

**BRANT COUNTY BOARD OF HEALTH  
REGULAR AGENDA  
Thursday, September 6, 2018, 9:30 a.m, Boardroom**

**1. CALL TO ORDER**

*Chair Anderson*

**2. CONFLICT OF INTEREST**

**3. IN-CAMERA MEETING**

**4. ADDITIONS TO AGENDA**

**5. APPROVAL OF MINUTES**

5.1 Brant County Board of Health Minutes of August 15, 2018 \*

*All*

**6. FINANCIAL REPORT**

6.1 Report from the Board of Health Finance & Audit Committee

*Ms. J. Mills*

**7. BUSINESS ARISING FROM PREVIOUS MINUTES**

7.1 Report from the Chair

7.2 Report from the Medical Officer of Health

7.3 Report from the Executive Director \*

7.4 Food Safety Disclosure Report

*Chair*

*Dr. M. Lock*

*Dr. J. Tober*

*No report.*

**8. NEW BUSINESS**      None.

Motion to accept reports as presented.

**9. CORRESPONDENCE** (*Board members may request a copy of items that are not attached from Board of Health Secretary*)

9.1 Correspondence from Timiskaming Health Unit, dated August 8, 2018, re Basic Income Research Project and Social Assistance Rate Reduction and Reform.

9.2 Correspondence from Haliburton, Kawartha, Pine Ridge District Health Unit, dated August 17, 2018, re Cancellation of the Basic Income Pilot Project.

9.3 Correspondence from North Bay Parry Sound District Health Unit, dated August 16, 2018, re Cancellation of the Basic Income Pilot Project.

9.4 Correspondence from County of Brant, dated August 24, 2018, re appointment of Councillor Steve Schmitt to the Board of Health.

**10. QUESTIONS / ANNOUNCEMENTS**

**11. FUTURE AGENDA ITEMS**

**12. NEXT MEETING DATE**

Wednesday, October 17, 2018, 9:30 am.

**13. ADJOURNMENT**

*Chair*

**BRANT COUNTY BOARD OF HEALTH**  
**REPORT #: 7.3**

**DATE: September 6, 2018**

**FROM: Jo Ann Tober**

**RE: Executive Director's Report**

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### **Ministry of Health Population and Public Health Division Education and Training**

The Ministry of Health has initiated a July to September training calendar which includes a series of teleconferences and webinars to support the implementation of the new Ontario Public Health Standards. Topics include food safety, recreational water & camps, safe water & health hazards, personal services setting regulations, vision screening protocol, and oral health protocol. The Ministry also released in July a revised Standards document with minor changes to the Standards and the following protocols and guideline: Infection Prevention & Control Protocol, Infection Prevention & Control Complaint Protocol, Infection Prevention & Control Disclosure Protocol and Personal Services Settings Guideline.

### **Ministry 2018 Annual Service Plan and Budget Submission Feedback**

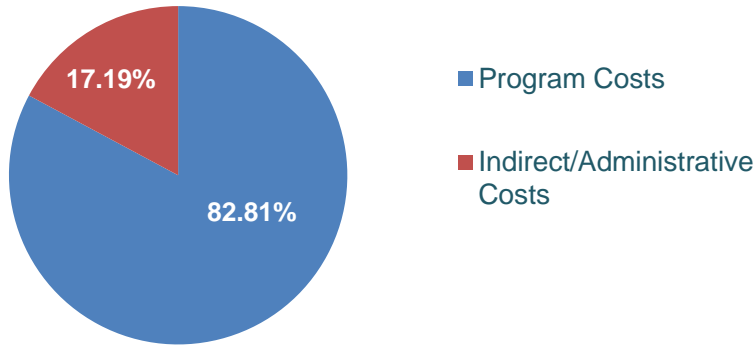
In August 2018 the Ministry released general feedback on the 2018 Health Unit Annual Service Plans. Attached are slides describing a high-level overview of the submissions, and feedback on strengths, areas for improvement and supports for 2019. The Ministry has also indicated that they would be providing specific feedback to individual health units and updating the template for 2019. The release of the 2019 template is anticipated in September or October with submissions due on March 1, 2019. Training on completion of the new template is expected to occur in November or December.

### **Topics Currently under Review by the Province**

The new Provincial government has put a number of items on hold pending their review. These include the updated Smoke-Free Ontario legislation, the mandatory reporting of immunization by health care providers, and funding for safe injection sites. These topics have impacts on health unit programming and public health units are currently awaiting direction on how to proceed. The government has also made changes to the sexual health school curriculum which will impact the education sector and support provided to schools by public health in this topic area.

# 2018 Annual Service Plans At-A-Glance\*

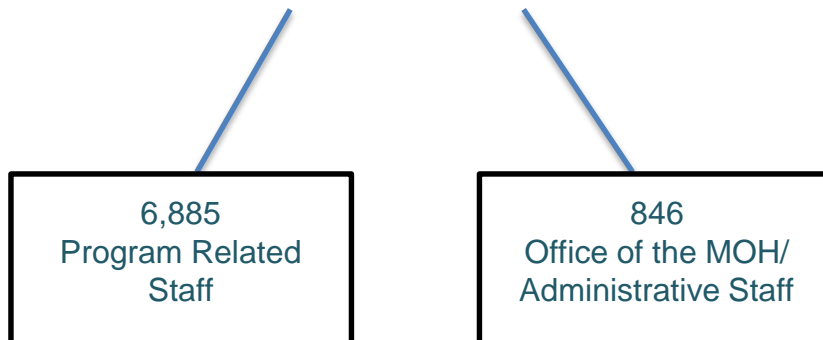
Total budgeted costs of approx. **\$952.5M**  
(100% costs; provincial and municipal portions)



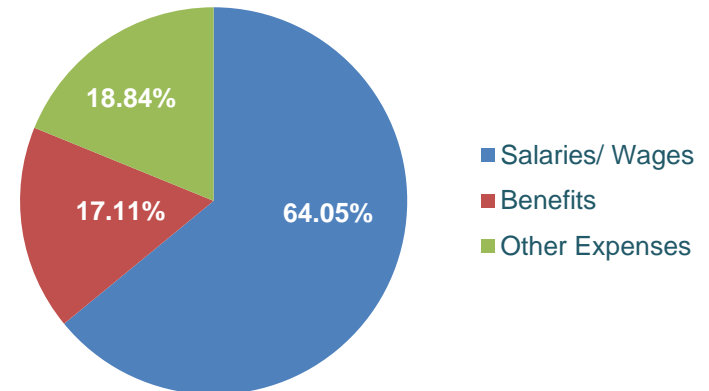
Organized according to the 4 Foundational Standards and 9 Program Standards

- Over **1,800 Program Plans** submitted (range of 31 to 85 per public health unit)
- Over **5,000 Interventions** identified (range of 65 to 417 per public health unit)

Staffing includes a total of **7,731 FTEs**



Key cost drivers/budget items include: salaries/wages, benefits, and other expenditures (e.g., travel, professional services, program expenses, offset revenues)



\*As submitted by public health units.

# 2018 Annual Service Plans MOHLTC Feedback: Community Assessments

## ✓ Overall Strengths:

- ❖ Generally good community assessments; provided sufficient data and information to understand the communities and populations in public health unit areas.
- ❖ Many public health units demonstrated that the information is used to inform program and service delivery, and that programs and interventions align with the Standards.

## ✓ Overall Areas of Improvement:

- ❖ Require more detail on key health priorities (including new and emerging priorities), unique risks, and priority populations (including Indigenous populations and populations relevant to tobacco control), including supporting data.
- ❖ Demonstrate linkage of the community assessments to program and service delivery decisions, and how programming addresses priorities and needs.
- ❖ Require more consistent data and narrative content, including how information is organized.

## ✓ Supports for 2019:

- ❖ Updates/changes to the Annual Service Plan Template to facilitate areas where improvement is required (i.e., more structured community assessment worksheet).
- ❖ Provide public health units with some constructive examples of completed community assessments.

# 2018 Annual Service Plans MOHLTC Feedback: Program Plans

## ✓ Overall Strengths:

- ❖ Enabled the MOHLTC to better understand the complete picture of programs and services public health units are delivering in the context of the Standards, better monitor the amount of resources public health units are investing against the outcomes of those programs, and make more informed/equitable funding decisions.
- ❖ Generally good program plans; provided sufficient level of detail to understand the community needs and priorities under each Standard, and collaboration with key partners.
- ❖ Many public health units demonstrated alignment with the requirements of the Standards.

## ✓ Overall Areas of Improvement:

- ❖ Require consistency of program names and interventions, including ensuring program names are not more suitable as interventions (and vice versa).
- ❖ Require identification of specific key partners instead of high level sector partners (i.e., “X specific” family health clinic versus health care providers), and more details on program plans (i.e., descriptions, objectives, interventions) and priority populations, including linkages to priorities in the community assessments.
- ❖ Ensure to include program plans for each program you plan to deliver as well as a health equity lens across all programs in the Annual Service Plan.
- ❖ Ensure programming is implemented according to the requirements of the Standards and Protocols (e.g., School Health – Vision) and inadmissible expenditures are not reflected in budgeted expenditures (e.g., Healthy Babies Healthy Children Program, programming related to advocacy activities).

## ✓ Supports for 2019:

- ❖ Updates/changes to the Annual Service Plan Template to facilitate areas where improvement is required (i.e., streamlined worksheets, expanded instructions).
- ❖ Standardization of some program names and interventions to improve consistency.
- ❖ Provide each public health unit with specific feedback/comments on their 2018 Annual Service Plans to assist with improvements for 2019.
- ❖ Provide public health units with some constructive examples of completed program plans.