

Report to: Finance Committee, Board of Health
Submitted by: Elizabeth Bowden, Interim Director of Administrative Services
Subject: 2016 FOURTH QUARTER FINANCIALS

RECOMMENDATION(S)

- (a) That the Finance Committee makes recommendation to the Board of Health to receive the 2016 Fourth Quarter Financials, as presented, for information.

BACKGROUND

Wellington-Dufferin-Guelph Public Health’s (WDGPH) annual budget consists of several sub-budgets based on different funders and funding structures. The sub-budgets have been numbered and these numbers have been used consistently throughout this report. The main budget of the organization consists of the sub-budgets numbered (1) through (7) below. In addition to the main budget, WDGPH receives several community grants for projects which are aligned with and build upon the work of Public Health in the community. These community grants are numbered (8) through (12) below.

No.	Program/Budget Name	Funder(s)	Year-end
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Cost-Shared Sub-budgets

1	Cost-shared Mandatory Programs	Ministry of Health and Long-Term Care (MOHLTC); City of Guelph; County of Wellington; County of Dufferin	December 31 st
2	Cost-shared Related Programs	MOHLTC; City of Guelph; County of Wellington; County of Dufferin	December 31 st

100% Funded Sub-budgets

3	100% MOHLTC Funded Programs	MOHLTC	December 31 st
4	Healthy Babies Healthy Children	Ministry of Children and Youth Services (MCYS)	December 31 st
5	Preschool Speech and Language	MCYS	March 31 st
6	Wee-Talk	County of Wellington	December 31 st
7	Canadian Prenatal Nutrition Program (CPNP)	Public Health Agency of Canada (PHAC)	March 31 st

Other Community Grants

8	Poverty Elimination Task Force (PETF)	City of Guelph, County of Wellington, United Way Wellington-Dufferin-Guelph	December 31 st
9	Children's Report Card	County of Wellington, Dufferin Coalition for Kids (DuCK), Dufferin Child & Family Services (DCAF)	December 31 st
10	Nurturing Neighbourhoods	Family and Children's Services Guelph-Wellington	December 31 st
11	My Health e-Snapshot: A Preconception Health Research Study	Women's College Hospital	December 31 st
12	System of Care	County of Wellington, KidsAbility, Canadian Mental Health Association (CMHA) Waterloo-Wellington	December 31 st
13	2016 One-Time Grants	MOHLTC	March 31 st

The 2016 budget approved by the Board of Health on October 7, 2015 only included sub-budgets (1), (2), and (3) above. These sub-budgets were submitted to the MOHLTC via the Program Based Grants (PBG) submission on March 1, 2016.

On September 23, 2016, WDGPH received the Provincial Funding Approval, as outlined in Finance Committee Report BH.04.OCT1316.R13.

The budget figures in the attached Appendices reflect the approved Provincial funding per the September 23, 2016 Provincial funding approval.

PUBLIC HEALTH AND/OR FINANCIAL IMPLICATIONS:

Appendix 1: Cost-shared Mandatory Programs (1)

Cost-shared Mandatory Programs are the public health programs and services that boards of health are required provide to the communities they serve in accordance with the Health Protection and Promotion Act (HPPA), Ontario Public Health Standards (OPHS) and Protocols and the Organizational Standards. MOHLTC funding for mandatory programs is provided on a global basis (as opposed to a line by line basis), and boards of health are responsible for allocating the funding to meet the requirements of the HPPA, OPHS, and Organizational Standards according to local needs and priorities.

Current Net Position:

Appendix "1" represents the statement of revenue and expenditures for the year ended December 31, 2016, for the Cost-shared Mandatory programs. As reported on the attached statement, there was a surplus totalling \$101,342 for the year.

Budget to actual variances of greater than \$100,000 are explained below:

Salary and benefits expenses were lower than budgeted by \$763,628 for the year as a result of two vacant Director positions (one of which has subsequently been filled), one vacant management position (subsequently filled), maternity leaves, a leave of absence, and the related benefits savings from these vacant positions. Additionally short-term disability expenses (self-funded, not insured) and parental leave top-up costs were lower than budgeted.

Building occupancy expenses were higher than budgeted by \$232,162, as the parking lot project is included in this category. Due to the positive variance in salary and benefits expenses as described above, use of funds from the Facilities Reserve was not required to complete this project.

Professional and purchased services expenses were higher than budgeted by \$117,373, as the funds budgeted for one vacant Director position were used for consultant support in that role during the year. Additionally, costs incurred to create the Agency's new website are included in this category, but due to lower than budgeted legal fees, fees for services, memberships and program advertising costs during the year, use of funds from the Technology Reserve was not required to complete this project.

Office equipment expenses were higher than budgeted by \$146,263 as old furniture was replaced and storage equipment was purchased as part of the Fergus office renovation.

Appendix "2": All Other Programs (2 – 12)

Appendix "2" presents the Funding and Expenditures for the year for the Cost-Shared Related (Small Drinking Water Systems and Vector-Borne Diseases) and 100% MOHLTC funded programs.

MOHLTC Cost-shared Related Programs

Vector Borne Diseases – funding provided for this program must be used for the ongoing surveillance, public education, prevention and control of all reportable and communicable vector-borne diseases and outbreaks of vector-borne disease, which include, but are not limited to, West Nile Virus and Lyme Disease.¹

Small Drinking Water Systems – this funding is provided to support the ongoing assessments and monitoring of small drinking water systems. Under this program, public health inspectors are required to conduct new and ongoing site-specific risk assessments of all small drinking water systems within the oversight of the Board of Health; ensure system compliance with the regulation governing the small drinking water systems; and, ensure the provision of education and outreach to the owners/operators of small drinking water systems.¹

MOHLTC 100% Funded Related Programs

Needle Exchange – This funding is provided for the purchase of needles and syringes, and their associated disposal costs, for the Board of Health's Needle Exchange Program.¹

Enhanced Food Safety – This initiative was established to augment the Board of Health’s capacity to deliver the Food Safety Program.¹ This funding pays for less than 0.5 of a FTE Public Health Inspector and some program supplies costs and training.

Healthy Smiles Ontario – This program provides prevention and basic treatment services for children and youth, from low-income families, who are 17 years of age or under and who do not have access to any form of dental coverage.¹ This program has been merged with the CINOT and CINOT Expansion programs, effective January 2016, with the merged program currently being referred to as HSO II by the Ministry.

Infectious Diseases Control Initiative – This funding pays for 2.0 FTE Public Health Nurses and 1.0 FTE Epidemiologist, as well as some travel and equipment costs. The funding is provided for the sole purpose of monitoring and controlling infectious diseases and enhancing the Board of Health’s ability to handle and coordinate increased activities related to outbreak management.¹

Smoke Free Ontario – This funding is provided in support of the government’s Healthy Change Strategy and Action Plan. The Smoke-Free Ontario Strategy is a multi-level comprehensive tobacco control strategy aiming to eliminate tobacco-related illness and death by preventing experimentation and escalation of tobacco use among children, youth and young adults; increasing and supporting cessation by motivating and assisting people to quit tobacco use; and protecting the health of Ontarians by eliminating involuntary exposure to second-hand smoke.¹

Electronic Cigarettes Act – This funding was provided to prepare for the implementation and enforcement of the *Electronic Cigarettes Act (ECA)*, which was effective January 1, 2016.

Enhanced Safe Water – The purpose of this initiative is to increase the Board of Health’s capacity to meet the requirements of the Safe Water Program Standard under the OPHS.¹ This funding pays for less than 0.2 of a FTE Public Health Inspector, as well as some program supplies and training.

Chief Nursing Officer – Funding is provided for the Chief Nursing Officer position at the Health Unit. The purpose of the Chief Nursing Officer position in each Board of Health is to enhance the health outcomes of the community at individual, group, and population levels, through contributions to organizational strategic planning and decision making; by facilitating recruitment and retention of qualified, competent public health nursing staff, and by enabling quality public health nursing practice.¹

Infection Prevention and Control Nurse – This funding pays for 1.0 FTE Public Health Nurse. The majority of the Infection Prevention and Control Nurse’s time must be spent on infection prevention and control activities.¹

Social Determinants of Health Nurses Initiative – This funding pays for 2.0 FTE Public Health Nurses. With this funding, public health nurses with specific knowledge and expertise on social determinants of health and health inequities issues will provide enhanced supports internally and externally to the Board of Health to address the needs of priority

populations impacted most negatively by the social determinants of health in the Board of Health area.¹

MOH Compensation Initiative – Funding is provided by the Province to subsidize the salary/benefits/stipends for the Medical Officer of Health to ensure compensation falls within the salary ranges outlined in the 2012 Physician Services Agreement and subsequent addendums to that agreement.¹

MCYS Funded Programs

Healthy Babies Healthy Children – Under this program, Public Health Nurses, Family Home Visitors, a Data Entry Clerk and a Program Assistant are funded to help children get a healthy start in life. The program does this by helping infants and children up to age six and their families through: screening and assessments, supports for new parents and help in finding community programs and resources.²

Preschool Speech and Language – This funding pays for Speech Language Pathologists and a part-time Wee Talk Administrator employed by WDGPH, as well as Speech Language Pathologists employed by Groves Memorial Hospital, in Fergus (serving Wellington and Dufferin Counties), and St. Joseph’s Healthcare, in Guelph (serving the City of Guelph). Together with the three hospitals, WDGPH coordinates the provision of speech pathology services in the Counties of Wellington and Dufferin and the City of Guelph. This funding has a fiscal year of April to March.

County of Wellington Wee Talk - This funding is provided by the County of Wellington to integrate with the speech pathology services available in Wellington County funded by the MCYS under the Preschool Speech and Language program.

Canadian Prenatal Nutrition Program - This funding is provided by the PHAC, on an April to March fiscal year, to deliver a comprehensive program to promote and support optimal nutrition and health in pregnant and early postpartum women who live in difficult life situations.³

Other Community Grants - Various other community grants are provided by the municipalities served by WDGPH and other community partners (Family and Children’s Services, United Way, Dufferin Coalition for Kids, Women’s College Hospital, Dufferin Child and Family Services, KidsAbility, and CMHA Waterloo Region). The work undertaken with this funding aligns with the mandate of WDGPH under the HPPA, OPHS and Organizational Standards. This funding provides additional resources to WDPGH to augment the work of the Agency.

Appendix “3” – One-time Grants

Appendix “3” presents the one-time grants approved as part of the 2016 Provincial Funding Approval. These grants were approved for the period April 1, 2016 to March 31, 2017. The Public Health Inspector Practicum grant was fully spent in fiscal 2016, as was a portion of the Panorama funds. The remainder of the Panorama funds and the two Healthy Smiles Ontario grants will be spent in the first quarter of 2017.

APPENDICES:

Appendix “1” – Statement of Revenue & Expenditures for the year ended December 31, 2016 – Cost-Shared Mandatory Programs

Appendix “2” – Q4 Financial Report 2016: All Other Programs

Appendix “3” – Q4 Financial Report 2016: 2016 One-Time Grants

REFERENCES:

1. Ontario. Ministry of Health and Long-Term Care. Financial Planning, Accountability and User Guide for Program-Based Grants for Mandatory and Related Public Health Programs and Services; 2015.
2. Ministry of Children and Youth Services [homepage on the Internet]. Available from: <http://www.children.gov.on.ca/htdocs/English/topics/earlychildhood/health/index.aspx>.
3. Canada. Public Health Agency of Canada. Canada Prenatal Nutrition Program Contribution Agreement; October 2013.

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Wellington-Dufferin-Guelph Public Health

APPENDIX "1"

Statement of Revenue and Expenditures
Total Cost-Shared Mandatory Programs
For the Year Ended December 31, 2016

	Annual Budget	Actual	Variance*	Variance % of Total Annual Budget
	2016	2016		
	\$	\$	\$	%
Municipal and provincial funding				
MOHLTC - Base funding	11,986,100	11,986,100	0	0.0%
MOHLTC - Cost-Shared One-Time	239,412	226,259	(13,153)	
City of Guelph	3,650,642	3,650,641	(1)	0.0%
County of Wellington	2,600,782	2,600,782	0	0.0%
County of Dufferin	1,702,047	1,702,047	0	0.0%
	20,178,983	20,165,829	(13,154)	-0.1%
Other revenue				
Transfers from Reserves	79,804	0	(79,804)	-0.4%
Interest	20,000	29,091	9,091	0.0%
	99,804	29,091	(70,713)	-0.3%
Total revenue	20,278,787	20,194,920	(83,867)	-0.4%
Expenses				
Employee salaries, wages and benefits	14,736,715	13,973,087	763,628	3.8%
Staff training	166,351	208,253	(41,902)	-0.2%
Board/volunteer training and recognition	35,507	31,556	3,951	0.0%
Travel	300,797	231,332	69,465	0.3%
Building occupancy	3,040,601	3,272,763	(232,162)	-1.1%
Office expenses, printing, postage	191,026	198,130	(7,104)	0.0%
Professional and purchased services	759,552	876,925	(117,373)	-0.6%
Program materials and supplies	496,235	563,398	(67,163)	-0.3%
Office equipment	24,858	171,121	(146,263)	-0.7%
Information and IT equipment	555,852	620,792	(64,940)	-0.3%
Communication costs	161,400	152,335	9,065	0.0%
Cost-Shared One-Time	319,216	301,679	17,537	
Total net operating costs	20,788,110	20,601,371	186,739	0.9%
Expenditure recoveries	(509,323)	(507,793)	(1,530)	0.0%
Total net expenditures after expenditure recoveries	20,278,787	20,093,578	185,209	0.9%
Excess of revenue over expenditures	0	101,342	101,342	

* Variances greater than \$100,000 are explained in the body of the accompanying report.

APPENDIX 2

Program	Provincial/ Municipal Split	Fiscal Year-end	Provincial Funding Approved	Municipal Funding Approved	"Other" Funding Approved	Total Funding	YTD Expenditures	Excess (Deficiency) of YTD Funding over Expenditures	Municipal Portion (Transfer to Reserve for Contingencies)	Defer to 2017	Provincial Portion (return to funder)
Vector-Borne Diseases (2)	Cost-Shared	December 31st	150,700	55,521		206,221	186,242	19,979	8,961	0	11,018
Small Drinking Water Systems (2)	Cost-Shared	December 31st	40,600	14,172		54,772	54,772	0	0	0	0
Needle Exchange (3)	100% Provincial	December 31st	50,000			50,000	50,000	0	0	0	0
Enhanced Food Safety (3)	100% Provincial	December 31st	40,300			40,300	40,300	0	0	0	0
Healthy Smiles Ontario (3)	100% Provincial	December 31st	767,400			767,400	767,400	0	0	0	0
Infection Control (3)	100% Provincial	December 31st	333,400			333,400	333,400	0	0	0	0
Smoke Free Ontario (3)	100% Provincial	December 31st	409,500			409,500	407,960	1,540	0	0	1,540
Electronic Cigarettes Act (3)	100% Provincial	December 31st	19,200	0		19,200	8,868	10,332	0	0	10,332
Enhanced Safe Water (3)	100% Provincial	December 31st	21,600			21,600	21,600	0	0	0	0
Chief Nursing Officer (3)	100% Provincial	December 31st	121,500			121,500	121,500	0	0	0	0
Infection Control Nurses Initiative (3)	100% Provincial	December 31st	90,100			90,100	90,100	0	0	0	0
Social Determinants of Health Nurses (3)	100% Provincial	December 31st	180,500			180,500	180,500	0	0	0	0
MOH Compensation (3)	100% Provincial	December 31st	83,714			83,714	83,714	0	0	0	0
Healthy Babies Healthy Children (4)	100% Provincial	December 31st	1,567,992			1,567,992	1,567,992	0	0	0	0
Preschool Speech and Language (5)	100% Provincial	March 31st	763,573			763,573	565,600	197,973	0	197,973	0
County of Wellington Weetalk (6)	100% Municipal	December 31st		367,921		367,921	367,921	0	0	0	0
Canadian Prenatal Nutrition Program (7)	PHAC	March 31st			63,410	63,410	40,561	22,849	0	22,849	0
Community Grants* (8, 9, 10, 11, 12)	Various funders**	December 31st		245,156	134,389	379,545	361,771	17,774	0	17,774	0

*Community Grants include:
 Poverty Elimination Task Force
 Children's Report Card
 Nurturing Neighbourhoods
 My Health eSnapshot
 System of Care

**Various Funders are:
 City of Guelph
 County of Wellington
 Dufferin Coalition for Kids (DuCK)
 United Way Wellington-Dufferin-Guelph
 Family and Children's Services Guelph Wellington
 Women's College Hospital
 Dufferin Child and Family Services (DCAF)
 KidsAbility
 CMHA Waterloo-Wellington

Name of Grant	Funder	Provincial/ Municipal Split	Fiscal Period for Eligible Expenditures	2016 Provincial One-Time Funding	Municipal Funding	Total Funding	2016 Expenditures to date	Balance Remaining (Overspent)	Projected Carryover to Q1 2017
Healthy Smiles Ontario Program: Clinical Dental Equipment	MOHLTC	100/0	April 1, 2016 to March 31, 2017	34,300	-	34,300	-	34,300	34,300
Healthy Smiles Ontario Program: Dental Practice Management Software	MOHLTC	100/0	April 1, 2016 to March 31, 2017	25,000	-	25,000	-	25,000	25,000
Panorama	MOHLTC	100/0	April 1, 2016 to March 31, 2017	157,500	-	157,500	64,322	93,178	93,178
Public Health Inspector Practicum	MOHLTC	100/0	April 1, 2016 to March 31, 2017	10,000	-	10,000	10,000	-	-