

Toronto Public Health



2014 Recommended Operating Budget & 2014 – 2023 Capital Budget and Plan

Budget Committee Presentation – December 10, 2013



Agenda

- Operating Overview
 - 2013 Service Performance
 - 2014 Staff Recommended Operating Budget
- Capital Overview
 - 2013 Capital Performance
 - 2014 – 2023 Staff Recommended Capital Budget & Plan
- Key Issues for 2014 and Beyond



Operating Overview



Legal Responsibilities & Program Requirements

Provincial Public Health Service Mandate:

- Ontario Health Protection and Promotion Act (HPPA)
- Provincial Accountability Agreement
- Ontario Public Health Standards, authorized by regulation under the HPPA
- Other Legislation e.g. Immunization of School Pupils Act, Day Nurseries Act, etc.

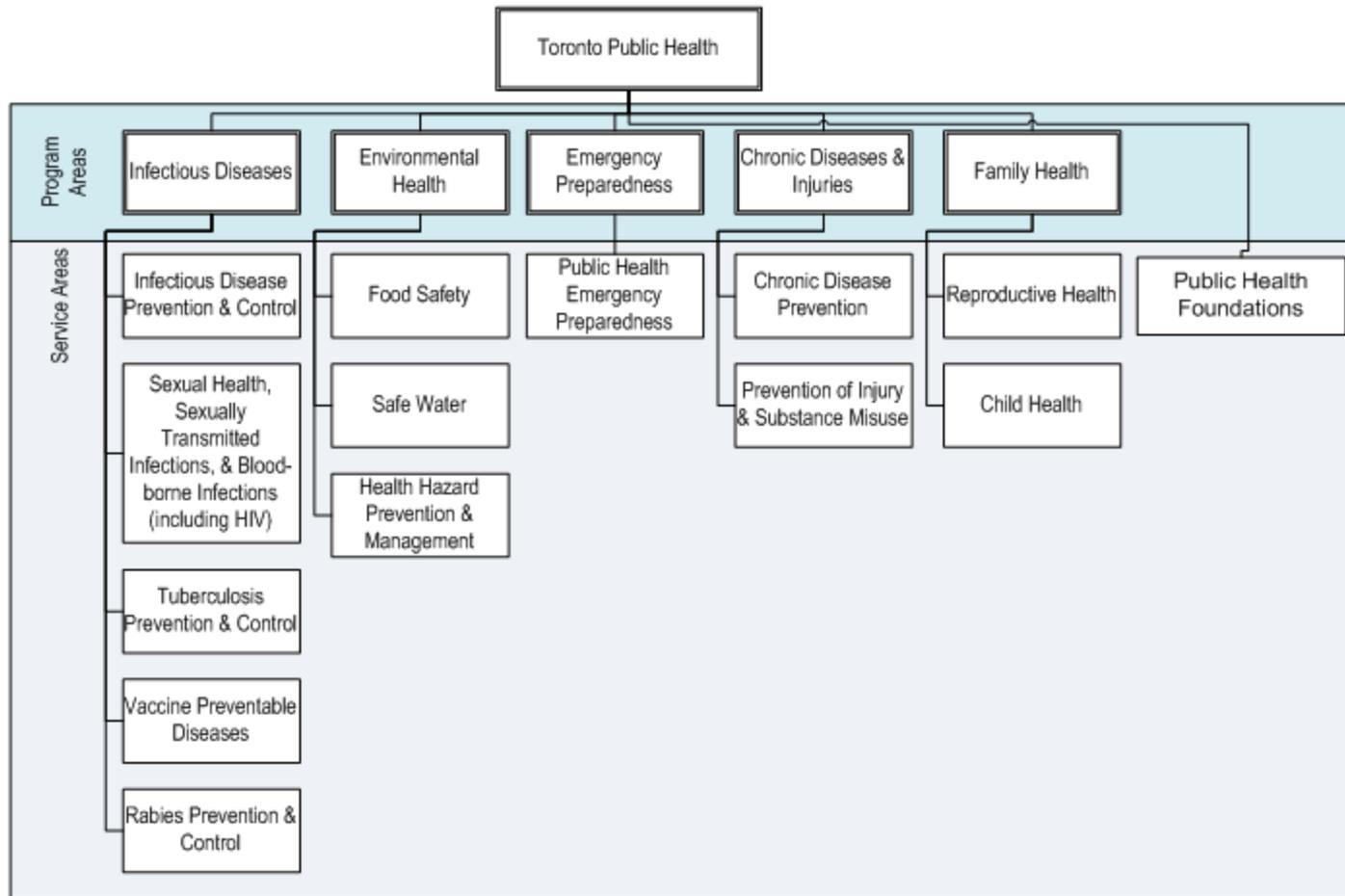


Implications of Provincial Cost Sharing

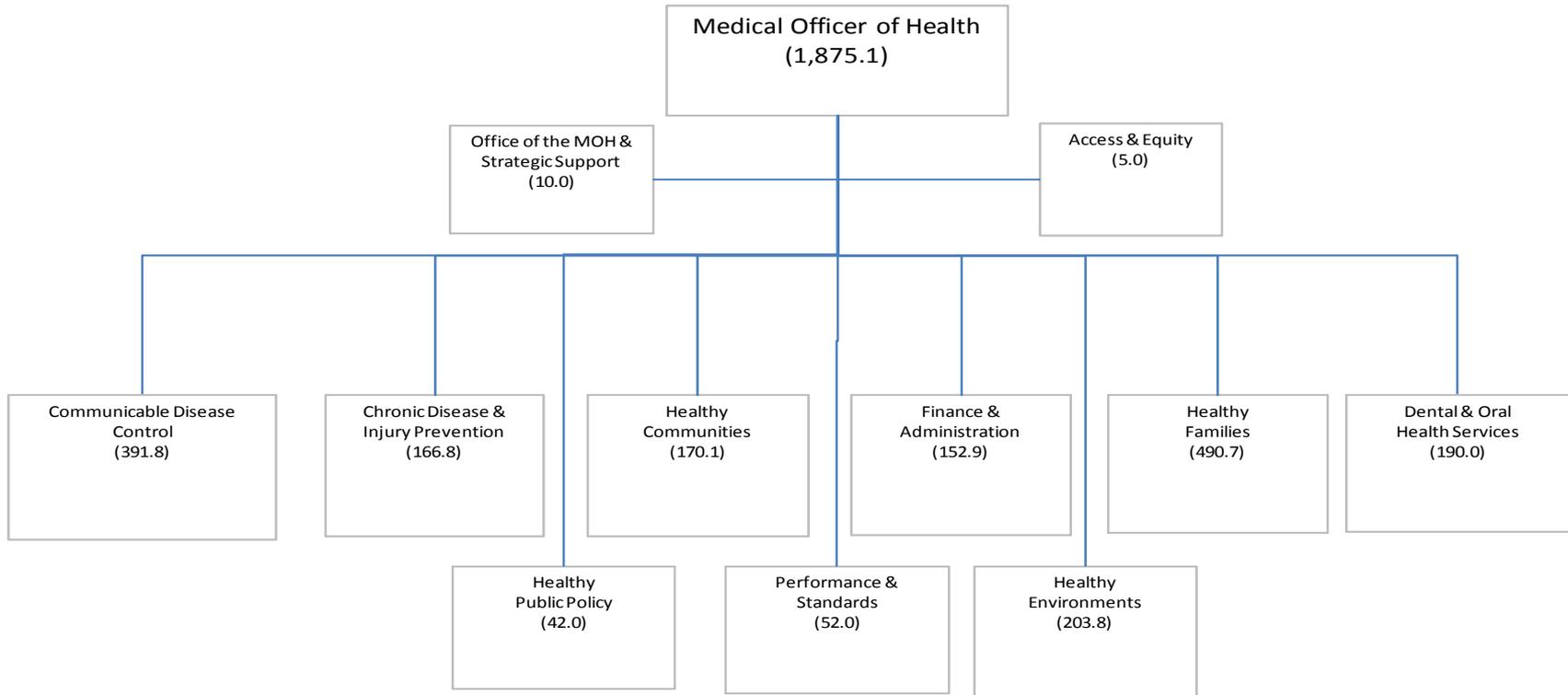
- Every \$1 of the City's investment in Public Health leverages \$3 of Provincial funding
- 2013 Approved Budget maximized Provincial support for locally provided services



2014 Program Map



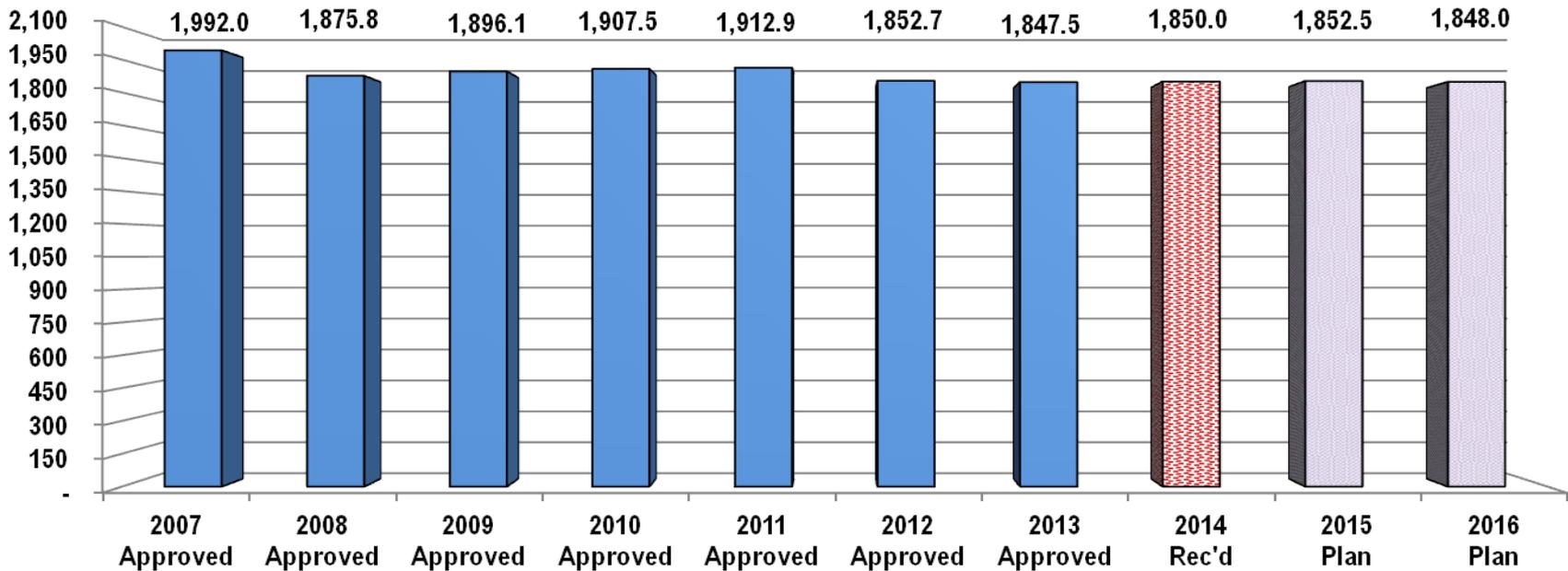
2014 Organization Chart



Category	Senior Management	Management	Exempt Professional & Clerical	Union	Total
Full-Time	1.0	238.0	2.0	1,601.0	1,842.0
Part-Time	-	1.7	-	31.5	33.1
Total	1.0	239.7	2.0	1,632.5	1,875.1



Staffing Trend (Excludes Capital Positions)



Key Points:

- Net reduction of 58.25 positions in 2012 to meet reduction target
- Net reduction of 5.2 positions in 2013
- 2014 Request includes increases due to Childhood Obesity Prevention (6.0), Enhancements to Sexually Transmitted Infection (STI) Prevention (6.0) and One Time Pan-Am Games (2.0)



Net Operating Budget and Staff Changes

- 5 Year Overview

(\$000's)	Approved Budget					Rec'd Budget
	2009	2010	2011	2012	2013	2014
Approved Net Budget	43,819.2	44,167.6	44,777.2	47,915.2	50,420.0	51,006.2
Net Change	916.9	348.5	609.6	3,138.0	2,504.7	586.3
% Change from Prior Year	2.1%	0.8%	1.4%	7.0%	5.2%	1.2%
Approved Complement	1,908.1	1,929.2	1,938.0	1,886.2	1,874.5	1,875.1
Net Change	15.3	21.1	8.8	(51.8)	(11.7)	0.7
% Change in Staff Complement	0.8%	1.1%	0.5%	-2.7%	-0.6%	0.03%

Key Changes:

2010 Changes

- 41 100% Provincially Funded permanent Dental Healthy Smiles Ontario permanent positions added, 25 100% Provincially Funded Nursing Graduate temporary positions deleted

2012 Changes

- Achieved reduction target partially through the reduction of 58.25 positions
- Transfer of AIDS and Drug Prevention CPIP Grants to Cost Shared TPH Funding – Savings of \$1.8M to the City and Student Nutrition Program – \$3.8M Gross / Net

2014 Changes

- Staff Recommended budget includes: new & enhanced proposals that maximize Provincial revenue for Preventing Childhood Obesity, Enhancement to STI Prevention; and Inflationary factors for Toronto Urban Health Fund



2013 Service Performance



2013 Key Accomplishments

1. Infectious Disease

- Provided 24/7 availability to respond to reports of infectious disease requiring an immediate public health response.
- Received, assessed and reviewed 89,000 notifications of infectious diseases annually and report infectious disease surveillance information to the Ministry of Health and Long-Term Care daily using the Integrated Public Health Information System (iPHIS) within designated timelines.
- Provided over 60,000 clinic visits at sexual health clinics, reduced wait times for new client services to 1 week, added more drop in hours.
- Ensured 97% of all cases completing treatment in 2013 completed appropriate and adequate treatment according to the Canadian TB Standards.
- Provided approximately 80,000 vaccinations for hepatitis B, meningococcal meningitis, and human papillomavirus (HPV) to grades 7&8 students.
- Assessed approximately 350,000 student immunization records in 860 schools to ensure up to date school immunizations.



2013 Key Accomplishments

2. Environmental Health

- Food Safety: Launched the DineSafe mobile application; Inspected 5767 High Risk Food Premises three (3) times yearly (once every four months) as per the Ministry of Health and Long-Term Care Accountability Agreement; and maintained compliance with the Food Premises Regulation at no less than 90%; Conducted 22,000 Risk Assessments; Conducted 2,701 re-inspections within 24-48 hours.
- Health Hazard Investigation: Responded to 1492 bed-bug related complaints/requests for service which involved block inspections, co-ordination of unit preparation for vulnerable clients, comprehensive nursing assessments, health services referrals and other supports.

3. Chronic Disease & Injuries Prevention

- Reached 227,863 children and youth in 544 schools (75% of all TDSB/TCDSB schools) with Chronic Disease and Injury Prevention services (including healthy eating, active living, tobacco use prevention, injury prevention, and sun safety).
- Completed menu analysis, and/or nutrition and food skills/literacy training in 350 out of 649 (54%) of municipally funded Student Nutrition Programs in the 2012/13 school year, impacting 75,534 out of 135,880 participating students.
- Reached 58 schools and 1160 peer leaders in elementary schools with Playground Activity Leaders in Schools (PALS). 57% of participating schools (33 out of 58 were in their second or more year of participation).
- Provided education and training to 430 health and allied health professionals on falls prevention from 75 agencies to build capacity in falls prevention for a potential reach of 130,000 older adults (aged 65+ years). (15% of agencies serving seniors in Toronto will send Health and Allied Health Professional staff to be trained on Falls Prevention)



2013 Key Accomplishments

4. Family Health

- Conducted 30,000 home visits to provide in-depth assessment, counselling, referral and case management to families that have children 0 to 3 years of age who are at risk for poor growth and development
- Dental Health: Provided 43,699 treatment services and 35,496 preventive services to 24,723 eligible patients (predominantly children under 18 yrs, seniors above 65 yrs, and a small percentage of adults) in TPH Dental program
- Dental Services: Screened 3404 children in 123 daycares and community events from January to May 2013. Of these 521 (15.3%) were referred to a dental professional for dental treatment and prevention.
- Provided nutrition and health assessment, counselling and referral to 5,000 individual prenatal women who are at risk for poor birth outcomes.



2014 Key Service Levels & Performance

1. Infectious Disease

- Provided 24/7 availability to respond to reports of infectious disease requiring an immediate public health response.
- Investigate & respond to 89,000 reports of suspected cases of designated reportable/communicable diseases.
- Respond to approximately 40,000 cases of reportable/communicable diseases and to all outbreaks of communicable diseases.
- Ensure 95% of all TB cases completing treatment in 2014 completed appropriate and adequate treatment according to the Canadian TB Standards.
- Investigate over 13,000 confirmed cases of chlamydia, gonorrhea, syphilis and HIV.
- Implement school based immunization programs for hepatitis B, Meningococcal meningitis, and human papillomavirus (HPV) for grades 7 and 8 students

2. Environmental Health

- Food Safety: Inspect 17,617 food premises; Receive and respond within 24 hours to reports of suspected and confirmed food-borne illnesses or outbreaks, unsafe food handling practices, food recalls, adulteration, consumer complaints and food-related issues..
- Health Hazard Prevention and Management: Respond to all complaints alleging a health hazard within 24 hours or by the next business day and take action to eliminate or reduce the effect of health hazards for the 2.6 million residents of Toronto



2014 Key Service Levels & Performance

3. Chronic Disease & Injuries

- Reach approx. 217,000 (60%) of children and youth in schools with Chronic Disease/Injury Prevention (CDI) initiatives that build positive health behaviours (healthy eating, active living, tobacco use prevention, injury prevention, and sun safety)
- Provide menu analysis, nutrition education and/or food skills/literacy training to 60% of municipally funded Student Nutrition Programs in the 2013/2014 school year
- Provide education and training to 450 health and allied health professionals on falls prevention from 84 agencies to build capacity in falls prevention for a potential reach of 135,000 older adults (aged 65+ years)

4. Family Health

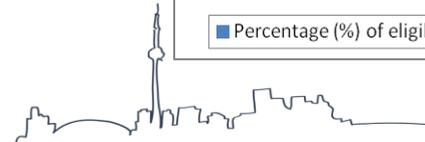
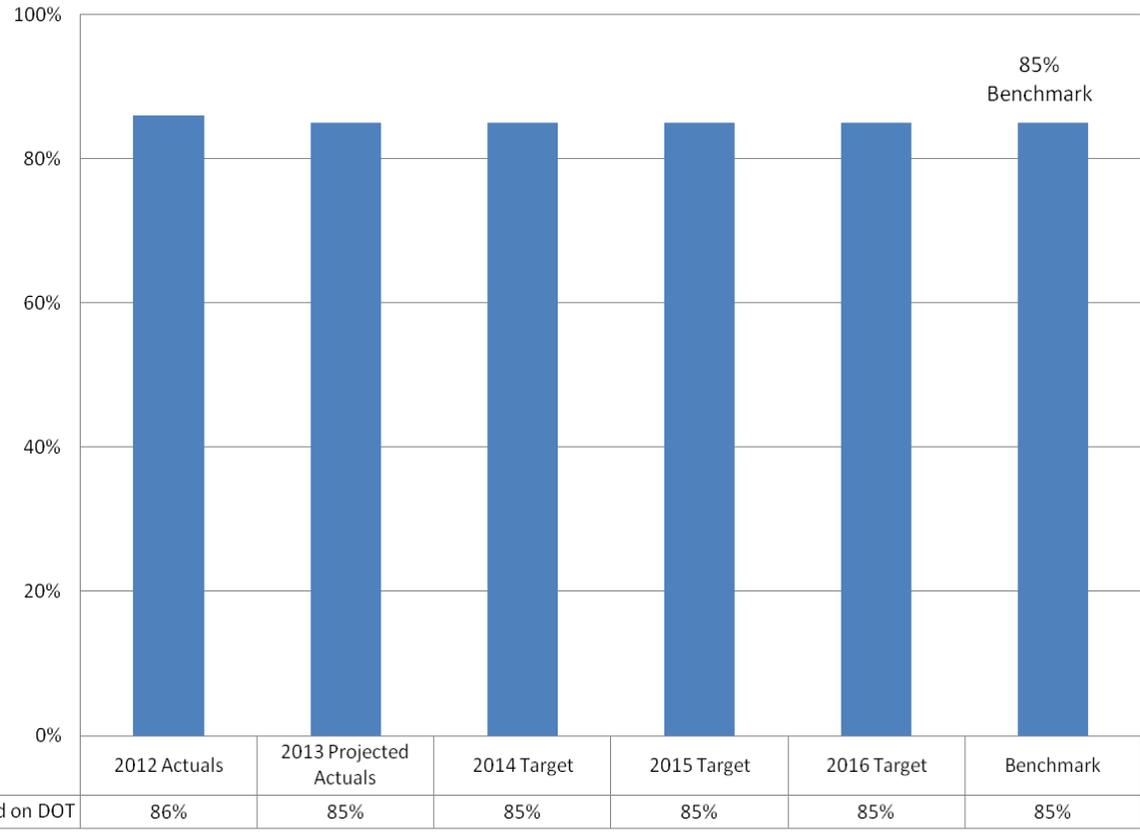
- Conduct 35,000 home visits to provide in-depth assessment, counselling, referral and case-management for families with children 0 to 3 years of age who are at high risk of poor developmental outcomes
- Conduct 23,000 dental screenings in elementary schools; conduct approximately 12,000 screenings in high schools and daycares
- Toronto Pre-school Speech & Language Services: Provide speech and language therapy to 8,000 preschool children. Conduct infant hearing screening tests on 38,000 newborns.
- Provide nutrition counselling and vitamin supplementation to 2,300 prenatal women in Healthiest Babies Possible program.



Service: Infectious Diseases

Percentage (%) of eligible TB clients who are placed on DOT

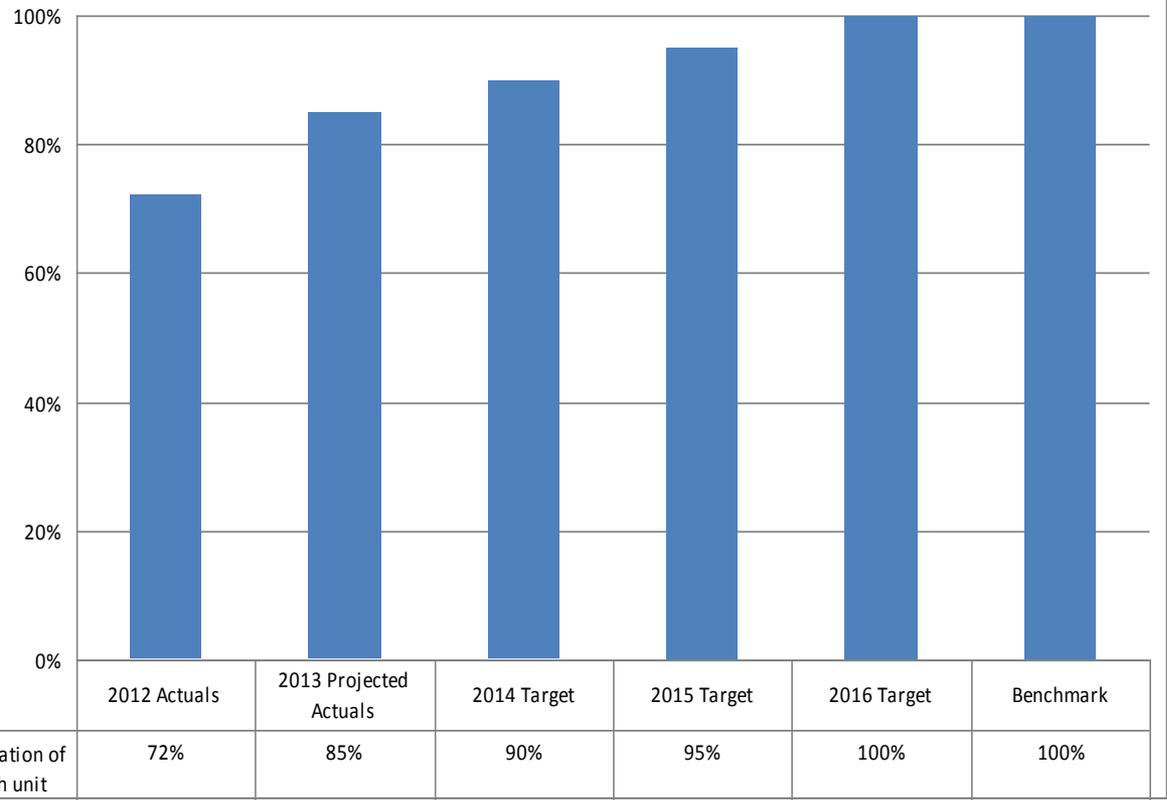
- The TB program strives to have at minimum 85% of clients on DOT.
- During DOT staff meet with clients 3-7 times per week utilizing both community and video DOT or a combination of both strategies based on client need and available staff resources.
- It is challenging to exceed 85% because while DOT is a best practice, clients can refuse DOT. The TB program focuses its resources on clients assessed to be at highest risk.



Service: Infectious Diseases

Percentage (%) of Gonorrhoea cases with initiation of follow-up within 2 business days after health unit notification.

- The STI program processes and case manages 1,950 gonorrhoea cases every year. The process of reporting, assigning and case managing is complex.
- The STI program has improved business processes to reduce the time between notification of a case and initiating follow-up.
- With these changes, the proportion of cases with 2 days or less time between notification and initiation of follow-up continues to increase.

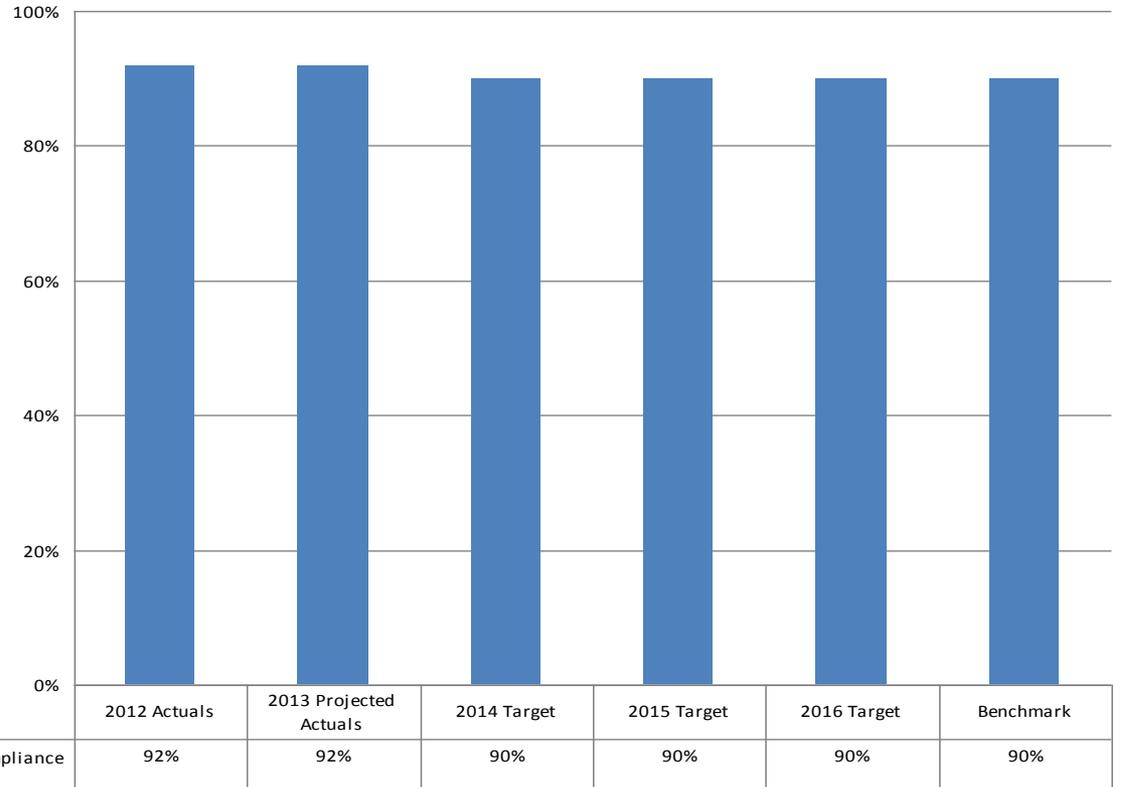


■ Percentage (%) of Gonorrhoea cases with initiation of follow-up within 2 business days after health unit

Service: Environmental Health

Percentage (%) of high risk food premises in compliance with Food Premises Regulation

- The goal of the Food Safety program is to reduce the incidence of food-borne illness by activities including preventing the sale or distribution of food unfit for human consumption.
- Food establishments are required to be in compliance with the food premises regulations and other related legislation.
- High-risk' is a designation set by the Province of Ontario. There are three categories 'High', 'Moderate', and 'Low'. Health Units are mandated to inspect 'High-risk' premises three times per year (once every 4 months) as they are more likely to contribute to food-borne illness. We therefore measure and track compliance rates within high risk establishments to determine the need for any additional food safety strategy.
- The standard is to maintain compliance at 90%, compliance is based on an industry Benchmark and the food premises adherence to sound food safety practices in conjunction with our ability to enforce

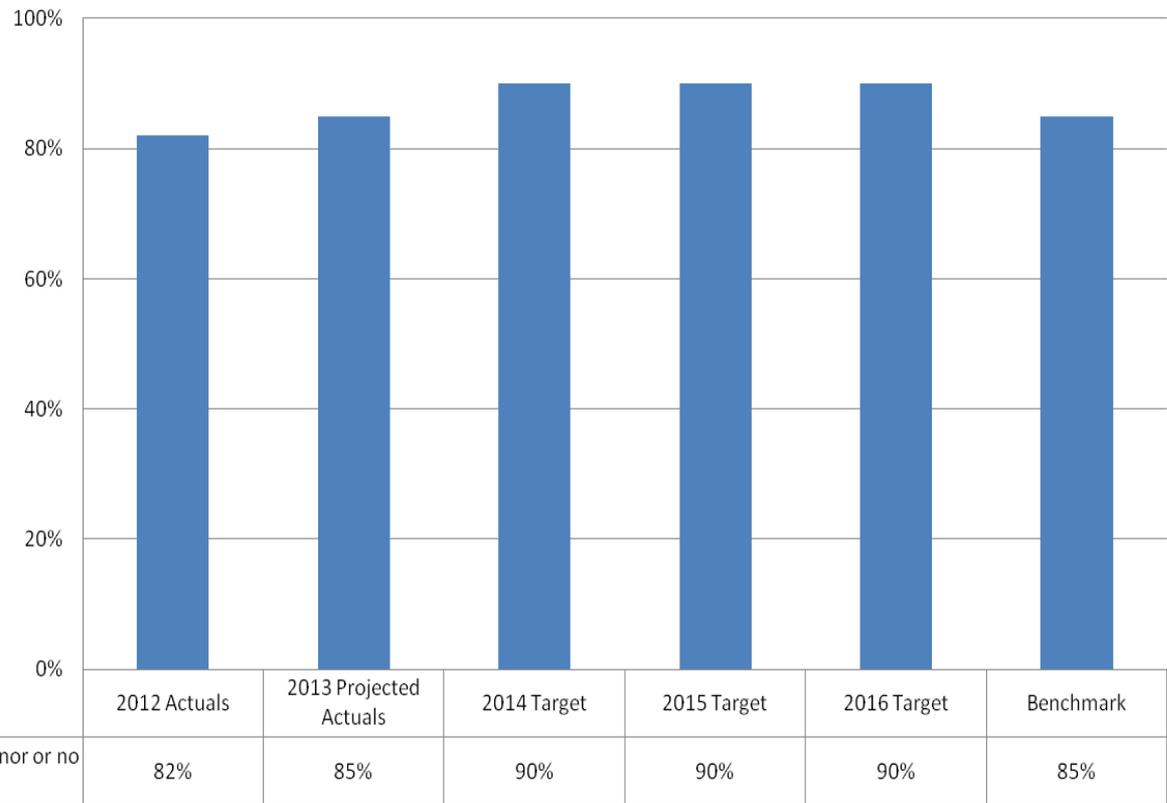


■ Percentage (%) of high risk food premises in compliance with Food Premises Regulation

Service: Environmental Health

Percentage (%) of public pools and spas with only minor or no infraction

- Waterborne illnesses can be spread through unsatisfactory recreational water facilities.
- There are some infractions that require immediate closure of these facilities.
- Others must be corrected within a given time frame.
- The goal is to ensure that no less than 85% of the public pools/spas inspections have no infractions or minor infractions only as per Provincial Accountability Agreement.



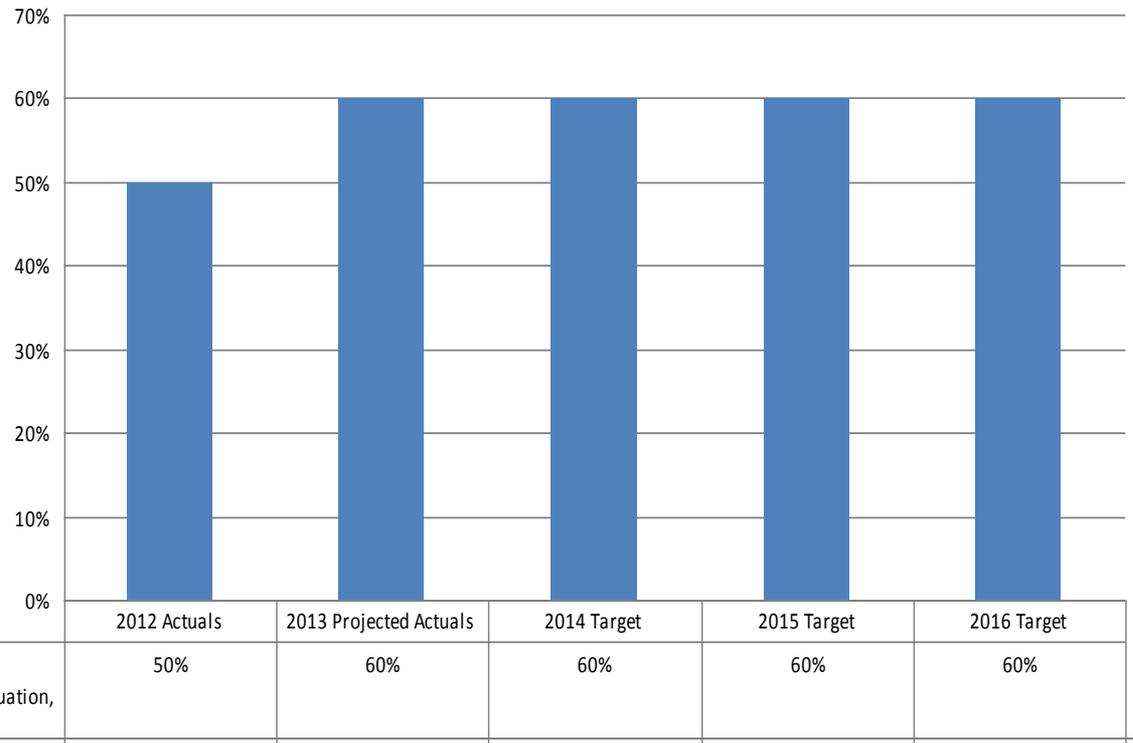
Service: Chronic Disease and Injury Prevention

Percentage (%) of municipally funded student nutrition programs (SNPs) receiving menu analysis, nutrition education, food skills/literacy training and referral to community support resources

- TPH strives to provide at least 60% of municipally funded SNPs with a TPH Registered Dietitian (RD) consultation.

- With enhanced funding for SNP, the number of sites will increase incrementally from 688 in 2013, to 769 in 2016; RD staff complement remains unchanged.

- TPH focuses efforts on newer schools and those that have not met nutrition standards in the past.



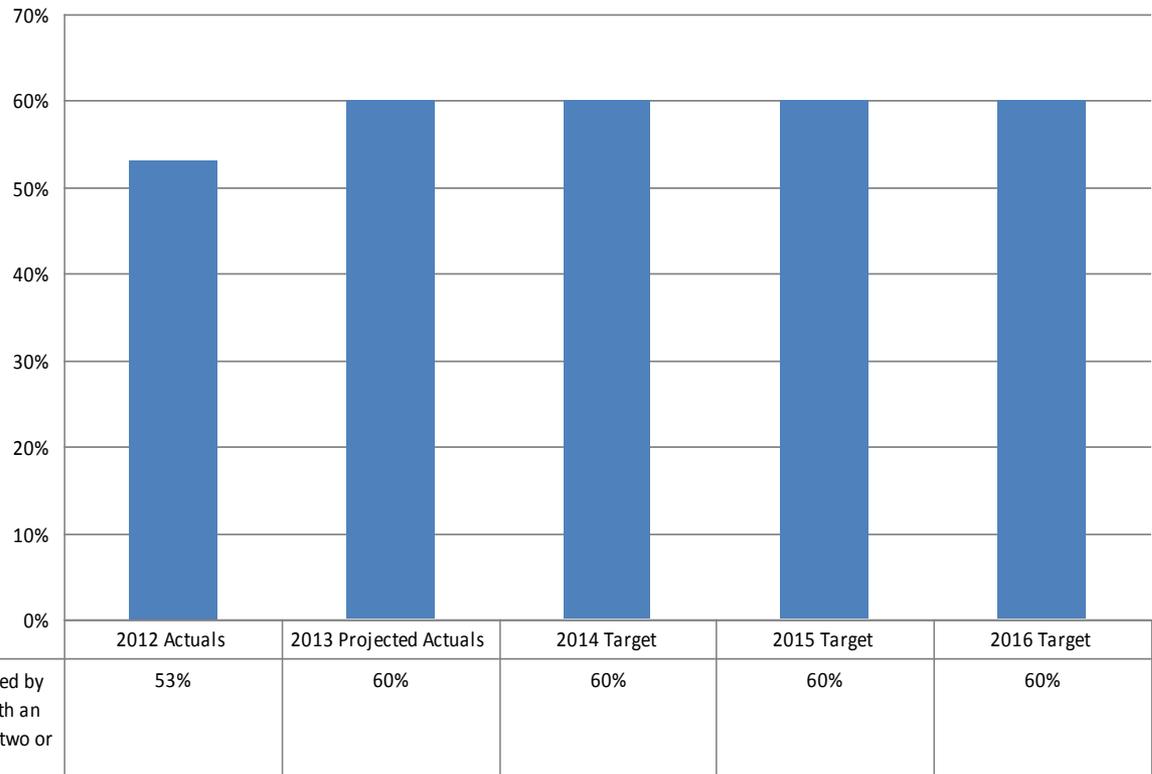
■ Percentage (%) of municipally funded student nutrition programs (SNPs) receiving menu analysis, nutrition education, food skills/literacy training and referral to community support resources



Service: Chronic Disease and Injury Prevention

Percentage (%) of children and youth in schools reached by CDIP initiative building positive health behaviours with an emphasis on reaching priority schools and providing two or more services in each school

- Schools are the ideal setting to reach children and youth with chronic disease and injury prevention initiatives.
- Given the number of schools in Toronto and limited resources TPH strives to reach 60% of schools.
- CDIP is striving to increase the # of service within each school reached.
- A PHN can effectively support 15 elementary schools although the current level is 23 schools per so TPH cannot provide all CDIP services in schools reached.

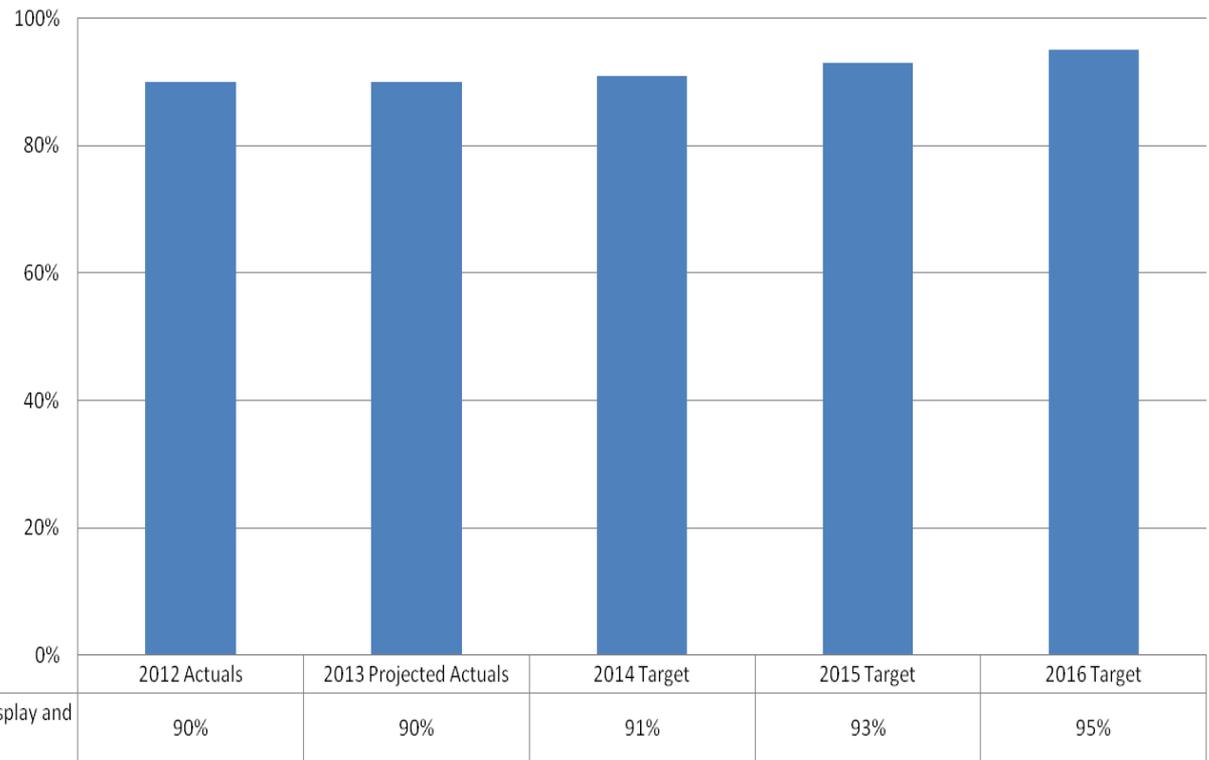


■ Percentage (%) of children and youth in schools reached by CDIP initiative building positive health behaviours with an emphasis on reaching priority schools and providing two or more services in each school

Service: Chronic Disease and Injury Prevention

Percentage (%) of required tobacco inspections done for Display and Promotion

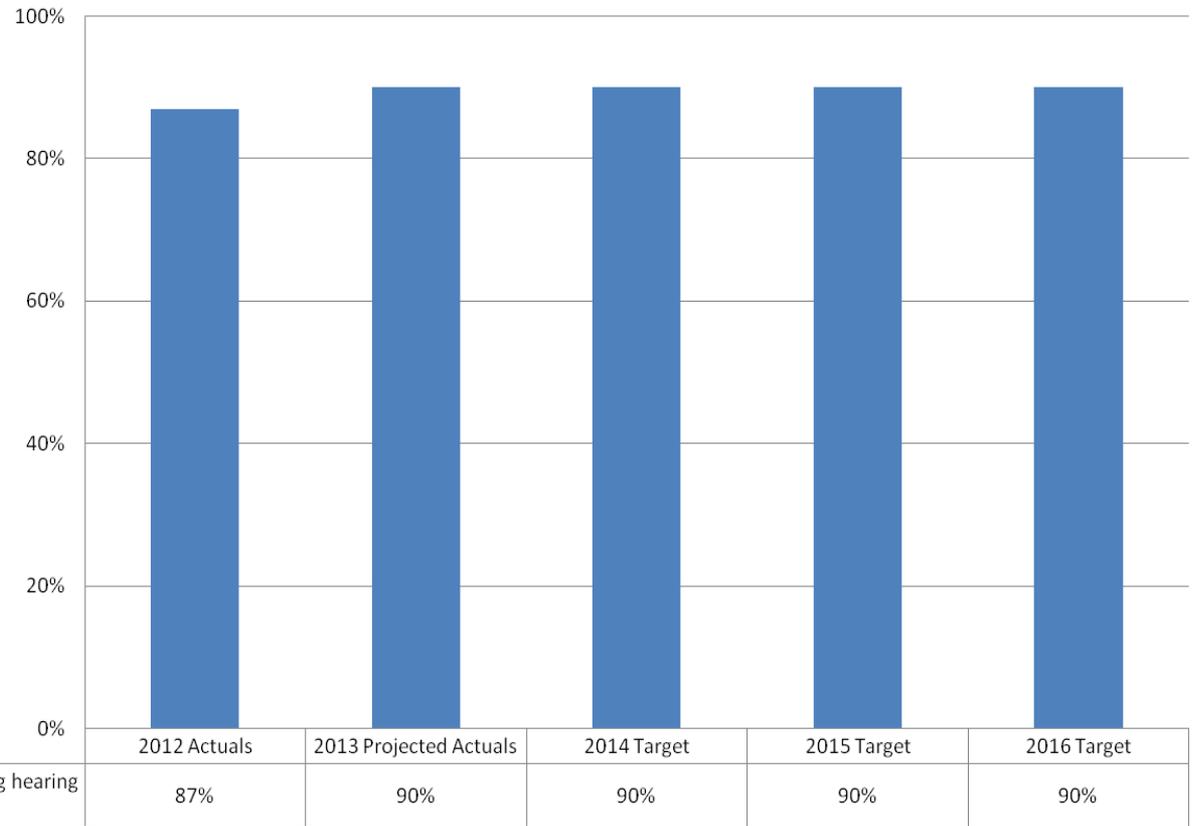
- The Smoke Free Ontario Act aims to reduce youth access and eliminate promotional materials and display.
- Compliance inspections done to increase owner/operator awareness and compliance with requirements.



Service: Family Health

Percentage (%) of newborns in Toronto receiving hearing screening

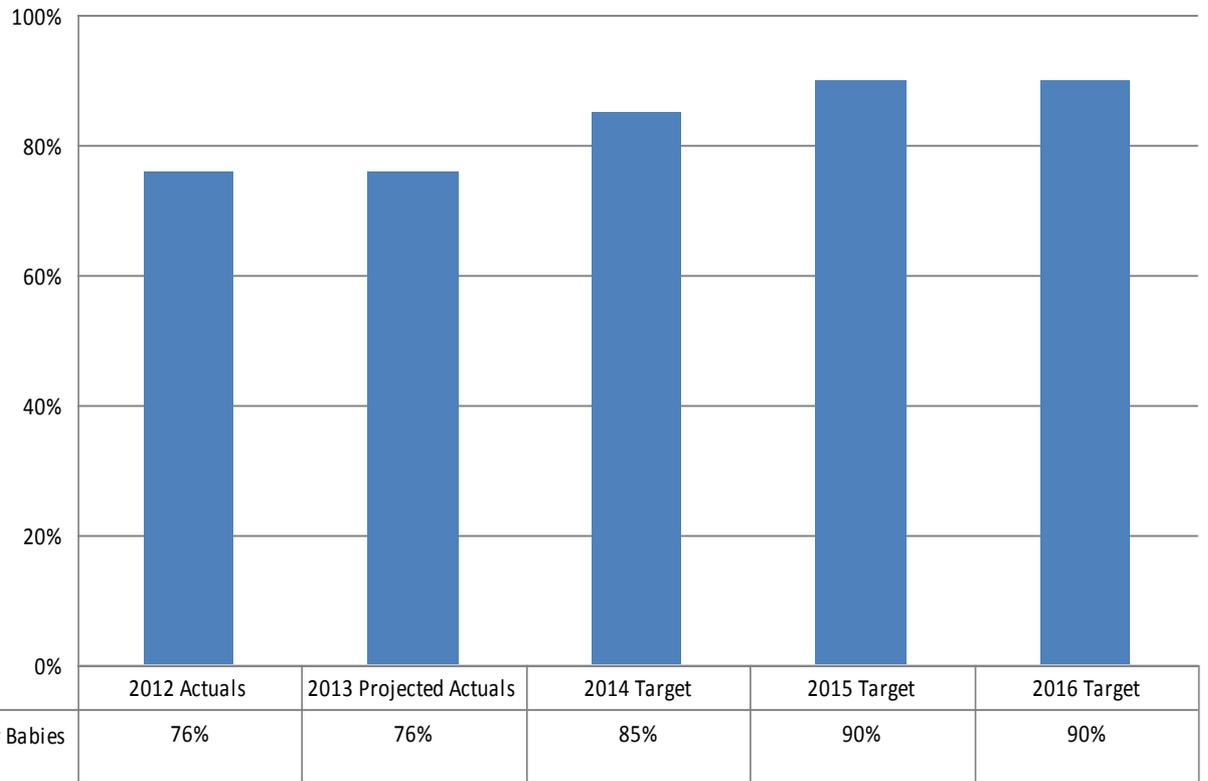
- With Ministry funding flat-lined resulting in slightly fewer resources, we are striving to maintain screening at previous year service levels.



Service: Family Health

Percentage (%) of newborns screened for Healthy Babies Healthy Children program

- New provincial Healthy Babies Healthy Children protocol was introduced mid-year 2013.
- A slight decline in screening levels may occur during the roll-out phase of implementation and hospital staff adjust to the new screening tools.
- Screening levels are expected to return to 2012 levels within 1 to 2 months of implementation.

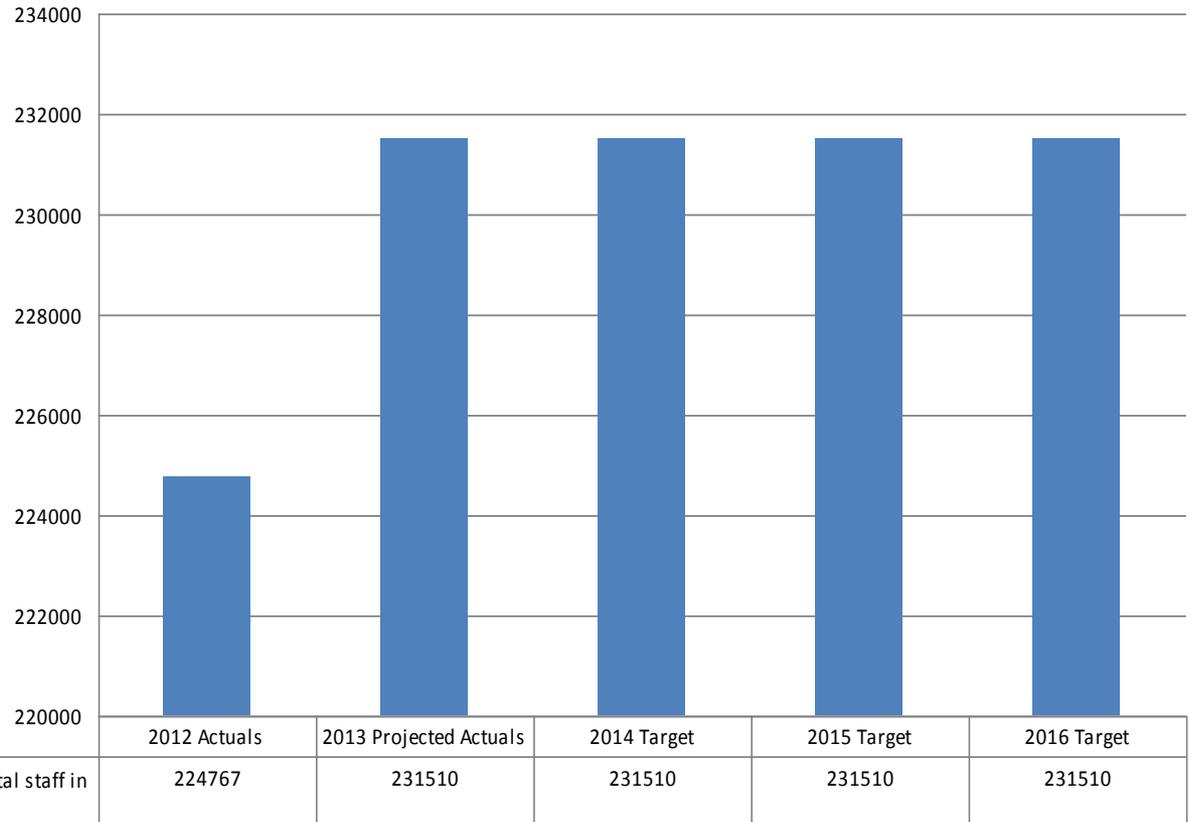


■ Percentage (%) of newborns screened for Healthy Babies Healthy Children program

Service: Family Health

Number (#) of children screened by Dental staff in elementary schools

- Due to staffing shortages in 2012, Dental staff were unable to meet projected targets. With return to full staffing complement service levels will return to baseline.
- The number of children screened by Dental staff in elementary schools is expected to remain stable as the numbers of schools have not increased.

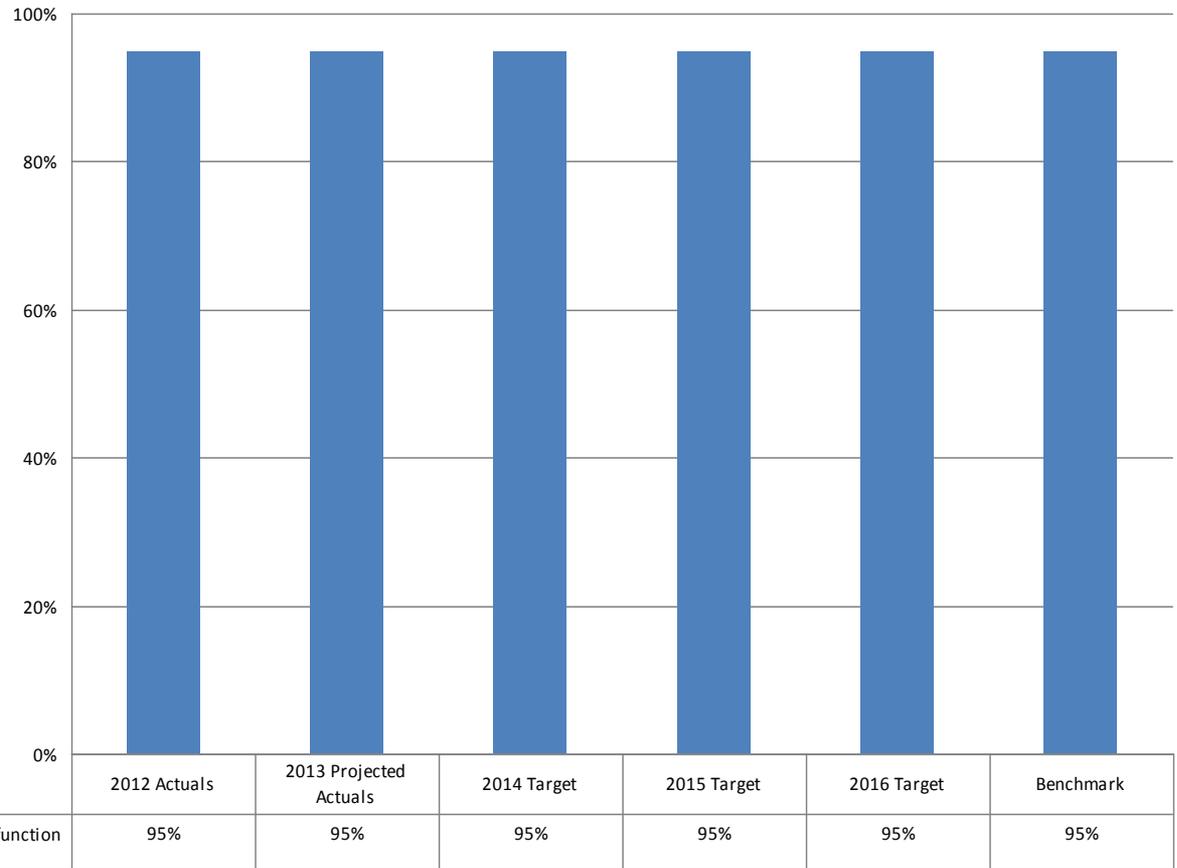


Service: Emergency Preparedness

% of non-union up-to-date in IMS and function training

95%
Benchmark

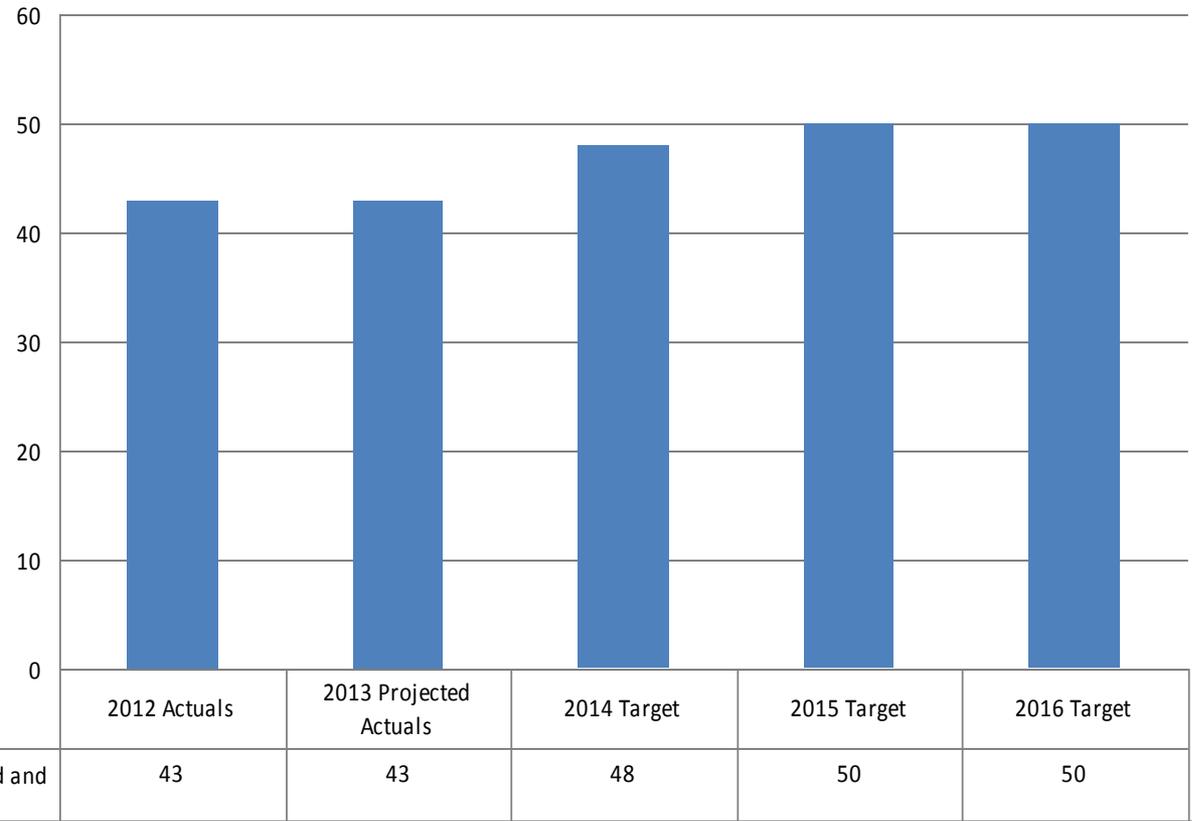
- The City of Toronto adopted the Incident management System to organize and coordinate responses to emergencies across City Divisions.
- TPH assigns all non-union staff to a response function and provides one-day function-specific training for all.
- To maintain a state of preparedness, we work to maintain a 95% completion rate at all times.



Service: Public Health Foundations

Number of surveillance indicators monitored and posted on web

- The indicators are generally assessed by time, geography and subpopulations.
- Indicators are monitored regularly by Epidemiology staff who help integrate findings into service design.
- Posting on the web allows for proactive and broad dissemination of timely information.



2013 Budget Variance - as at September 30, 2013

(In \$000s)	2011 Actuals	2012 Actuals	2013 Approved Budget	2013 Sep 30 YTD Actuals	2013 Projected YE Actuals	2013 Approved Budget vs Projected Actuals	
	\$	\$	\$	\$	\$	\$	%
Gross Expenditure	222,570	226,724	243,688	167,839	238,587	(5,100.6)	-2.1%
Revenues	179,667	181,094	193,268	134,129	189,167	(4,100.6)	-2.1%
Net	42,902	45,630	50,420	33,710	49,420	(1,000.0)	-2.0%
Approved Positions	1,747.1	1,728.5	1,875.2	1,738.3	1,775.2	(100.0)	-5.3%

Key Points:

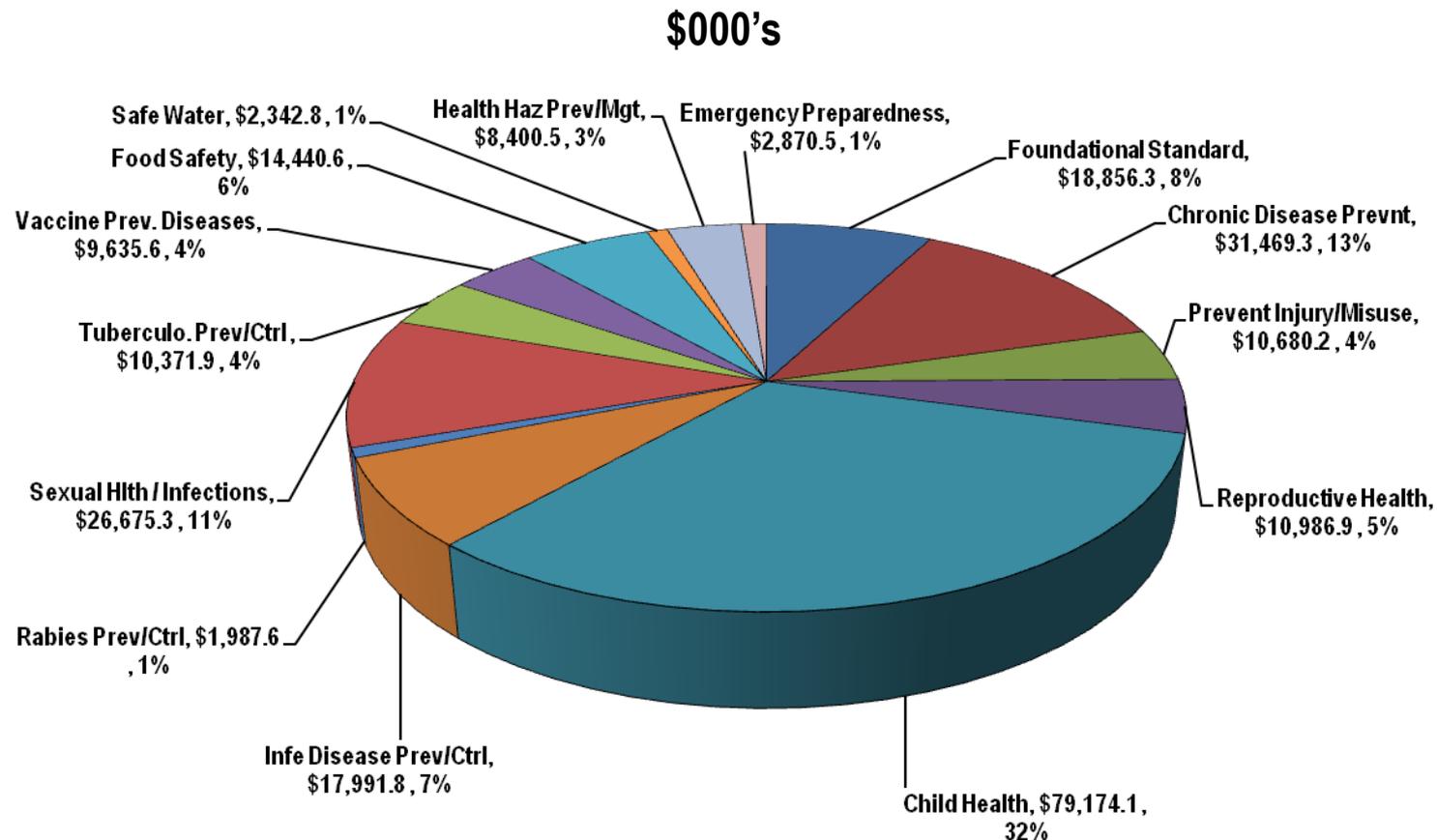
- As of September 30, 2013, TPH is projecting a favourable year-end variance of \$5.101 million gross and \$1.000 million net or 2.0% below the 2013 Operating Budget
- The favourable gross expenditure variance is due to under-spending in salaries and benefits which reflects delays in hiring for vacant positions. Human Resources has add staffing resources in Q3 to address the backlog



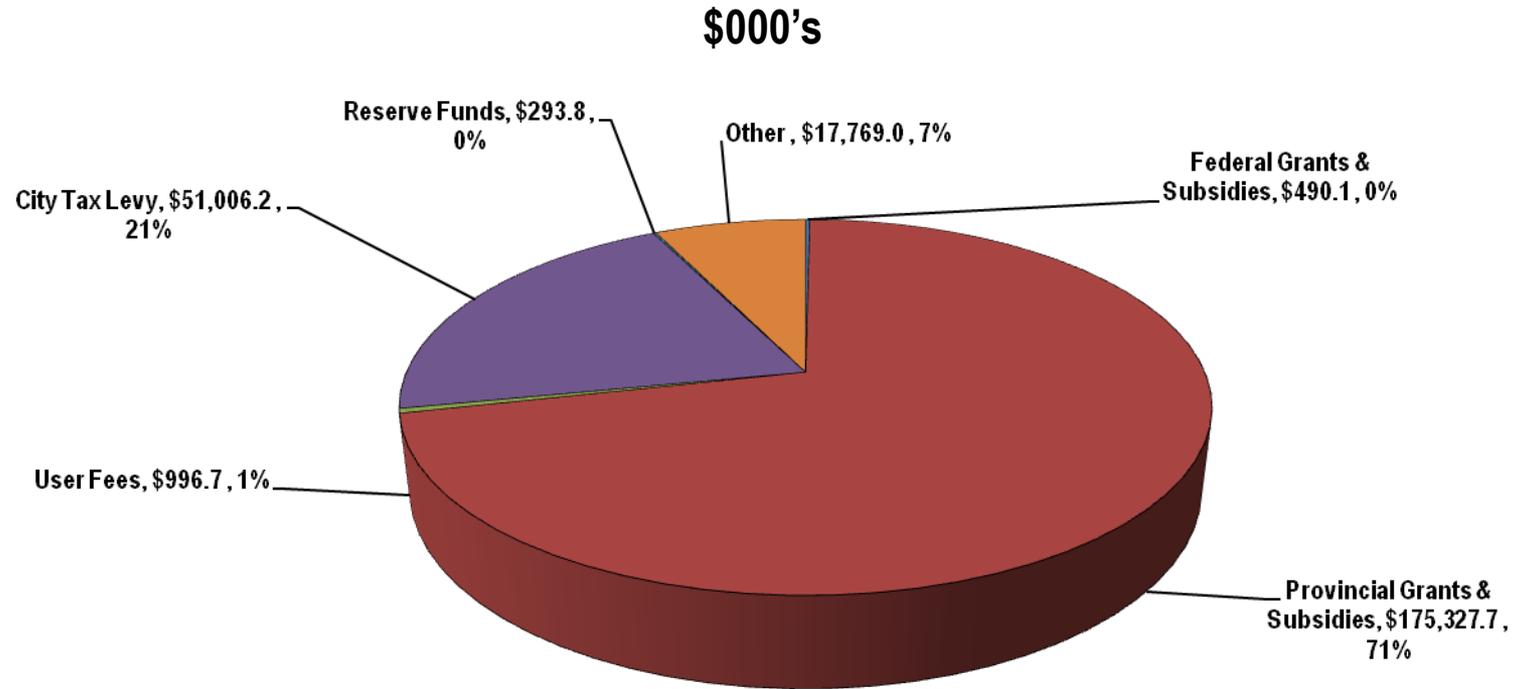
2014 Staff Recommended Operating Budget



Where the Proposed \$245,883.5 Gross Expenditure Goes



Revenue Sources



Staff Rec'd 2014 Net Operating Budget

- by Category & Funding Source

Category of Expense (In \$000s)	2011	2012	2013	2013	2014	2014 Change from		2015	2016
	Actual	Actual	Budget	Projected	Rec'd	2013 Approved		Plan	Plan
	\$	\$	\$	\$	\$	\$	%	\$	\$
Salaries and Benefits	163,024.2	161,912.0	176,313.8	172,313.8	177,631.6	1,317.8	0.7%	183,262.4	183,907.6
Materials and Supplies	3,976.5	4,013.8	4,032.8	4,032.8	4,055.9	23.1	0.6%	4,251.6	4,350.6
Equipment	1,124.7	905.0	917.0	917.0	840.0	(77.0)	-8.4%	868.8	881.3
Services & Rents	36,395.7	35,282.5	37,808.5	37,808.5	37,810.2	1.6	0.0%	39,339.8	39,921.0
Contributions to Capital									
Contributions to Reserve/Res Funds	1,848.7	1,451.7	1,431.7	1,431.7	1,431.7		0.0%	1,431.7	1,431.7
Other Expenditures	143.1	6,549.3	8,009.9	8,009.9	7,592.5	(417.4)	-5.2%	7,650.3	7,709.5
Interdivisional Charges	16,056.8	16,609.8	15,910.4	15,910.4	16,521.6	611.3	3.8%	16,521.6	16,521.6
Total Gross Expenditures	222,569.7	226,724.1	244,424.1	240,424.1	245,883.5	1,459.4	0.6%	253,326.4	254,723.3
Interdivisional Recoveries	11,882.9	12,247.6	11,724.1	11,724.1	12,625.5	901.4	7.7%	12,625.5	12,625.5
Provincial Subsidies	162,187.9	162,676.1	173,598.2	170,598.2	175,327.7	1,729.4	1.0%	180,379.0	182,193.3
Federal Subsidies	144.4	62.6	217.1	217.1	490.1	273.0	125.8%	317.9	187.8
Other Subsidies									
User Fees & Donations	992.2	860.9	944.6	944.6	996.7	52.1	5.5%	1,000.3	999.8
Transfers from Capital Fund	2,703.0	2,945.4	4,431.9	4,431.9	3,631.3	(800.6)	-18.1%	3,581.3	3,394.3
Contribution from Reserve Funds	4.7	128.0			293.8	293.8	100.0%	593.6	
Contribution from Reserve									
Sundry Revenues	1,752.0	2,173.8	1,387.7	1,387.7	1,512.1	124.4	9.0%	1,512.1	1,512.1
One Time Adjustment for Union Lump Sum			1,700.4	1,700.4		(1,700.4)	-100.0%		
Total Revenues	179,667.1	181,094.4	194,004.1	191,004.1	194,877.3	873.2	0.5%	200,009.9	200,912.9
Total Net Expenditures	42,902.6	45,629.7	50,420.0	49,419.9	51,006.2	586.3	1.2%	53,316.5	53,810.4
Approved Positions	1,925.2	1,886.2	1,874.5	1,774.5	1,875.1	0.7	0.0%	1,877.6	1,873.1

2014 Operating Budget – Key Cost Drivers

(In \$000s)	2014 Rec'd Base Budget
Net Expenditure Changes	
Prior Year Impacts	
Reversal of 2013 COLA, Management Re-Earnable, Union Lump Sum	(268.9)
Economic Factors	
Toronto Urban Health Fund Economic Factor Increase	14.1
Sexual Health Clinic Service Contracts Economic Factor Increase	11.1
Economic Factors Non Payroll *	922.2
COLA and Progression Pay	
COLA	567.8
Progression Pay	157.0
Step Increase	38.2
Benefits	534.5
Other Base Changes	
Base Gapping Adjustment to 4.8%	(165.0)
One Time Adjustments	(4.3)
IDC / IDR	(24.6)
User Fees	(36.3)
Total Net Changes	1,745.8
* Gross and Net reported equal as full amount is absorbed in 2014 Recommended Budget	



2014 Recommended Changes - to Achieve Target

Description (\$000s)	2014 Recommended Service Changes				Net Incremental Impact			
	Position Change	Gross Expenditure	Net Expense	% Change over 2013 Budget	2015		2016	
					Net Expense	Positions	Net Expense	Positions
#	\$	\$	%	\$	#	\$	#	
Base Changes:								
Base Expenditure Changes								
<i>Non-Salary Economic Factor Absorption</i>		(922.2)	(922.2)	-1.8%				
<i>Gapping rate increase to 5.7%</i>		(1,455.4)	(410.7)	-0.8%				
Base Expenditure Change	-	(2,377.6)	(1,332.9)	-2.6%	-	-	-	-
Service Efficiencies								
<i>Toronto Urban Health Fund Transfer from 100% City to 75% Cost Shared</i>		-	(115.6)	-0.2%				
Sub-Total	-	-	(115.6)	-0.2%	-	-	-	-
Total Changes	-	(2,377.6)	(1,448.5)	-2.8%	-	-	-	-



Recommended New / Enhanced

Description	2014 Recommended			Net Incremental Impact			
	Gross Expenditures	Net Expenditures	New Positions	2015 Plan		2016 Plan	
				Net Expenditures	# Positions	Net Expenditures	# Positions
Enhanced Services Priorities							
Enhancements to STI Prevention	436.9	109.2	6.0	33.6	-	-	-
Sub-Total	436.9	109.2	6.0	33.6	-	-	-
New Service Priorities							
Preventing Childhood Obesity	717.7	179.4	6.0	52.8	-	-	-
Pan Am – Heat and Air Quality Mobile Application	70.0	-	-	-	-	-	-
Pan Am - Smoke Free Ontario (SFO)	35.0	-	-	-	-	-	-
Pan Am Games Support	258.8	-	2.0	-	2.5	-	(4.5)
Sub-Total	1,081.4	179.4	8.0	52.8	(2.5)	-	(4.5)
Total	1,518.3	288.6	14.0	86.4	(2.5)	-	(4.5)



Service Review Outcomes

BOH Budget Committee recommendations:

- Maintain service levels to meet Ontario Public Health Standards
- Enhance services to the following provincially mandated programs:
 - Falls Prevention
 - Enhancement to Sexually Transmitted Infections Prevention to meet Provincial standards
 - Childhood Obesity Prevention
- Other service enhancements (City Programs):
 - Student Nutrition Program
 - Pan-Am Games



BOH Recommended vs. Financial Planning Division Recommended 2014 Operating Budget

Description (\$000s)	BOH Recommended			2014 Recommended Operating Budget			Additional Net Change	Comments
	Position Change #	Gross Exp. \$	Net Expense \$	Position Change #	Gross Exp. \$	Net Expense \$		
2013 Approved Budget	1,875.2	243,687.7	50,420.0	1,875.2	243,687.7	50,420.0		
In Year Adjustments				(1.4)	736.4	(0.0)		
2013 Adjusted Approved Budget	1,875.15	243,687.7	50,420.0	1,873.7	244,424.1	50,420.0		Includes one-time funding from Public Health Agency of Canada in 2013 for Food Strategies Initiative of \$0.029 million gross and \$0 net and an adjustment to capital funded salaries and benefits resulting from added carry forward of gross \$0.707 million and \$0 net
Base Changes:								
Base Expenditure Changes								
<i>Reversal of Non Recurring Items</i>		(2,678.8)	(268.9)		(2,678.8)	(268.9)		
<i>COLA, Progression Pay, Step Increase, Benefits and Starting Salary Adjustment</i>		5,325.3	1,297.8		5,325.3	1,297.8		
<i>Other Base Changes</i>	(11.5)	(1,092.1)	(259.6)	(11.5)	(1,092.1)	(259.6)		
Impact of Capital Changes	(1.6)	(37.8)		(1.9)	(95.8)		0.0	Decrease in salaries and benefits associated with capital positions of \$0.096 million gross and \$0 net.
Reduction of Capital Carry Forward					(707.1)		0.0	Reversal of in-year capital carry forward for capital funded salaries and benefits
<i>IDC / IDR</i>		520.5	(24.6)		520.5	(24.6)		
Food Strategies Initiative					203.0		0.0	Annualization of \$0.203 million for one-time funding from Public Health Agency of Canada for Food Strategies Initiative
Base Revenue Changes								
<i>User Fees</i>		(78.5)	(36.3)		(78.5)	(36.3)		
Sub-Total	(13.1)	1,958.6	708.4	(13.4)	1,396.5	708.4		
Service Efficiencies								
<i>Increase Gapping to 5.7%</i>		(1,455.4)	(410.6)		(1,455.4)	(410.6)		
Sub-Total		(1,455.4)	(410.6)		(1,455.4)	(410.6)		
2014 Recommended Base Budget	1,862.0	244,190.9	50,717.8	1,860.4	244,365.1	50,717.8		
New & Enhanced								
<i>Falls Prevention</i>	2.0	312.9	78.2				(78.2)	Not recommended due to affordability.
<i>Preventing Childhood Obesity</i>	6.0	928.8	232.2	6.0	717.7	179.4	(52.7)	Savings of \$0.053 million net due to delayed implementation effective April 1, 2014.
<i>Enhancements to STI Prevention</i>	6.0	571.2	142.8	6.0	436.9	109.2	(33.5)	Savings of \$0.034 million net due to delayed implementation effective April 1, 2014.
Sub-Total	14.0	1,812.9	453.1	12.0	1,154.5	288.7	(164.4)	
Percentage Increase over 2013	0.05	1.0	1.5	(0.1)	0.4	1.2	(250.7)	
Student Nutrition Program		1,771.5	1,771.5				(1,771.5)	Not recommended due to affordability.
<i>Pan Am Games Preparation & Planning – Heat and Air Quality Mobile Application</i>		70.0			70.0			
Pan Am Games Show Case Program (Phase 1) - Smoke Free Ontario (SFO)					35.0			Inclusion of Pan Am Games Show Case Program (Phase 1) - Smoke Free Ontario (SFO) of \$0.035 million gross and \$0 net funded from Major Special Events Reserve Fund.
<i>Pan Am Games Preparation & Planning Costs</i>	2.0	258.8	258.8	2.0	258.8		(258.8)	Funding of \$0.259 million gross and \$0 net provided from the Tax Rate Stabilization Reserve Fund for planning and preparation costs for Pan Am Games
Total New & Enhanced	16.0	3,914.1	2,484.9	13.9	1,518.7	289.8	(2,445.4)	
2014 Recommended Operating Budget	1,878.1	248,105.0	53,202.6	1,874.3	245,883.8	51,007.6	(2,195.0)	

User Fee Changes - Highlights

- User Fees reflect inflationary increases of 2.2%



2015 and 2016 Plans

Description (\$000s)	2015 - Incremental Increase					2016 - Incremental Increase				
	Gross Expense	Revenue	Net Expense	% Change	# Positions	Gross Expense	Revenue	Net Expense	% Change	# Positions
Known Impacts:										
Progression Pay	647.2	508.0	139.1	0.3%		653.7	513.2	140.5	0.3%	
Step Increases	96.0	75.4	20.6	0.0%		32.4	25.4	7.0	0.0%	
COLA and Fringe Benefits	4,352.4	3,425.7	926.7	1.8%		681.0	539.5	141.5	0.3%	
Annualization	202.6	106.4	96.2	0.2%		(50.1)	(50.1)	-	0.0%	
Economic Factors	1,884.8	753.6	1,131.2	2.2%		940.5	736.2	204.3	0.4%	
Delivery of Capital	(50.0)	(50.0)	-	0.0%		(187.0)	(187.0)	-	0.0%	
User Fees	-	3.6	(3.6)	0.0%		-	(0.6)	0.6	0.0%	
Pan Am Games	309.9	309.9	-	0.0%	2.5	(673.6)	(673.6)	-	0.0%	(4.5)
Total Incremental Impact	7,442.9	5,132.7	2,310.3	4.6%	2.5	1,396.9	903.0	493.9	1.0%	(4.5)

Note COLA is excluded in 2016 pending negotiation of collective agreement



Capital Overview



Capital Overview

- The Toronto Public Health (TPH) 2014-2023 Capital Budget and Plan is comprised of information technology (IT) projects only.
- TPH implements IT solutions to meet needs of our diverse services community which includes AIDS and sexual health clinics, chemical tracking, food inspections, maternal and infant care programs, dental clinics, and infectious disease tracking and reporting.
- The 10-Year Capital Budget and Plan request will provide funding for eleven IT projects that support improvement of service delivery with the development and enhancement of systems while complying with Provincial mandatory reporting requirements.



Key Objectives

TPH IT Strategic Priorities



2013 Capital Performance



Summary of Major Projects Completed in 2013

Datamart Data Warehouse Phase 1

- Develop a Data Warehouse / Business Intelligence Solution that consolidates information from various applications and data sources to support:
 - Analysis and decision making by various programs including Healthy Environments, Personal Service Settings, Healthy Communities, Healthy Families, and Chronic Disease & injury Prevention;
 - Performance measurement and reporting including those required by the Province in compliance with the new Ontario Public Health Organization Standards; and
 - Inclusion of additional information in Phase 2 through the establishment of technical infrastructure foundation.
- Available funds reallocated from the HE Inspection System project supports the completion of deliverables originally planned for 2014.



Capital Spending - Budget to Actual Comparison

(

2013 Approved	Actuals as of Sept. 30, 2013 (3rd Quarter Variance)		Projected Actuals at Year End		Unspent Balance	
	\$	\$	% Spent	\$	% Spent	\$ Unspent
6,522,022.0	3,625,598.0	55.6%	5,566,040.0	85.3%	955,982.0	14.7%

Key Points:

HF/HL SYSTEMS INTEGRATION:

- Integration between the Provincial Integrated Services for Children Information System (ISCIS) application and TPH Toronto Community Health Information System (TCHIS) application has been deferred by the Province until 2014 which necessitates the deferral of hiring of staff until 2014 to complete this integration and associated records retention functionality. This change necessitates the carry forward of \$358.0 thousand into 2014.

WEB re:BRAND TPH IMPLEMENTATION

- The first stage of the migration plan developed with the corporate Web Revitalization project has been completed. Delays in corporate procurement of PDF document conversion contracted services necessitates the carry forward of \$26.0 thousand into 2014.



Capital Spending - Budget to Actual Comparison

Key Points (continued):

INFECTIOUS DISEASE CONTROL INFORMATION SYSTEM:

- The Infectious Disease Control Information System project is 100 percent provincially funded which commenced in October 2012, and continues on the development of pan-Canadian Panorama system requirements and design to ensure that the system satisfies TPH specific requirements concerning infectious disease control. Projected under expenditure at year end totalling \$207.0 thousand is due to reduction in provincial funding.

HF/HL POINT OF CARE:

- Delays in establishing enterprise Mobile Device Management infrastructure to support current generation of mobile devices; and in the corporate upgrade of Oracle software necessitates the carry forward of funds totalling \$365.0 thousand into 2014.



2014 – 2023 Staff Recommended Capital Budget and Plan



Summary of Major Projects in the 10-Year Capital Budget and Plan

- **Key Projects to be completed in 2014**

- Web re:Brand Project
- Healthy Environment Inspection System

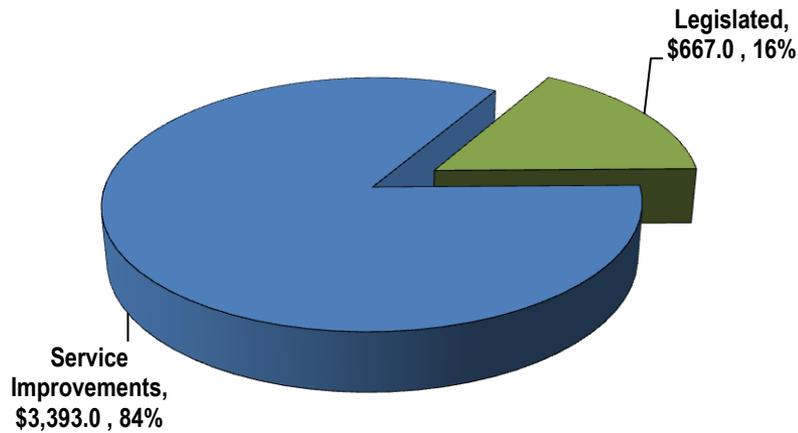
- **Key Projects for 2014 to 2023**

- Infectious Disease Control Information System
- HF/HL Point of Care
- Communicable Disease Control (CDC) Wireless Rollout
- TPH Datamart Data Warehouse
- Document and Records Management System
- Public Health Systems State of Good Repair
- Dental and Oral Health Information System
- Internet and Intranet Strategy Implementation
- Public Health Service Delivery Transformation

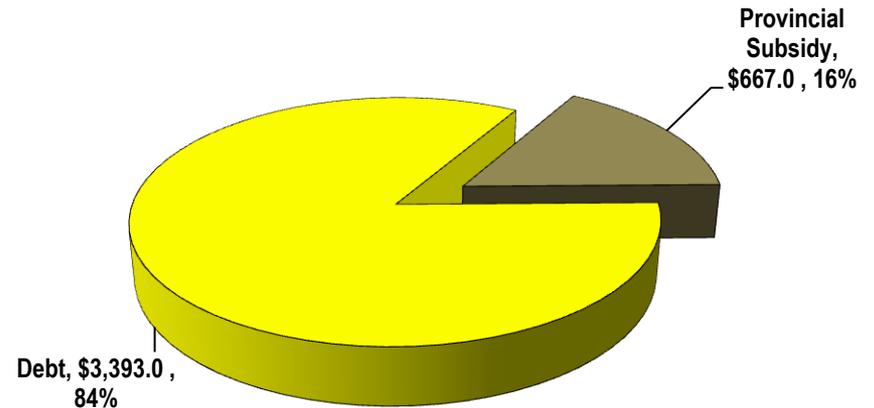


Capital Spending by Program and Funding Sources - 2014 Capital Budget

Where the Money Goes \$000s

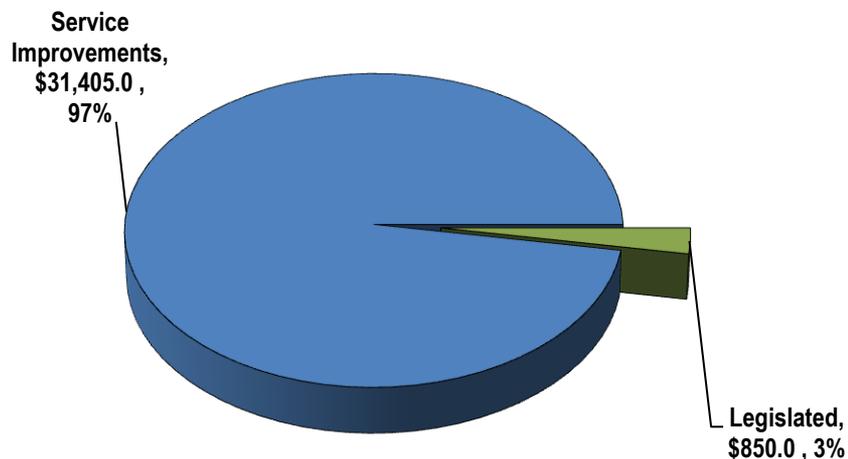


Where the Money Comes From \$000s

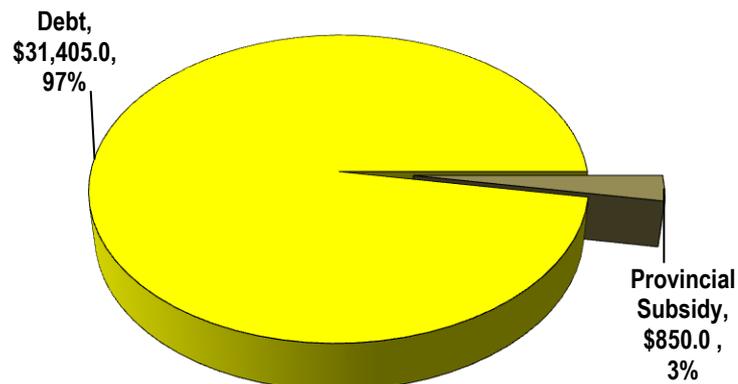


Capital Spending by Program and Funding Sources - 2014 – 2023 Capital Budget and Plan

Where the Money Goes
\$000s



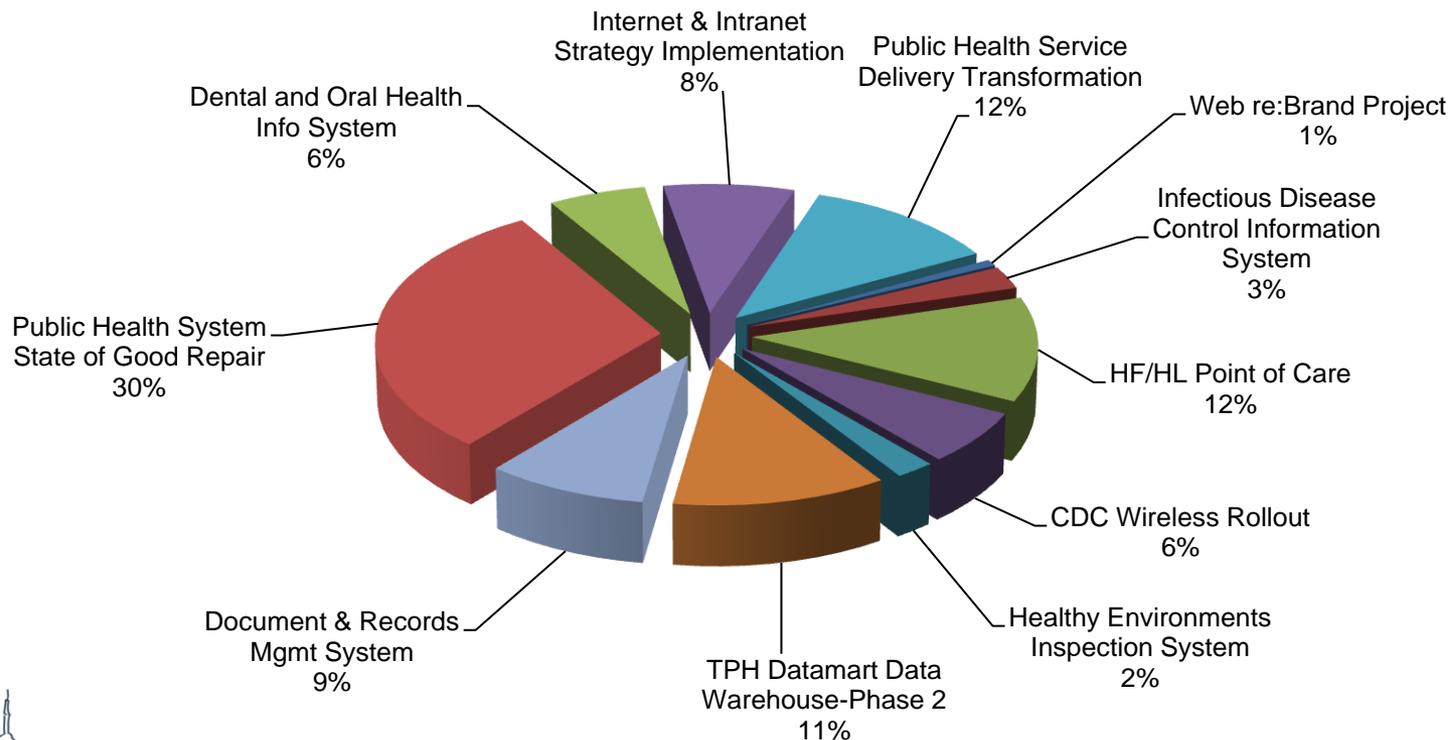
Where the Money Comes From
\$000s



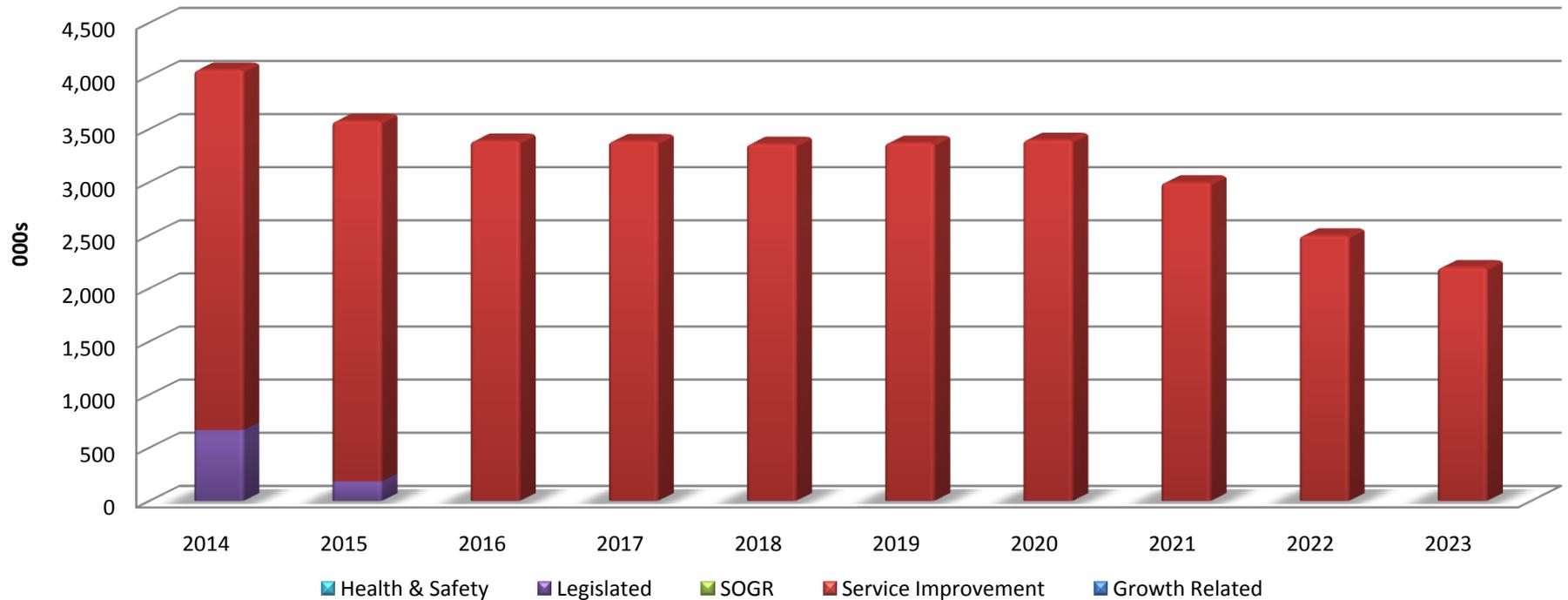
Capital Spending by Program

2014 – 2023 Capital Budget and Plan

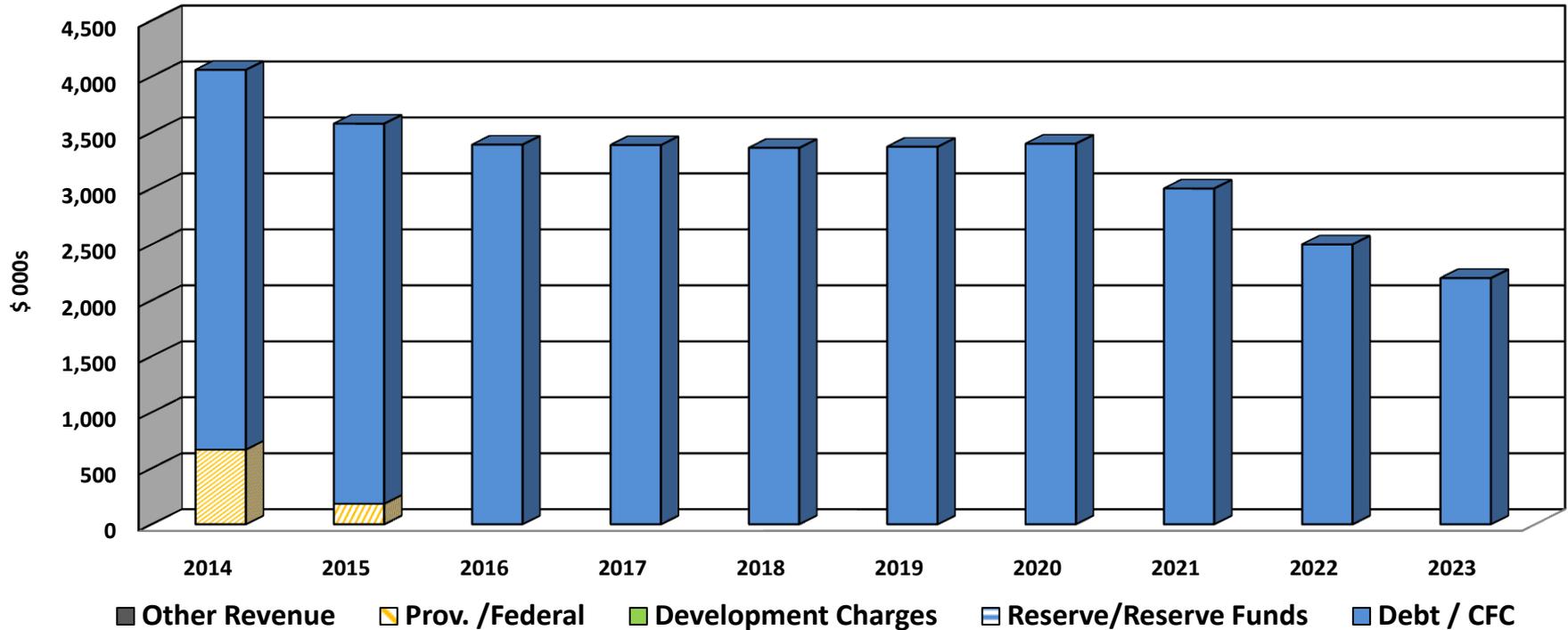
Breakdown of \$32.255 Million 10 Year Capital Budget and Plan



2014 – 2023 Capital Plan by Category



2013 – 2022 Capital Plan by Funding Source



Key Issues for 2014 and Beyond

- There is an increased demand by the public to be able to access government services (such as registrations and access to information) over the Internet.
- The majority of Public Health staff, including nurses, and other public health professionals work out of the office more than half their time but must continually return to the office or contact office staff by telephone to access information in computer systems. Service delivery and reporting is enhanced with the introduction of mobile technology.
- Providing reliable client/patient information and management information for service and decision-making in an accurate, easy and timely way.
- Within the next ten years some critical business systems will reach their end of life due to technical obsolescence and inability to satisfy new legislation/business requirements and will need to be enhanced or replaced.





Thanks