Plan for Toronto Public Health totaling \$21.814 million in project estimates, comprised of \$0.744 million in 2013, \$2.040 million in 2014, \$2.114 million in 2015, \$3.392 million in 2016, \$3.388 million in 2017, \$3.363 million in 2018, \$3.373 million in 2019, and \$3.400 million in 2020; and
 3. the net operating impacts in the Toronto Public Health operating budget of \$0.027 million for 2012; and \$0.028 million in 2013 arising from the approval of the 2011 Capital Budget be considered within the 2012 and future year operating budget submissions; and,
 4. the Board of Health forward this report including the attachment to the City's Budget committee for its consideration during the 2011 budget process.

The figures forming the basis of the Recommendations are shown in the table below.

Table 2

TORONTO PUBLIC HEALTH 2011 CAPITAL BUDGET AND 2012-2020 CAPITAL PLAN AND FORECAST												
	(\$'000s)										Total 2011- 2015	Total 2012- 2015
	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020		
Gross Expenditures												
2010 Capital Budget & Approved FY Commitments	4,507	3,400	1,881								9,788	
Recommended Changes to Approved FY Commitments	-664	533	131								0	
Total Previously Approved Sub Projects	3,843	3,933	2,012								9,788	
2011 New/Change in Scope & Future Year Commitments	(305)	405	640	1,353	1,282						3,375	
Total Plan and Forecast	3,538	4,338	2,652	1,353	1,282	-					13,163	9,625
Projected Carry Forward to 2011	2,253											
Total 2011 Cash Flow	5,791											
2012-2020 Capital Plan			744	2,040	2,114	3,392	3,388	3,363	3,373	3,400		21,814

IMPACT OF THE CAPITAL PROGRAM ON TPH STRATEGIC PLAN

The capital program is integral to the achievement of the following TPH Priority Directions and Actions contained in the TPH Strategic Plan:

Table 3

Priority Directions & Actions Impacted By TPH Capital Projects	Ongoing Projects	ChemTRAC	HE Inspection System	HE Reporting	Health Emergency Info System	HF/HL Systems Integration	PH Surveillance and Mgmt System (Panorama)	Dental Strategy and Implementation	New Project Beginning in 2011	Web Re-Brand Project	Future Projects	HF/HL Point of Care	Document & Records Mgmt System	Internet & Intranet Strategy Implementation	CDC Wireless Rollout	Dental and Oral Health Info System	DataWarehouse
	Priority Direction 1 <i>Deliver services that meet the health needs of Toronto's diverse communities</i>																
Plan service delivery based on the assessment of health needs across different populations, including newcomers and racialized communities		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>					<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Establish equity goals using relevant health indicators as a means of targeting service provision to priority populations		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>					<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Priority Direction 2 <i>Champion healthy public policy</i>																	
Sustain public awareness of the vital role played by TPH staff and programs in achieving a healthy city for all				<input checked="" type="checkbox"/>						<input checked="" type="checkbox"/>				<input checked="" type="checkbox"/>			
Report to the Board of Health on priority issues and recommended actions for system-wide, whole-of-government policies that protect and promote health		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>					<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Priority Direction 3 <i>Plan for and respond to urgent public health threats and emergencies</i>																	
Update and maintain TPH emergency preparedness and response systems and provide ongoing training and exercises for staff		<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>				<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Priority Direction 4 <i>Lead innovation in urban public health practice</i>																	
Foster knowledge exchange with other public health units and academic, government and community agencies to strengthen engagement in applied research and evaluation of public health practice		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Build and sustain partnerships across sectors locally, regionally and globally that advance the goals of protecting and promoting public health		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>						<input checked="" type="checkbox"/>	
Implement an organizational performance management framework that ensures continuous quality improvement		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>				<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Priority Direction 5 <i>Be a healthy workplace that embraces excellence and promotes collaboration and mutual respect</i>																	
Develop and implement an organization-wide learning plan													<input checked="" type="checkbox"/>				
Strengthen internal communication channels and processes to promote engagement and support collaboration									<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>				<input checked="" type="checkbox"/>

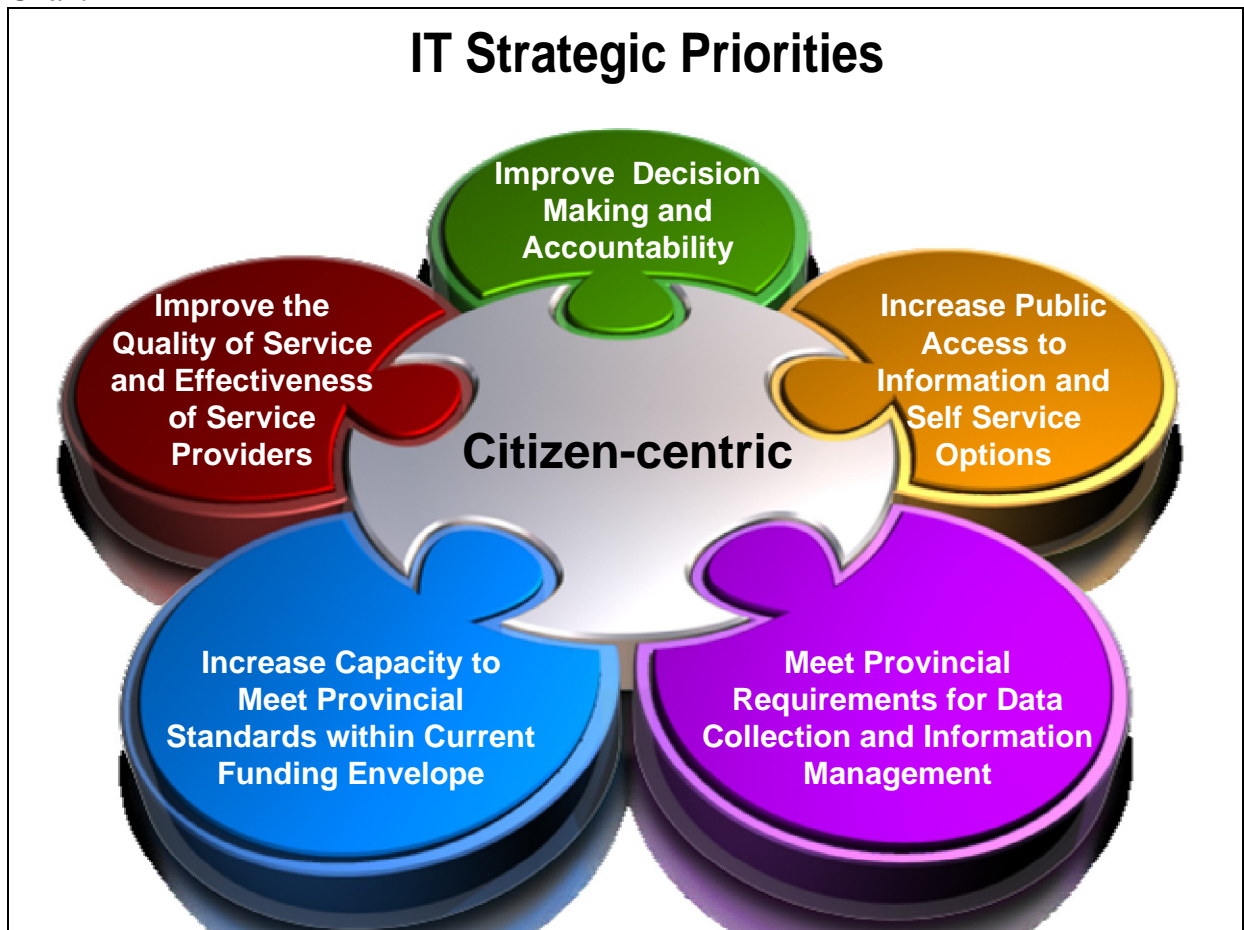
OVERVIEW CAPITAL BUDGET AND PLAN

2011-2020 Capital Budget and Plan

The 2011 Capital Budget process requires City Divisions and ABCs to submit a 10-Year Capital Budget and Plan. Beginning in 2011, debt affordability and capital targets have been established for each of the 10 years. City Divisions and ABCs must develop their 10-Year Capital Budget and Plan based on these debt targets.

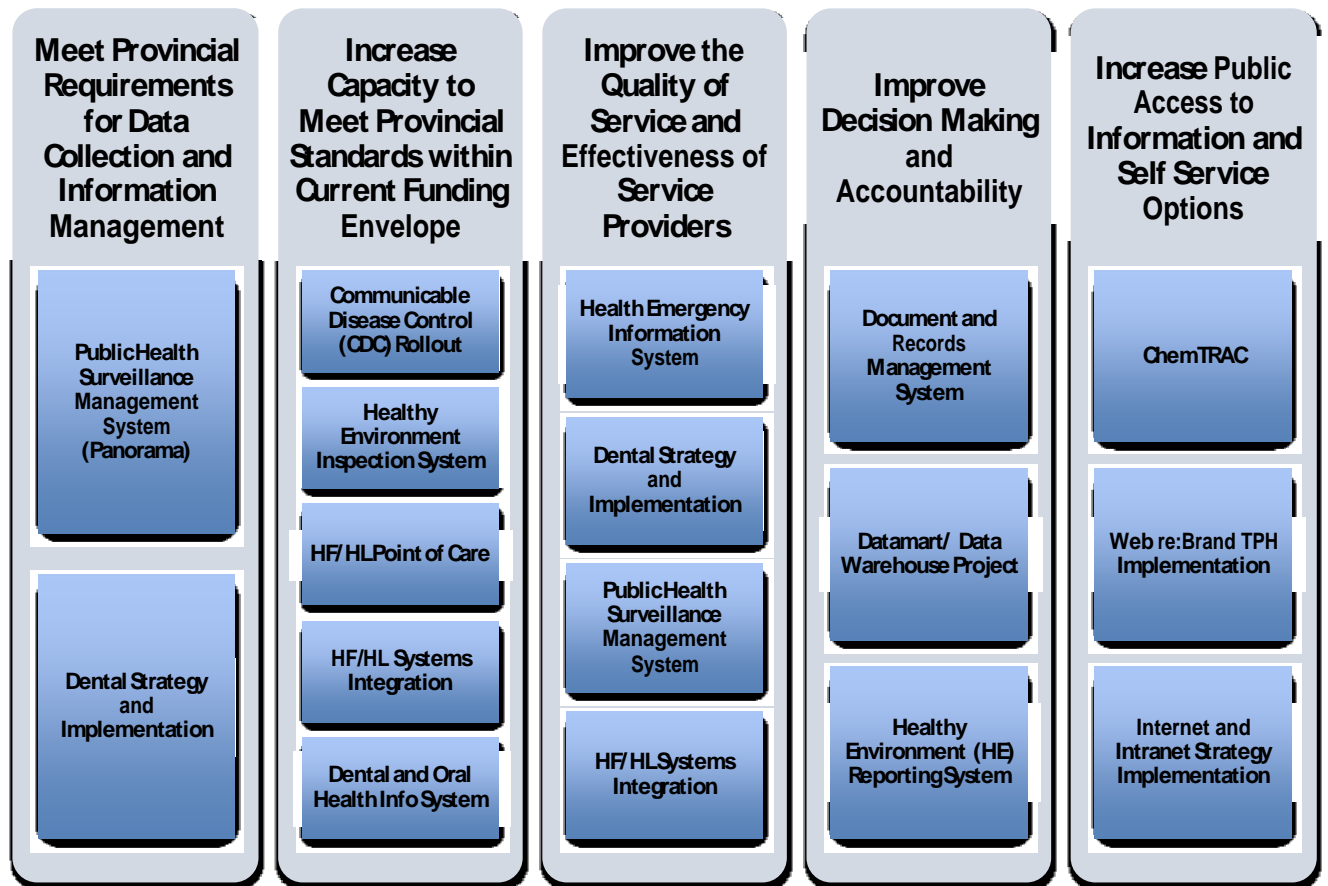
The Capital projects included in TPH's 10-Year Capital Budget and Plan are designed to support five strategic IT priorities as represented in the diagram below.

Chart 1



The TPH 2011-2020 Capital Budget and Plan contains projects that deliver on each of the five strategic priorities. The chart below titled “2011-2020 IT Capital Portfolio” places projects under the priorities where they have the largest impact. It should be noted that most projects have benefits that fall into all the categories.

2011 - 2020 IT Capital Portfolio



IT Strategic Priorities

Below is a statement on each of the five IT Strategic Priorities with an illustration from a capital project about how this priority is being addressed.

1. Meet Provincial Requirements for Data Collection and Information Management

TPH must comply with Provincial standards around the collection and protection of public health information.

- The Public Health (PH) Surveillance Management System project (Panorama) is a provincially mandated system that will implement a new national public health information system. This system will encompass an immunization information system, a vaccine ordering and distribution system, health alerts, and a case, contact, and outbreak management system for reportable diseases. TPH is partnering with the Province to develop a system that will meet both their requirements and the unique needs of the City of Toronto.

2. Increase Capacity to Meet Provincial Standards within Current Funding Envelope

TPH is committed to delivering services that meet community health needs and comply with the Ontario Public Health Standards while making wise use of human and financial capital. IT investments capitalize on any opportunities to automate work and increase the capacity of staff to meet required standards of service.

- The Healthy Environment (HE) Inspection System that includes DineSafe, will expand programs capacity and allow TPH to better meet provincial standards by: i) allowing inspection data to be input and printed at the inspection site thereby reducing travel time ii) reducing the overall time to perform inspections; iii) eliminating duplicate data entry; and iv) reducing the time to produce and distribute standard reports.

3. Improve the Quality of Service and Effectiveness of Service Providers

In support of TPH's commitment to excellence by ensuring continuous improvement in organizational performance, the capital program strives to provide staff with the tools they need to enhance performance and provide high quality service to our clients.

- One of the key objectives of the Healthy Families/Healthy Living (HF/HL) Systems Integration Project is to create a single record that contains a complete history of client information. This will facilitate continuity of care and a holistic approach to client management by allowing staff to review past services provided by multiple TPH programs, monitor and follow up on important issues identified by other staff, and meet current needs based on a complete client history and assessment.

4. Improve Decision Making and Accountability

Information technology has a key role to play in supporting TPH's objectives of service excellence and accountability to Board of Health, the Government of Ontario, and to the people of Toronto through the use of evidence to support the design and delivery of programs, and the implementation an organizational performance management framework.

- The Datamart/ Data Warehouse Project will provide management with direct access to timely information from all key TPH systems that will make it easier to assess program effectiveness, strengthen accountability and results, identify trends, and perform comprehensive analysis.

5. Increase Public Access to Information and Self Service Options

Technology has an important role in meeting the public's demands for service 24/7 and the growing use of the internet to access information.

- The Web re:Brand and Internet/Intranet Strategy Implementation projects will together help TPH expand and make its current website more customer friendly and accessible to better support: i) the communication and education of the public on disease prevention, health promotion, and health protection; ii) access to information on TPH programs and services; and iii) the quick dissemination of information during public health threats and emergencies.

CAPITAL PROJECT SUMMARIES AND FUNDING DETAILS

The funding for the TPH 2011-2020 IT Capital Budget and Plan is summarized in Table 4 below:

Table 4

Summary of Major Capital Initiatives (excludes 2010 Carry Forward Funding)												
(in thousands)	2011 Rec. Budget	2012 Plan	2013 Plan	2014 Plan	2015 Plan	2016 Plan	2017 Plan	2018 Plan	2019 Plan	2020 Plan	2011-2020 Total	Total Project Cost (incl spent)
2011 Budget and Future Year Commitments												
Ongoing Projects												
Dental Strategy and Implementation		938									938	2,473
ChemTRAC	443										443	922
HE Inspection System	1,233	805									2,038	3,225
HE Reporting	519										519	1,155
Health Emergency Info System	193										193	470
HF/HL Systems Integration	68	1,810	2,140								4,018	5,428
PH Surveillance & Mgmt Sys (Panorama)		369									369	3,031
New Project Beginning in 2011												
Web Re:Brand Project	1,083	416	512	1,353	1,282						4,646	4,646
<i>Subtotal</i>	3,539	4,338	2,652	1,353	1,282						13,164	21,350
2012-2020 Plan And Forecast (Estimates)												
Future Projects												
HF/HL Point of Care			744	2,040	2,114	1,137					6,035	6,035
Document & Records Mgmt System						1,459	1,529	1,974	1,106		6,068	6,068
Internet & Intranet Strategy Impl						496	466	680	957	1,500	4,099	4,099
CDC Wireless Rollout							709				709	709
Dental and Oral Health Info System						300	684	709	410		2,103	2,103
Data Warehouse									900	1,900	2,800	2,800
<i>Subtotal</i>			744	2,040	2,114	3,392	3,388	3,363	3,373	3,400	21,814	21,814
Grand Total	3,539	4,338	3,396	3,393	3,396	3,392	3,388	3,363	3,373	3,400	34,978	43,164

PROJECT SUMMARIES

Ongoing Projects

1. **Healthy Environment (HE) Inspection System**

The Toronto Healthy Environments Information System (THEIS) used in the Healthy Environments (HE) programs for programs such as DineSafe, requires upgrading and enhancement to address business issues/needs and leverage the opportunities provided by the current version of CSDC's Amanda software on which THEIS is based. This project will upgrade the Amanda system to the current and web based version (i.e. version 5i). The project will also implement the following Amanda 5i modules; Executive Monitor, Batch Scheduler, GIS Adapter, Mobile Pal and Amanda Review. The implementation of these modules will enhance over all system functionality that will satisfy ongoing business requirements including: i) allowing inspection data to be inputted and printed at the inspection site thereby reducing travel time required to return to the office and reducing the need to enter data in the office; ii) reducing the overall time to perform inspections; iii) eliminating duplicate data entry by HE clerical staff and Toronto Health Connections; and iv) reducing the time to produce and distribute standard reports by automatically generating and delivering reports on a predefined schedule; v) achieving currency with the latest version of Amanda software and benefiting from its overall improvements in functionality including the ability to customize user interfaces; and vi) improving address data quality.

2. **Healthy Environment (HE) Reporting project**

The purpose of this project is to substantially reduce the expenditures that are currently incurred in creating new reports for the Healthy Environments clients. Healthy Environments needs the ability to create ad hoc reports in a timely manner to respond to Freedom of Information (FOI) requests and media requests. They also need the ability to access issue specific data in a timely manner to track activities and trends on various health issues. There is currently no facility to effectively report on the information in the Toronto Healthy Environments Information System (THEIS) to identify geographic clusters. This project supports the implementation of a Healthy Environments reporting database and electronic connection to the THEIS database, the conversion of existing reports to the corporate reporting tool standard, and the creation of management reports.

3. **Health Emergency Information System**

This project will implement a system, in support of TPH's emergency preparedness, to allow for scheduling of appropriately skilled staff during an emergency. Implementation of this project will provide the ability to: i) to effectively and efficiently manage and organize the scheduling assignment of staff in continued service delivery during an

emergency situation; and ii) ensure that staff are not "burnt out" due to overwork and stress.

4. Healthy Family/Healthy Living (HF/HL) Systems Integration project

This project involves developing and integrating additional features into the Toronto Community Health Information System (TCHIS) by incorporating several different systems into the TCHIS framework. TCHIS has been designed to deliver an integrated customer management system for all TPH HF/HL programs. Most of the additional features relate to 1) changes in Healthy Families (HF) and Healthy Living (HL) processes, and 2) the interface and storing of data between TCHIS and the Integrated Services for Children Information System (ISCIS) application hosted by Ontario e-Health. ISCIS-TCHIS integration involves the design and implementation of the necessary interfaces to facilitate electronic transfer of data between the two systems. The benefits of the enhanced system include 1) enabling TCHIS to comply with legislation surrounding records retention; 2) reducing duplication of work by unifying legacy applications; 3) increasing data security and integrity; and 4) enhancing PHNs' ability to provide integrated and continuous services to their clients.

5. Public Health (PH) Surveillance and Management System project (Panorama)

This project will implement a new national public health information system within Toronto Public Health. This system will encompass an immunization information system, a vaccine ordering and distribution system, health alerts, and a case, contact, and outbreak management system for reportable diseases. This project will implement a reliable system to manage immunization records, assessments and suspensions; provide real time access to medical and health information, improve accountability for publicly funded vaccines; and integrate provider information with client information.

6. Dental Strategy and Implementation project

This project was started in 2007 with the development of a strategy to improve the Dental and Oral Health program operations utilizing IT as an enabler. Detailed requirements were gathered and a dental practice management solution selected after the issuance of two Requests for Proposals (RFPs). Prior to the finalization of the Statement of Work and execution of the contract with the vendor, the MOHLTC notified provincial public health units of the requirement to implement a new program for low income children and youth (i.e. Healthy Smiles Ontario). In conjunction with this announcement the ministry will enhance its dental reporting system for public health units. TPH will work with the Province to meet the system reporting and dental management needs for the TPH dental practice. As a result of these changes, the scope of the Dental Strategy and Implementation project is reduced.

7. ChemTRAC project (formerly known as Environmental Reporting, Disclosure and Innovation)

The ChemTRAC project is developing a Web-based system to support the Environment Reporting and Disclosure by-law (Municipal Code Chapter 423). The by-law mandates the reporting of 25 priority chemicals used and released from the targeted industries and

facilities in the City of Toronto. Supporting program elements will help industries identify pollution prevention opportunities. The Web-based system will: provide information about the bylaw and pollution prevention to all its users; include an emission calculation tool for facilities to estimate use and releases; and provide an search facility to allow the public to search for local pollution information and trends in the community. TPH will use the data to better understand and address potential health hazards, support innovation in pollution preventions and will make the information publicly accessible via a searchable internet site. In January 2011 TPH will launch part of the ChemTRAC application which will allow industries to report chemical use and release, and describe their environmental programs and initiatives via the web. Later in 2011 this information will be made available to the public.

New Project Beginning in 2011

8. The Web re:Brand TPH Implementation project

This Project addresses opportunities to improve design and expand the content on the TPH internet site. The project involves redesigning the TPH website and implementing content management software to automate the web posting process in order to improve the accuracy, relevance and timeliness of web content.

Future Projects

9. Healthy Family/ Healthy Living (HF/HL) Point of Care project

This project will implement wireless devices which securely communicate with the TCHIS application and synchronize data between the mobile units and the TCHIS database. TCHIS has been designed to deliver an integrated customer management system for all TPH HF/HL program. Service Delivery Workers including Public Health Nurses, Community Health Officers, Family Home Visitors, Mental Health Nurses, Health Promotion Consultants and Nutrition Consultants and Public Health Dieticians provide services in communities, schools, and homes. These services and client interactions are supported by the Toronto Community Health Information System (TCHIS). However, these program staff members are unable to leverage the functionality available in TCHIS at the point of care when providing service. Such functionality includes the ability to: generate and respond to customer requests for service; access customer information and service history; access information required to provide service and perform duties; and, document and capture data directly in TCHIS without multiple transcriptions on paper and subsequent data entry by clerks or public health nurses. This project will allow staff to access and utilize TCHIS at the point of care.

10. Document and Records Management System project

Records and information contained in documents are key assets for Toronto Public Health. This information is primarily available now in electronic documents. City of Toronto had initiated pilot implementations of an Enterprise Document Management System (EDMS) for various City divisions, however EDMS pilots could not be completed and now the City

is revising its EDMS solution and implementation strategy. It is anticipated that EDMS pilot projects will be completed by 2019 and starting 2016 this project will initiate work with TPH to extend EDMS for TPH users.

11. Internet and Intranet Strategy Implementation project

TPH has developed a three year Internet and Intranet Strategy (2008-2011). During the implementation of this strategy, a number of internet and intranet applications/solutions have and will continue to be identified to meet TPH's business needs. These applications/solutions will need to be developed/purchased and implemented beginning 2016. These applications/solutions will improve the efficiency and effectiveness of TPH program delivery and service to the public as well support the eCity/eService strategic goals. The expected improvements in TPH's ability to deliver enhanced services and provide health information to the public through more effective and efficient methods support Council's priority to "Improve Public Services".

12. Communicable Disease Control (CDC) Wireless Rollout

This project will implement wireless laptops/tablets for use by the Communicable Disease Control (CDC) program, specifically the Control of Infectious Diseases/Infection Control (CID/IC) and Vaccine Preventable Disease (VPD) staff who do inspections and TB staff who do Directly Observed Therapy. This project will support the capture and viewing of information by staff while in the field delivering services. Improvements in TPH's ability to deliver enhanced services to the public through more efficient use of staff time support Council's priority to "Improve Public Services".

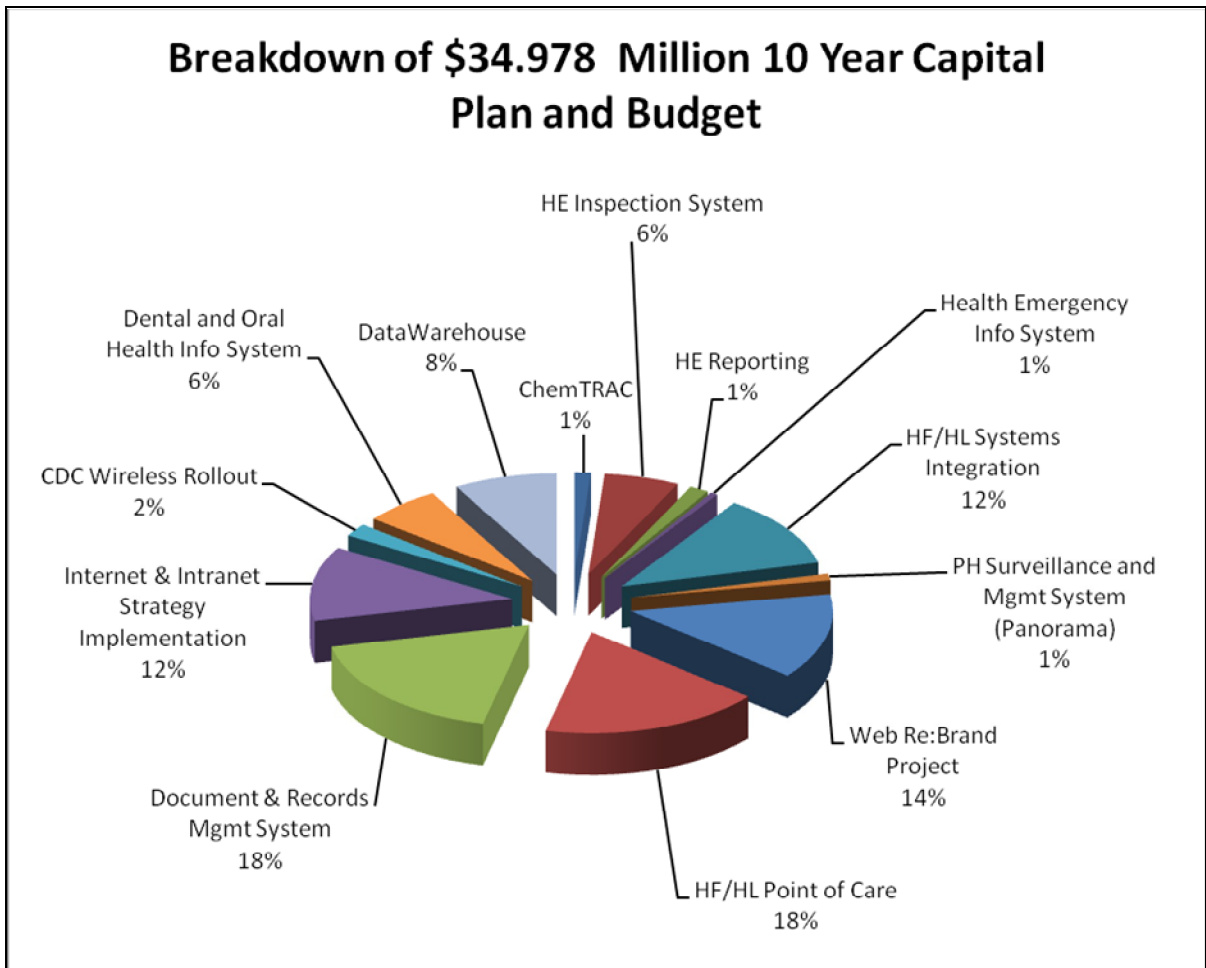
13. Datamart / Data Warehouse project

This project will develop and implement a Datamart / Data Warehouse, building on the TPH HF/HL Mandatory Management Reporting and Healthy Environments Reporting projects as well as other Datamarts/Data Warehouses developed throughout the City of Toronto (including within the Social Development Division). This project will support improved reporting across all TPH programs. The resulting improvements in TPH's ability to deliver enhanced services to the public through better decision making supports Council's priority to "Improve Public Services".

14. Dental and Oral Health Information System

This project will assess and meet the current requirements not met by the provincial system to support: dental practice management including patient scheduling, charting, and digital xray management in City dental clinics; dental screening, oral health services and on-site dental treatment for geriatric clients at collective living centres and other community facilities; and electronic integration with provincial systems for school dental screening and claims processing and private dental operations for claims processing.

Chart 2



2010 ESTIMATED CARRY FORWARD IMPACT ON 2011 CAPITAL BUDGET

TPH is forecasting that expenditures for 2010 will be under budget by \$2.253 million for capital projects. The resulting carry forward funding will be included in the 2011 budgets of the respective projects and impact the 2011 capital funding as shown in the table below.

Table 5

Summary of Major Capital Initiatives (Includes 2010 Carry Forward Funding)								
	2011 Rec. Budget (\$'000)	2010 Carry Forward	2011 Budget Request	2012 Plan	2013 Plan	2014 Plan	2015 Plan	Total
2011 Budget and Future Year Commitments								
Ongoing Projects								
Dental Strategy and Implementation		298	298	938				1,236
ChemTRAC	443		443					443
HE Inspection System	1,233	92	1,325	805				2,130
HE Reporting	519		519					519
Health Emergency Info System	193	28	221					221
HF/HL Systems Integration	68	938	1,006	1,810	2,140			4,956
PH Surveillance & Mgmt Sys (Panorama)		447	447	369				816
Dental Mobile Clinic		450	450					450
New Project Beginning in 2011								
Web Re:Brand Project	1,083		1,083	416	512	1,353	1,282	4,646
<i>Total</i>	3,539	2,253	5,792	4,338	2,652	1,353	1,282	15,417

SUMMARY OF POSITIONS FUNDED THROUGH THE CAPITAL BUDGET

TPH hires temporary staff and funds current staff to work on capital projects. The salary and benefit costs are included in the 2011 Operating Budget as \$3.521 million gross and \$0.0 net to reflect the payroll cost that is funded from the 2011 Capital Budget. The number of capital FTEs in the 2011 Operating Budget is 35.6.

Table 6

Summary of Positions Funded Through Capital (Includes 2010 Carry Forward Funding)																
	2010 Carry Forward (\$'000s)	2011 Rec. Budget (\$'000s)	2011 Budget Request (\$'000s)	2011 Salaries Exp (\$'000s)	2011 FTE	2012 FTE	2013 FTE	2014 FTE	2015 FTE	2016 FTE	2017 FTE	2018 FTE	2019 FTE	2020 FTE	Total	
2011 Budget and Future Year Commitments																
Ongoing Projects																
Dental Strategy and Implementation	298		298	89	1.0											1.0
ChemTRAC		443	443	209	2.0											2.0
HE Inspection System	92	1,233	1,325	703	7.0	5.3										12.3
HE Reporting		519	519	348	3.5											3.5
Health Emergency Info System	28	193	221	159	1.5											1.5
HF/HL Systems Integration	938	68	1,006	864	8.7	15.0	18.5									42.2
PH Surveillance & Mgmt Sys (Panorama)	447		447	446	4.7	3.5										8.2
Dental Mobile Clinic	450		450													
New Project Beginning in 2011																
Web Re:Brand Project		1,083	1,083	703	7.3	4.0	4.0	11.0	11.0							37.3
<i>Subtotal</i>	2,253	3,539	5,792	3,521	35.6	27.8	22.5	11.0	11.0							107.9
2012-2020 Plan And Forecast (Estimates)																
Future Projects																
HF/HL Point of Care							6.3	15.3	19.0	9.5						50.1
Document & Records Mgmt System										11.0	9.5	9.5	4.5			34.5
Internet & Intranet Strategy Impl										5.0	4.0	5.0	7.0	15.0		36.0
CDC Wireless Rollout											6.0					6.0
Dental and Oral Health Info System								3.0	3.0	4.0	3.0					13.0
DataWarehouse													9.0	19.0		28.0
<i>Subtotal</i>							6.3	15.3	22.0	28.5	23.5	17.5	20.5	34.0		167.6
Grand Total						27.8	28.8	26.3	33.0	28.5	23.5	17.5	20.5	34.0		275.5

OPERATING BUDGET IMPACT OF 10 YEAR CAPITAL PLAN

Approval of the 2011-2020 Recommended Capital Plan will increase future year Operating Budgets by \$0.055 million net and the addition of 2 positions for the PH Surveillance and Management System (Panorama) starting in 2012. The new positions will provide ongoing support and administration of the Panorama system for approximately 350 staff including; system user access and security support, ongoing implementation of new Panorama functionality; creation, implementation and monitoring of system policy, procedures, guidelines for over 70 reportable diseases, as well as community and institutional outbreaks; creating and monitoring quality assurance indicators related to system data quality and representing TPH on provincial Panorama standards and best practices committees. The current investment in technology will help TPH meet public health service standards without requiring significant increases in funding levels.

The Operating Budget net impacts within the 10-year time frame are the result of the Public Health Surveillance and Management System Capital Project which is eligible for a Provincial subsidy of 75 percent.

Table 7

Operating Budget Impact 10-Year Capital Plan Incremental Operating Impact Summary															
Project Name	Funding Category	2011		2012		2013		2014		2015		2016-2020		Total	
		\$ 000	FTE	\$ 000	FTE	\$ 000	FTE	\$ 000	FTE	\$ 000	FTE	\$ 000	FTE	\$ 000	FTE
Public Health Surveillance and Management System (Panorama)	Cost Shared			109	1.0	113	1.0							222	2.0
Web Re:Brand Project	Cost Shared														
Subtotal of Capital Projects (Gross)				109	1.0	113	1.0							222	2.0
Subtotal of Capital Projects (Net)				27		28								55	

CHANGES TO THE CAPITAL BUDGET AND PLAN

In-Year Changes to the 2010 Approved Capital Budget

In 2010 TPH did several in-year adjustments to the 2010 approved capital budget. Funds were transferred between subprojects to:

1. Capitalize on opportunities to accelerate projects with funds available from projects that had experienced delays
2. Facilitate cash flow smoothing over 2011 and 2012

Table 8

TPH Capital Program In-Year Adjustments for 2010 Budget				
	2010 Approved Budget	In-Year Changes	2010 Revised Budget	Comment
	<i>(\$'000s)</i>			
Dental Strategy & Implementation	1,891	-1,188	703	Due to the introduction of the new provincial Healthy Smiles Ontario program and a new version of provincial dental application, TPH's Dental and Oral Health IT Strategy will be redeveloped. Given the uncertainty concerning the timing for the Province to enhance the Dental OHISS system funds have been redistributed to other subprojects.
HE Reporting	538	196	734	Funds transferred to capitalize on an opportunity to accelerate the project using funds available from Dental
ChemTRAC	394	73	467	Funds transferred to capitalize on an opportunity to accelerate the project using funds available from Dental
HF/HL Systems Integration	472	955	1,427	To facilitate capital smoothing in 2011 funds from Dental have been transferred to HF/HL. The additional \$938 thousand will carry forward into 2011 and allow TPH to reduce its 2011 capital budget request by a corresponding \$938 thousand. The funds will be deferred until 2012 at which time it is expected that they will be required to complete the Dental project.
Mobile Dental Clinic	0	450	450	In-year Capital Project added to the Capital Budget for the acquisition of a mobile dental clinic in the amount of \$450,000 with one-time 100 per cent funding provided by the Ministry of Health and Long Term Care.
Health Emergency Info System	277	-66	211	Change in requirement for contracted services in 2010
Health E-Service	309	30	339	Funds transferred to capitalize on an opportunity to accelerate the project using funds available from Dental
PH Surveillance & Management	754		754	No Change
Healthy Environment Inspection	785		785	
Total	5,420	450	5,870	

Key Changes to the 2011-2020 Capital Plan

Annual updates to the 10-Year Capital Plan provides TPH the opportunity to refine its IT projects based on changing conditions and better information. Significant changes to the 10-Year Capital Plan are as follows:

Table 9

TPH Project Funding Key Changes												
	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	TOTAL	Comment
Material Changes to Project Scope and/or Funding Requirements												
2010 - Dental Strategy & Impl	1,448	955									2,403	Due to the introduction of the new provincial Healthy Smiles Ontario program and a new version of provincial dental system application, TPH's Dental and Oral Health IT Strategy will be redeveloped.
2011 - Dental Strategy & Impl	0	938									938	
Sub-total	-1,448	-17	0	0	0	0	0	0	0	0	-1,465	
2010 - Health Emergency Info Sys	227										227	Overall cost reduced
2011 - Health Emergency Info S	193										193	
Sub-total	-34	0	0	0	0	0	0	0	0	0	-34	
2010 Health Environment Inspection	1,099	790									1,889	Additional staff is required to complete this work on schedule.
2011 Health Environment Inspe	1,233	805									2,038	
Sub-total	134	15	0	0	0	0	0	0	0	0	149	
2010 HF/HL Systems Integration	354	1,655	1,881								3,890	Operating funds shifted to capital to lessen the impact of service delivery to TPH clients. Reallocation of 2010 cash flow for capital smoothing. For details see Additional Information on Key Changes.
2011 HF/HL Systems Integration	68	1,810	2,140								4,018	
Sub-total	-286	155	259	0	0	0	0	0	0	0	128	
2010 PH Surveillance (Panorama)	378	0									378	The Panorama project was temporarily delayed as the Province refined its eHealth strategy and reviewed procurement processes and project accountabilities.
2011 PH Surveillance (Panorama)	0	369									369	
Sub-total	-378	369	0	0	0	0	0	0	0	0	-9	
2010 HE Reporting	393										393	During 2010, it was determined that additional Oracle database and application server licences were required and that the server infrastructure required enhancement.
2011 HE Reporting	519										519	
Sub-total	126	0	0	0	0	0	0	0	0	0	126	
2010 ChemTRAC	608										608	Environment Canada's OWNERS systems will not be used for data collection. Instead TPH developed an application and requires less capital funding.
2011 ChemTRAC	443										443	
Sub-total	-165	0	0	0	0	0	0	0	0	0	-165	
New Projects Introduced in 2011												
2010 Web ReBrand project												The Web Rebrand project was developed in response to a request from Corporate to support the City strategy for web rebrand as a priority beginning in 2011. Web rebranding was a component of the Internet & Intranet Strategy.
2011 Web ReBrand Project	1,083	416	512	1,353	1,282						4,646	
Sub-total	1,083	416	512	1,353	1,282	0	0	0	0	0	4,646	
2010 Dental & Oral health Info												To develop a new Dental IT strategy in light of the new Healthy Smiles Ontario program to address functionality not provided by the new version of the provincial dental system application.
2011 Dental & Oral health Info						300	684	709	410		2,103	
Sub-total	0	0	0	0	0	300	684	709	410	0	2,103	

Key Changes to the 2011-2020 Capital Plan (continue)

Annual updates to the 10-Year Capital Plan provides TPH the opportunity to refine its IT projects based on changing conditions and better information. Significant changes to the 10-Year Capital Plan are as follows:

Table 9

TPH Project Funding Key Changes

	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	TOTAL	Comment
Future Projects Changes in Forecasted Funding Requirements												
2010 Document & Records Mgmt				1,228	1,287	2,098	1,016				5,629	
2011 Document & Records Mgmt				-1,228	-1,287	-639	513	1,974	1,106	1,106	6,068	
Sub-total	0	0	0	0	0	0	709	1,700	1,106	0	439	
2010 CDC Wireless							709				2,400	
2011 CDC Wireless							709				709	
Sub-total	0	0	0	0	0	0	9	-1,700	0	0	-1,691	
2010 HF/HL Point of Care			1,519	2,172	2,113	1,148					6,952	
2011 HF/HL Point of Care			744	2,040	2,114	1,137					6,035	
Sub-total	0	0	-775	-132	1	-11	0	0	0	0	-917	
2010 Datamart/Data Warehouses							684	700	1,400	900	2,784	
2011 Datamart/Data Warehouses							-684	-700	-500	1,900	2,800	
Sub-total	0	0	0	0	0	0	154	1,000	2,000	1,900	16	
2010 Internet & Intranet Strategy						496	466	680	957	1,500	4,099	
2011 Internet & Intranet Strategy							-534	-320	-1,043	1,500	-55	
Sub-total	0	0	0	0	0	342	-534	-320	-1,043	1,500	-55	
2011-2019 Capital Plan TOTAL	4,507	3,400	3,400	3,400	3,400	3,400	3,400	3,400	3,400	3,400	0	36,353
2011-2020 Capital Plan TOTAL	3,539	4,338	3,396	3,393	3,396	3,392	3,388	3,363	3,373	3,400	34,978	
Total Funding Change	-968	938	-4	-7	-4	-8	-12	-37	-27	N/A	-129	

Capital Plan as approved in the 2010 Capital Budget cycle.

The 2011-2020 capital request was reduced by \$129 thousand to account for HST savings

Additional Information on Key Changes:

Capital Smoothing

Upon the request of Corporate Financial Planning, TPH has taken steps to smooth its Capital budget over 2011 and 2012. The requested 2011 budget has been reduced by \$938 thousand and transferred to 2012. There has been no impact to the overall cost of any project or the TPH 2011-2020 Capital Budget and Plan. This request has also allowed TPH to deal with uncertainty concerning the timing for the Province to enhance the Dental OHISS system by delaying funding for the Dental Strategy and Implementation project by one year to 2012 at which time it is expected that the project can be completed.

Dental Strategy and Implementation project and Dental & Oral Health Information System

To support the delivery of the new provincial Healthy Smiles Ontario Program, a new version of the provincial dental application (OHISS) is being developed. Due to these provincial changes, TPH's Dental Strategy and Implementation project requires revision. This change has necessitated the need to revise the scope of the Dental Strategy and Implementation project to support provincial work and to introduce a new project called the Dental & Oral Health Information System to address functionality not provided by OHISS.

Available funds in 2010 have been transferred in-year to other TPH subprojects to take advantage of opportunities to accelerate funding and to the HF/HL Systems Integration project to support cash flow smoothing over 2011 and 2012.

HF/HL Systems Integration project

Cash flow smoothing will be achieved by a 2010 in-year transfer of funds from the Dental Strategy and Implementation project to the HF/HL System Integration Project which will be carried forward into 2011 thus reducing the 2011 requested budget by a corresponding \$938 thousand.

The Web re:Brand TPH Implementation project

The Web re:Brand project is the first phase of the TPH Internet and Intranet Strategy and the corporate implementation of the eService Strategic Plan.

HST Savings

Recent changes to the sales tax have resulted in a decrease on taxes payable by municipalities on products and equipment. Corporate Financial Planning required TPH to reduce its Capital Budget and Plan over 10 years to account for these savings by \$0.129 million.

CAPITAL BUDGET CURRENT STATUS

2010 Capital Variance Review

Table 10

2010 Budget to Actuals Comparison - Total Gross Expenditures (\$000s)						
	2010 Approved	Actuals as of Sept 30 (3rd Qtr Variance)		Projected Actuals at year End		Balance
	\$	\$	% Spent	\$	% Spent	\$ Unspent
IT Projects	5,420	2,236	41.3%	3,617	66.7%	1,803
Mobile Dental Clinic	450	0	0.0%	0	0.0%	450
Total Capital	5,870	2,236	38.1%	3,617	61.6%	2,253

As at Sept 30, 2010, TPH spent \$2.236 million or 38.1 percent of the 2010 approved cash flow of \$5.879 million. The year-end capital expenditure is projected to be \$3.617 million or 61.6 percent of the approved cash flow.

The projected under spending of \$2.253 million by year-end is mainly attributable to the following legislated and service improvement projects:

Public Health Surveillance and Management System project (Panorama)

The Public Health Surveillance & Management System project was \$0.303 million or 40.2 percent spent and is projected to be 40.7 percent spent at year-end. eHealth Ontario, with the support of the Ministry of Health and Long-Term Care, temporarily halted its Panorama project to refine its eHealth strategy and review procurement processes and project accountabilities. This results in the requirement to defer hiring of project positions to align project resources with the new provincial timeline and to carry forward \$0.447 million into 2011.

Dental Strategy and Implementation project

The Dental Strategy and Implementation project was \$0.298 million or 18.4 percent spent of its 2010 cash flow of \$1.618 million with a spending projection of \$0.381 million or 23.6 percent spent by year-end. The recent provincial requirement for health units to implement the Low Income Dental Program including an enhanced dental reporting system reduces the scope of the Dental Strategy and Implementation project and necessitates a carry forward into 2011.

The Healthy Environment Inspection System Project

The Healthy Environment Inspection System Project experienced a delay in executing an agreement with a vendor resulting in the requirement to carry forward \$0.092 million into 2011 to procure software and services. The project was \$0.401 million or 51.1 percent spent of its cash flow of \$0.785 million.

The Health Emergency Information System Project

The Health Emergency Information System Project roll out plan for hardware and software has been revised and necessitates the carry forward of \$0.028 million into 2011. The project was \$0.050 million or 18 percent spent of its cash flow of \$0.277 million.

Mobile Dental Clinic:

An RFQ issued in October 2010 resulted in no vendor that could deliver a dental coach by the provincial funding deadline of March 31, 2011. The Ministry will request the funding for a coach again in their 2011/12 budget. When confirmed, TPH will proceed with an RFQ again that will allow more time for delivery within the provincial funding timeline that will end on March 31, 2012. If the provincial funding is not approved then TPH will request this project be closed since it is fully dependant provincial funding. The entire budget of \$0.450 million will be carried forward into 2011 and used to purchase the mobile clinic.

BENCHMARKING PERFORMANCE

As shown in the table below TPH has a favourable spend rate when compared to comparable IT capital budgets within the City of Toronto.

Table 11

Comparison of Capital Spend Rates						
	2005	2006	2007	2008	2009	Average
TPH	74.0%	75.0%	61.7%	59.5%	69.4%	67.9%
Corporate Finance	33.1%	31.8%	31.0%	27.5%	24.9%	29.7%
Corporate IT	44.0%	64.0%	53.0%	71.0%	60.7%	58.5%