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Health Programs

Public Health

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Long Term Care

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A. Background

A.1 Preparing the Service Strategy Business Plan (SSBP)

The SSBP was created by a project team comprised of the Public Health Department Management Team (DMT). Some supervisory and management staff participated in the development of the emerging trends, key issues, mandate, objectives, and actions.

A.2 Key Contacts

Peter Graham, Commissioner
905-791-7800, ext. 4901
peter.graham@region.peel.on.ca

David McKeown, Medical Officer of Health
905-791-7800, ext. 2215
david.mckeown@region.peel.on.ca

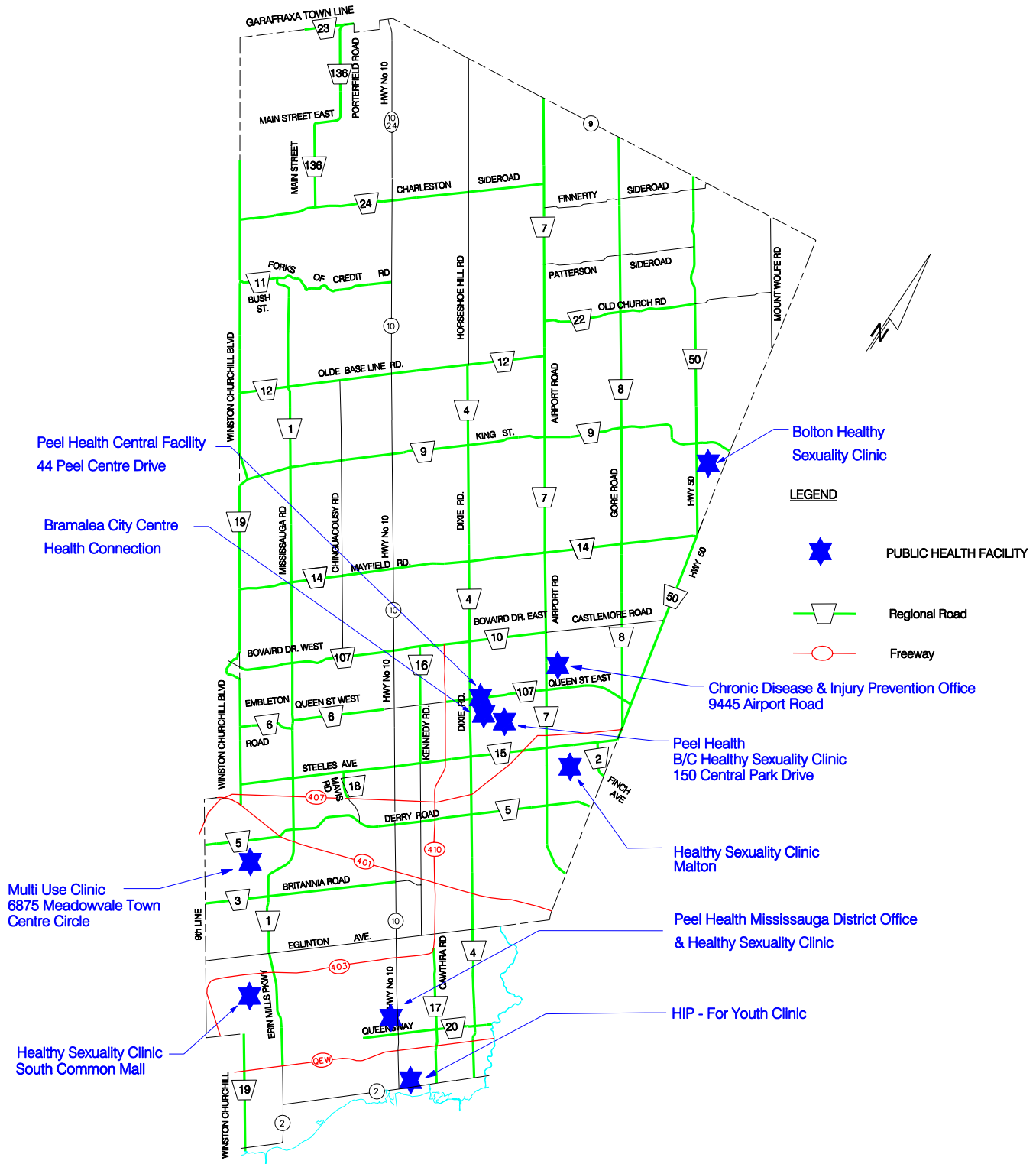
Stephen VanOfwegen, Manager, Finance and Administration
905-791-7800, ext. 2620
stephen.vanofwegen@region.peel.on.ca

A.3 Additional Information

The 2004 SSBP for Peel Public Health builds on the information from the 2003 SSBP document.

B. Description of Current Services

B.1 Program Location Map



B.2 Profile of Current Services

Public Health (PH) provides services through three main programs mandated by the *Ontario Health Protection and Promotion Act* and based on health needs in Peel.

- Health Protection programs protect communities from communicable and infectious diseases as well as environmental health hazards. Work in this area includes:
 - Food Safety
 - Control of Infectious Diseases
 - Public Pool and Beach Safety
 - Safe Drinking Water
 - Rabies Control
 - Health Hazard Investigation
 - Immunization and Vaccine Management
 - Tuberculosis Control
 - Infection Control and Prevention
 - Tobacco Use Control

- Health Promotion programs focus on the promotion of health information and services for the general public and high need groups. Programming in this area includes:
 - Prenatal Health
 - Breastfeeding
 - Healthy Babies Healthy Children
 - Parent and Caregiver Education
 - Support for Single Parent Families
 - Children with Developmental Disabilities
 - Sexual Health (HIV/AIDS, sexually transmitted infections)
 - Injury Prevention
 - Substance Abuse Prevention
 - Environmental Health Advocacy

- Disease Prevention programs strive to provide screening for early disease detection, and education programs to prevent chronic diseases in the following areas:
 - Heart Health
 - Dental Services
 - Breast, Cervical, Skin Cancer
 - Tobacco Use
 - Healthy Eating
 - Physical Activity

Access to services is available through Health Line Peel, a single telephone number, counter service and web-based service.

B.3 Description of Clients/Customers

General Public

All people who live and/or work in, or visit Peel, are ultimately the clients of the services provided by Peel Public Health

Schools

Teachers, parents and students in the Peel District School Board, Dufferin-Peel Catholic District School Board and private schools receive many services from Peel Public Health

Workplaces

Many of the more than 10,000 workplaces in Peel receive services

Health Professionals

Doctors, nurses and other health professionals in Peel receive a variety of services

Hospitality Industry

Restaurants, food service, food processors

Retailers

Food, tobacco

B.4 Description of Suppliers, Partners and Stakeholders

Suppliers

- **Communications Firms**

Reaching the broad population and specific groups in Peel requires translation services and the services of communications firms that understand the Peel public and public health issues

- **Laboratories**

The analyses received from laboratories are key to planning services

- **Other Regional Departments**

The services provided by Human Resources, Information Technology and Communication Services are critical to the work of Public Health

Partners

Public Health partners with many individuals, groups and organizations to provide service. The following categories of partners highlight key partnerships that are critical in the delivery of public health:

- **Health Professionals/Health-Related Organizations**
Physicians, nurses, dentists and other health professionals partner with Public Health to collaborate on service provision and receive expert information and training
- **Schools**
Expert information, referrals, advice and health education are provided for teachers, principals, boards of education and parents
- **Area Municipalities**
Public Health partners with the area municipalities to develop by-laws, share in service delivery for West Nile Virus (WNV) issues and collaborate with Parks and Recreation departments for promotion of healthy lifestyle information
- **Other Health Departments**
Public Health partners with the health departments in other areas of Ontario to share best practices, health information and collaborate on shared media opportunities
- **Service Providers**
Public Health partners with many of the social agencies in Peel to provide referrals for clients, dissemination of information and policies
- **Media**
Public Health partners with local media in an effort to disseminate public health messages throughout the Region
- **Volunteers**
Volunteers share their knowledge and expertise to assist staff to provide cost efficient, effective and personalized service to public health clients and contribute more than 68,000 hours annually

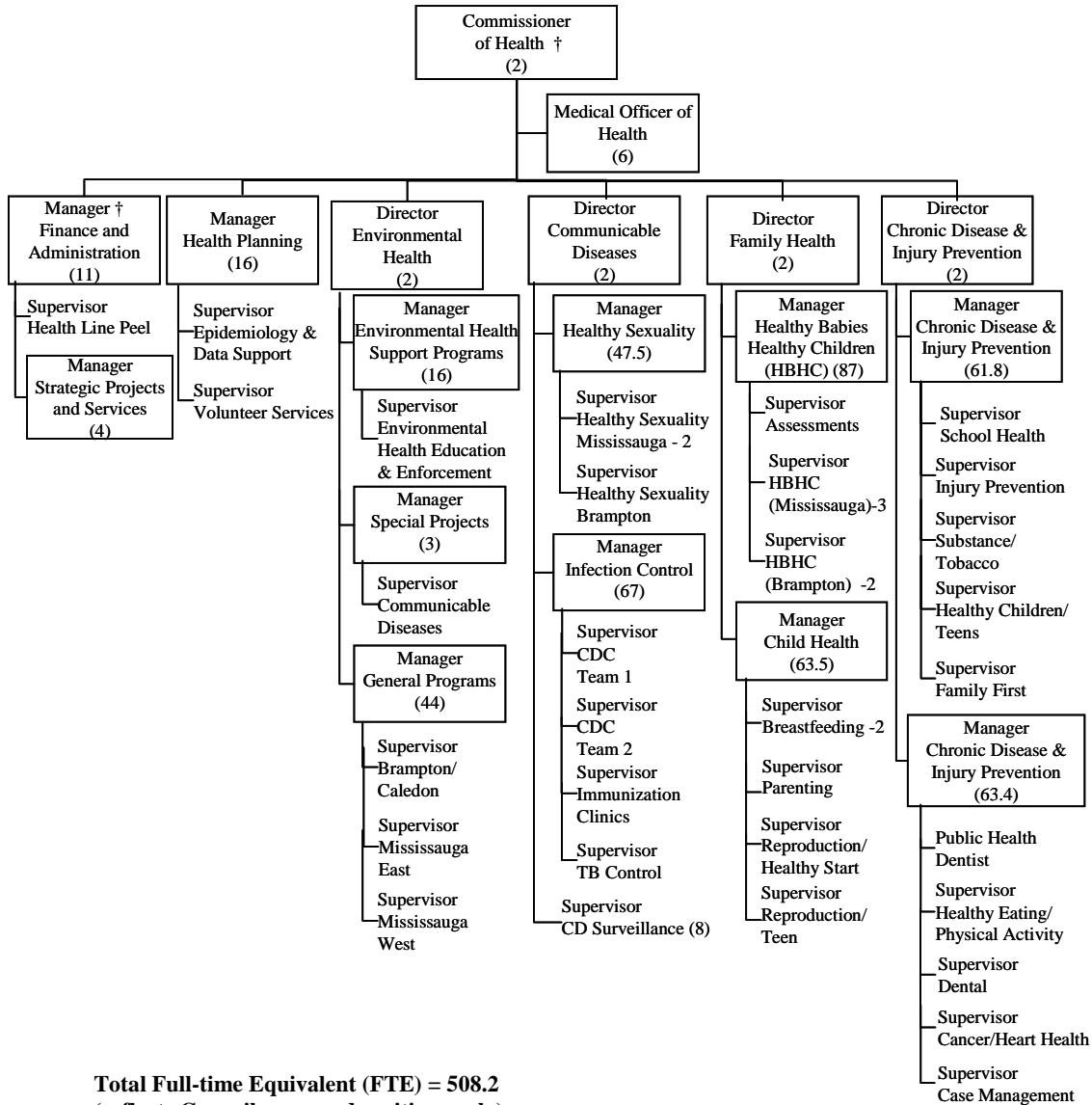
Stakeholders

- Regional Council
- Ministry of Health and Long-Term Care (MOH & LTC)
- Ministry of Community and Social Services
- Ministry of Children's Services
- Health Canada

Public Health receives funding, program guidelines and directives from the stakeholders and provides status reports and information to them.

B.5 Overall Organization Structure and Staffing

Public Health



Total Full-time Equivalent (FTE) = 508.2
(reflects Council approved positions only)

Note:

- All positions listed have supervisory responsibilities
- () Denotes all FTE in the group including the boxed position.
- † Also serves the Long Term Care Program

B.6 Significant Recent Activities/Initiatives

- The Communicable Diseases Division conducted *Personal Services Settings Needs Assessment* through a phased in program with an education strategy component and an inspection plan for 2003 and beyond
- Developed a plan to enhance the Physician Outreach Program and initiated new strategies to enhance Community Outreach for tuberculosis
- Implemented new legislation on water quality for municipal, communal and private systems through the Environmental Health Division
- The Environmental Health Division developed and implemented an effective response plan and initiative for the Pope's World Youth Day visit
- Environmental Health also developed and implemented an effective Event/Incident Management Team with goal(s) to protect health and safety of Peel residents in the event of a bio-terrorist event and to provide initial response to concerns from emergency response agencies and the community
- Co-ordinated re-development of office space to accommodate 33 new positions in Public Health and the arrival of several Long Term Care staff to 44 Peel Centre Drive in Brampton, through the Finance and Administration Division
- Received a total of four National and International Awards, National Award of Excellence for Communication Projects from the Canadian Public Relations Society (CPRS) re: *My Parenting Story*, Silver Leaf Award of Excellence presented by the International Association of Business Communicators for the *School Health Profiler*, a newsletter distributed to 10,000 Peel teachers, Ovation Award presented by International Association of Business Communicators for *Smoke-free By-law* education campaign, \$800,000 Award by Health Canada to lead the implementation of an Ontario-wide Second-hand Smoke Media Campaign
- The Healthy Start Outreach Initiative successfully established 13 new partnerships with settlement agencies resulting in an increase in the number of pregnant women in need referred to the Healthy Start Program
- The Chronic Disease and Injury Prevention Division (formerly known as the Healthy Lifestyles Division), with provincial partners, successfully advocated for the Ontario Ministry of Transportation to amend the *Highway Traffic Act* so that children weighing over 40 lbs. are required to use a booster seat for maximum protection
- The Epidemiology team in the Health Planning Division produced three Health Status Reports: *Child Health Report 2002*, *State of the Region's Health 2002 – Focus on Asthma*, *Communicable Disease Report 2002 - Focus on Tuberculosis*
- Responded to Severe Acute Respiratory Syndrome (SARS) and WNV demands

C. Trends and Issues

C.1 Emerging Trends

- Rapid population growth
- Slower growth rate in under six and increased growth rate for seniors
- Changing ethno-cultural diversity with increased expectations for culturally sensitive programming
- Increased need to reduce barriers to access service (e.g. hours of service, language, service location)
- Information to meet the needs of an informed public; expectation of expert opinion
- Increased public access – staff access to information
- Increased expectations for public health services with increased public awareness for what public health does
- Continued high immigration, new settlement issues
- Immigrants are not entering the work force with the skill level they had in their home country
- Lowest per capita funded public health in Ontario – Fair Share
- SARS, West Nile, Smoke-Free – increased media, increased profile for public health
- Federal and provincial focus on early years
- More seniors living in a family structure
- Greater expectation for emergency preparedness and ability to respond – and shift priorities – bio-terrorism – other emergencies
- Increased demand for Peel specific data
- Increased use of technology
- E-Government will change access to programs and services
- Potential for conflicting and competing messages
- Higher profile for public health with increased excitement about leading edge business

C.2 Key Strategic Issues

- Developing new ways of doing business to be more responsive to the changing demographics of Peel and lifestyles of the residents
- Ensuring emergency preparedness
- Raising the profile of Peel Public Health programs and services
- Addressing gaps in service levels
- Ensuring the well-being of staff and volunteers in terms of human resource planning and development

D. *Mandate, Objectives and Actions*

D.1 Mandate and Objectives

Mandate:

Peel Public Health will strive for excellence in the delivery of health protection, promotion and disease prevention services in Ontario.

Objectives:

1. To close the significant gap between the current Public Health service levels and the health needs of the community
2. To make Peel Health an effective emergency response organization
3. To establish Peel Health as the workplace of choice for staff and volunteers
4. To promote community awareness of Peel Public Health programs and services
5. To demonstrate excellence and leadership in community health in Peel, Ontario and Canada
6. To ensure that Peel Public Health is universally accessible to the community

D.2 Objectives and Actions

- 1. To close the significant gap between the current Public Health service levels and the health needs of the community**
 - 1.1 Identify and address significant unmet health needs and implications
 - 1.2 Market Peel Public Health programs and services
 - 1.3 Demonstrate the need for additional public health resources
 - 1.4 Find supporters/advocates for health issues among Council and the community
- 2. To make Peel Health an effective emergency response organization**
 - 2.1 Develop and implement an emergency response strategy
 - 2.2 Participate in the development of a Business Continuity Plan in collaboration with the Corporation
 - 2.3 Lead the development of plans to respond to emerging health issues

- 3. To establish Peel Health as the workplace of choice for staff and volunteers**
 - 3.1 Formalize a development plan to optimize talent management
 - 3.2 Act on Building Employee Satisfaction Together (BEST) survey results and the Recruitment and Retention Strategy recommendations
 - 3.3 Develop a systematic approach to recognize staff, students and volunteers
 - 3.4 Adopt creative staff and volunteer recruitment strategies
 - 3.5 Demonstrate commitment to work/life balance

- 4. To promote community awareness of Peel Public Health programs and services**
 - 4.1 Establish Peel Public Health as a well-known, credible source of current health information
 - 4.2 Develop and implement a marketing strategy for Peel Public Health information and services

- 5. To demonstrate excellence and leadership in community health in Peel, Ontario and Canada**
 - 5.1 Lead health policy development within the Corporation
 - 5.2 Be innovative in identifying our approach to key initiatives that market Peel Health programs as best practices
 - 5.3 Identify key strategic health issues and position Peel Public Health to lead
 - 5.4 Actively support and participate in public health policy initiatives
 - 5.5 Implement strategies to improve air quality

- 6. To ensure that Peel Public Health is universally accessible to the community**
 - 6.1 Develop a workforce of staff and volunteers that reflects the community
 - 6.2 Foster partnerships within the community to ensure appropriate service delivery
 - 6.3 Involve the Multicultural Advisory Committee as a consultant group to program development and delivery
 - 6.4 Translate resources as appropriate
 - 6.5 Formalize a corporate community development strategy

D.3 Strategic Plan Connection

The objectives and actions in the Public Health SSBP are consistent with, and support, the following Goals in the Region of Peel's strategic plan, *Directions for Success: Investing in Peel's Future*.

Goal 1: Improve the community's health, social well-being and safety

Goal 3: Preserve, protect and enhance Peel's natural environment and resources

Goal 4: Contribute to a vibrant and diverse regional economy

Goal 5: Be a leader in the provision and co-ordination of Regional services

D.4 Service Principles (Optional)

The Regional Values function as Peel Public Health service principles.

E. *Monitoring and Measuring the Service Strategy Business Plan*

E.1 Objectives and Outcomes

- 1. To close the significant gap between the current Public Health service levels and the health needs of the community**
 - Stronger community and political understanding and support for public health
 - Effective program marketing
 - Clearly articulated public health needs
 - Resources match community health needs

- 2. To make Peel Health an effective emergency response organization**
 - Emergency response plan is ready and tested
 - A Quick Response Team is in place for emergencies in Peel and beyond
 - An Outbreak Team is ready for a variety of emergency situations

- 3. To establish Peel Health as the workplace of choice for staff and volunteers**
 - Employees and volunteers are given opportunities to utilize and enhance their skills and knowledge
 - Potential employees seek employment opportunities in Peel
 - Workloads are balanced at a realistic level
 - Employees value the commitment of the department to making changes in the work environment in response to concerns identified in the BEST and other surveys

- 4. To promote community awareness of Peel Public Health programs and services**
 - Peel sets the benchmarks for public health programs for Ontario and beyond
 - Peel Public Health is well-known by the public as the place to obtain services and information on public health

- 5. To demonstrate excellence and leadership in community health in Peel, Ontario and Canada**
 - Healthy public policy is one of the key sets of policy for the Corporation
 - Healthy public policies exist for key strategic health issues
 - The federal and provincial governments look to Peel to set policy framework
 - An air quality policy is in place which influences further development in Peel

6. **To ensure that Peel Public Health is universally accessible to the community**
 - Employees and volunteers reflect the ethnic diversity of the community
 - Community participation is a key to developing and implementing programs
 - Multicultural Advisory Committee is a key group to ensure accessibility for all in the community

E.2 Performance Targets

a) 2003

- Peel Health's public health service levels continue to improve over time to meet the public health needs in Peel. However, in comparison with other Health Units in the province, our service levels are not improving as quickly. Service improvements planned for 2003 were reduced by the impact of responding to emerging health issues such as SARS and WNV.
- Working in collaboration with Conservation Authorities and area municipalities, Peel Health ran a proactive and responsive WNV Program in 2003. WNV illness appeared to be lower in 2003 than in 2002 in Peel.
- Environmental Health continues to develop a food safety disclosure program which will work effectively in Peel. Activities in 2003 include: process mapping the food safety function, developing functional requirements for the new program and beginning the development of an information technology (IT) solution to support the program. The full program will be launched in 2005.
- The breastfeeding program expansion has started slowly while construction of a new multi-use clinic is developed at the Meadowvale Town Centre. Following the opening of the new clinic in 2004, the program will have capacity to serve 3,400 mothers per year.
- Additional resources were added in the summer of 2003 to expand the School Health program in accordance with the three-year service level improvement plan
- In 2003, an additional 12,000 children were screened for dental disease
- The Quit Smoking program extended its hours to include evening appointments
- In 2003, a lease was signed to establish a new multi-use clinic at the Meadowvale Town Centre. This clinic will be operational in summer 2004 and will provide breastfeeding clinics, sexual health clinics, prenatal classes and more to residents in west Mississauga. In the interim, to meet client needs and reduce wait lists, temporary service hours have been added to existing health department clinics.

b) 2004

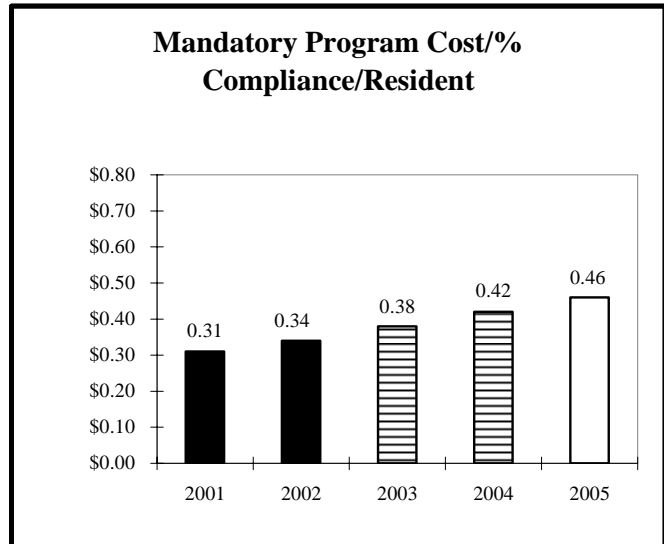
- Improving Peel's overall level of public health services remains a key improvement area. In 2001, Peel's public health service levels ranked 36 out of 37 health units in the province. For 2004, Peel Health plans to improve service levels to about 76 per cent of required services for Peel.
- In 2004, Public Health will update its Emergency Response plan and develop a Business Continuity Plan
- Public Health will host a Regional Council Forum in early 2004 to set the direction of public health services in Peel for the next three years

- Preventative dental clinic services will increase to provide service to an estimated 1,000 children annually
- Service to schools will expand to include secondary schools and families of schools participating in the Tobacco Youth Initiative will increase by 15 per cent
- A comprehensive school health assessment of a sample of 6,000 students from grades 7 to 12 across Peel will be conducted to provide Peel specific information to guide program development
- The new Meadowvale multi-use clinic site is expected to enhance service delivery to 1,500 young adults and families who use sexual health clinic services. In addition, 2,700 clinic visits are expected by new mothers seeking assistance with breastfeeding
- Resources to strengthen communicable disease management and surveillance will create a response unit to enhance our 24 hour public health response to threats of infectious diseases along with the necessary tracking and analysis of disease trends and their impact on Peel residents
- Food premises inspection rates will improve from 65 per cent for high risk, 55 per cent for medium risk and 45 per cent of low risk premises in 2003 to 75 per cent for all premises in 2004
- Peel's Breastfeeding Duration Survey will be repeated in 2004 to determine what change in rates has occurred since the baseline survey was done five years ago
- Planning for a joint Greater Toronto Area (GTA)-wide 2005 Child Health Campaign will be done
- Provided full ministry funding is secured ... 10,000 prenatal assessments will be completed; 13,000 post-partum telephone assessments of new mothers and their infants will be done following discharge from hospital; 1,500 in-home in-depth assessments and 12,000 home visits will be provided to 680 families through the intensive home visiting program, designed to improve developmental outcomes for children

E.3 Corporate Performance Measurement and Benchmarking

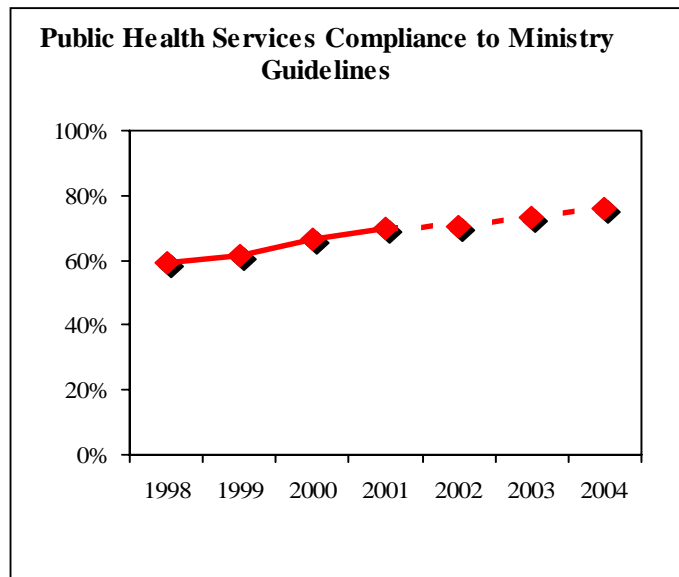
1. Program Efficiency

Public Health has maintained program efficiency despite rapid growth in resources to deliver increasing levels of service to a y growing population. After adjusting for inflation and the impact of Ontario Municipal Employees' Retirement System (OMERS) contributions, program efficiency has remained relatively stable. Without the impact of inflation and OMERS, the 2004 estimate would be \$0.37/% compliance/resident. Program resources added in a given year tend to generate recorded service level improvements the following year (as measured by the MOH & LTC). Public Health Program efficiency will improve following full implementation of the three-year service strategy. It should be noted that the cost of compliance for different mandatory programs vary.



2. Community Impact

Peel Public Health service levels continue to show improvement with service delivery estimated at 75 per cent for 2002. In 2001, Peel Public Health at 69.7 per cent ranked 36 out of 37 Ontario health units in overall public health service delivery. Implementation of the three-year service strategy will improve the reach of public health services in the community. A public health forum is planned for early 2004 to set direction to address the remaining unmet public health needs in Peel.



3. Data

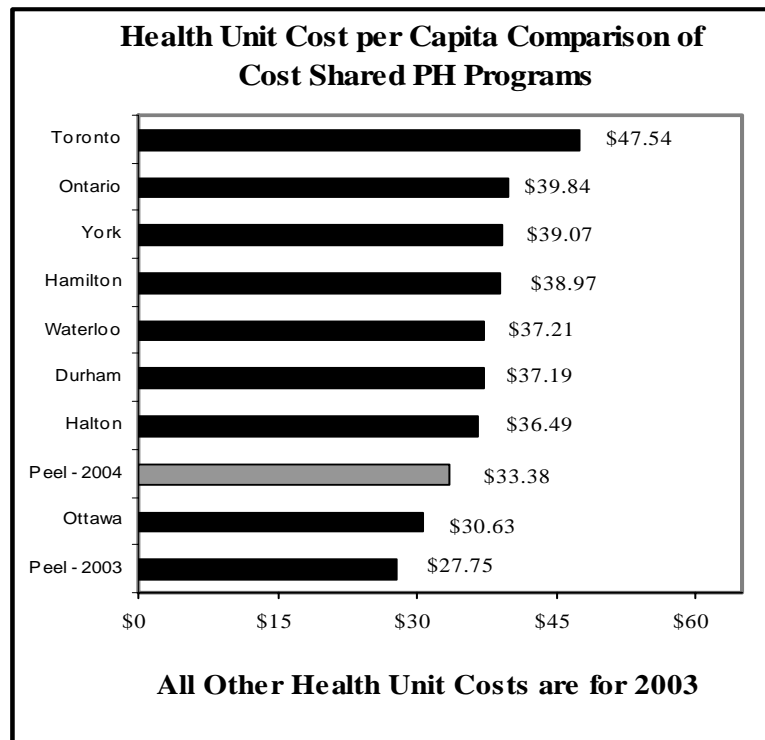
	Actual			Budget		Target	
	2000	2001	2002	2003	2004	2005	2006
Program Efficiency:							
Cost per capita	\$ 27.07	\$ 27.86	\$ 29.96	\$ 37.26	\$ 41.10	\$ 46.45	\$ 51.29
Net cost per capita	\$ 10.84	\$ 10.92	\$ 11.56	\$ 13.61	\$ 16.94	\$ 19.38	\$ 21.76
Source Information:							
Peel population	959,000	989,000	1,024,000	1,054,000	1,080,000	1,102,000	1,123,000
Total cost (\$000's)	\$ 25,955	\$ 27,557	\$ 30,679	\$ 39,271	\$ 44,385	\$ 51,188	\$ 57,603
Net cost (\$000's)	\$ 10,400	\$ 10,800	\$ 11,842	\$ 14,349	\$ 18,293	\$ 21,352	\$ 24,434

4. Customer Service

In an effort to provide an objective indicator of customer service quality, Public Health is participating in the Corporate Excellence Initiative. Corporately the Region received a Level III Progressive Excellence Program (PEP) award in the spring of 2004 and will be assessed again in 2005/6. Formal mechanisms for gathering customer feedback are in place for most public health services. The information gathered is used to monitor and improve service quality.

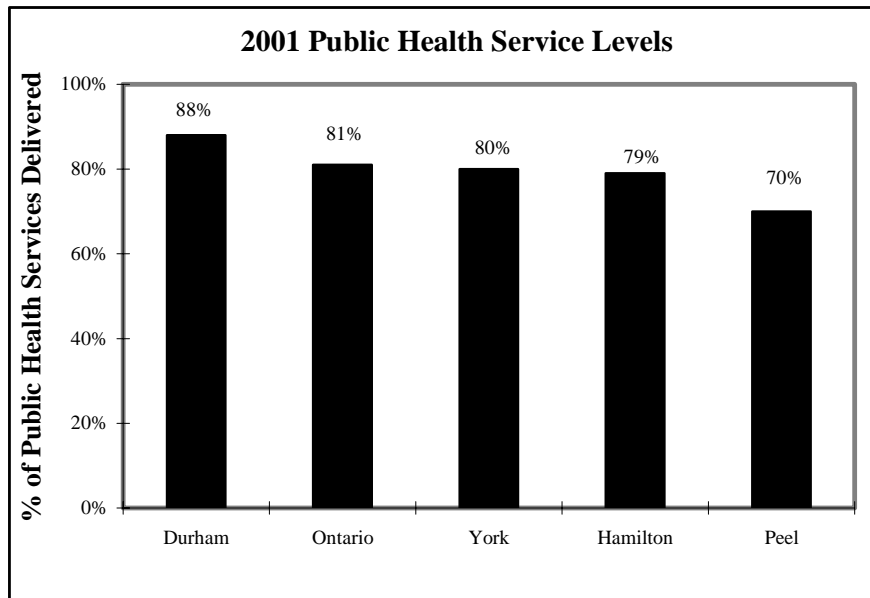
5. External Benchmarking

Implementation of Peel Public Health's three-year service level improvement plan should increase Public Health cost per capita in the range of comparable health units. However, similarly to Peel, other health units are implementing service level improvements resulting in an overall increase to the average public health cost per capita across the province. Public Health services are labour intensive and cost per capita is significantly impacted by the return of full OMERS contributions. In 2004, OMERS contributions have added \$1.76 to the per capita cost of services.



5. External Benchmarking (Continued)

In 2001 Peel had significant unmet public health needs and the level of service was rated second lowest in the province. Implementation of Peel's three-year service level improvement plan, starting in 2002, is beginning to address many of the unmet needs in Peel. Following implementation of the current plan, Peel's services will meet an estimated 78 to 79 per cent of the Public Health service standards. A plan to address remaining unmet needs will be the subject of a planned regional Council forum in early 2004.



F. 2004 Financial Requirements Presentation

F.1 Current Budget Introductory Comments/Analysis

The 2004 Current Budget reflects the direction set for public health supported by Regional Council recommendations from the April 4, 2002 Public Health forum. The Current Budget represents a phased-in approach which began in 2002 to provide improved public health services in Peel. The net budget of \$18,292,808 is consistent with previous forecasts excluding the impact of OMERS and funding for WNV Program costs.

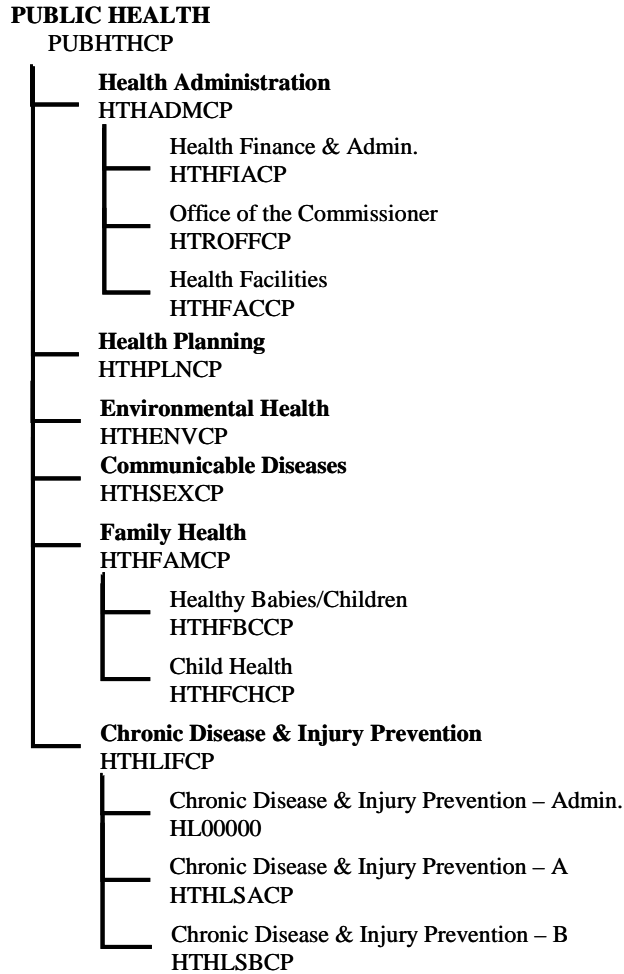
While Peel Health's cost per capita for cost shared public health programs remains the lowest in the province (per MOH & LTC for 2002), there continues to be significant unmet public health needs in Peel. The low level of service is evidenced by service level results published by the MOH & LTC showing Peel at below 70 per cent in 2001, the second lowest in the province. The 2004 budget request represents the final year of the current service level improvement plan which will see many unmet public health needs addressed in Peel. However, not all unmet public health needs are being addressed in the current three-year plan and following direction from Regional Council on September 18, 2003 another Public Health forum is being planned for early 2004.

In 2003 the Region's 50 per cent funding share for the WNV Program was provided through a contribution from working fund reserves. In 2004 Regional funding of \$1,071,673 is required from tax rate to fund this cost shared program.

On August 14, 2003 Regional Council approved the recruitment of 12 full-time employees (FTE) for the Communicable Disease Division, advanced from 2004, to address urgent infection control related public health needs within Peel. The annualized cost totalling \$338,000, net of provincial grants, is included in Public Health's 2004 Current Budget.

In 2004 the key public health services to be improved include immunization and vaccine services, sexual health clinics, inspection services, reproductive health and breastfeeding support, dental services, child health initiatives in schools, tobacco and substance abuse. The cost of the third year of service improvements is estimated at \$886,766 net. The remaining net expenditure increase of \$1,609,000 is primarily a result of OMERS, annualization of previous year initiatives, and increases in wage costs for existing staff.

F.2 Financial Structure Chart – Current Budget



F.3 2004 Current Budget

1. Activity Analysis

	<u>Budgeted Total Cost</u>	
	2004	Change from 2003
Health Planning	-	(5,000)
Environmental Health	7,828,926	276,886
Communicable Diseases	11,262,940	2,232,790
Family Health	12,411,235	1,271,045
Chronic Dis & Inj Prevention	12,881,427	1,337,907
Total Program Cost	\$ 44,384,528	\$ 5,113,628

3.

	<u>Budgeted Total Cost/Unit</u>	
	2004	Change from 2003
Health Planning	-	-
Environmental Health	7.25	0.08
Communicable Diseases	10.43	1.86
Family Health	11.49	0.92
Chronic Dis & Inj Prevention	11.93	0.98
Total Program Cost	\$ 41.10	\$ 3.84

2. Account Analysis

	<u>Budgeted Total & Net Cost</u>	
	2004	Change from 2003
Goods & Services	11,943,148	663,148
Salaries & Wages	32,431,380	4,450,480
Capital Financing	10,000	-
Total Program Cost	44,384,528	5,113,628
Fees, Charges & Other	707,920	(1,428,310)
Subsidies	25,383,800	2,598,500
Net Program Cost	\$ 18,292,808	\$ 3,943,438

	<u>Budgeted Units of Service</u>	
	2004	*Change from 2003
Brampton	380,000	17,000
Caledon	55,000	2,000
Mississauga	645,000	7,000
Total Population	1,080,000	26,000

* Due to a policy change, household forecasts previously forecast to the nearest hundred are now forecast to the nearest thousand.

4. Budget Variance Explanation

	<u>Net Program Costs</u> <u>Change from</u> <u>2003</u>
All Programs	
Benefit increases due to OMERS, wage increases for existing staff, annualization of 2003 approved service level increases.	1,947,000
West Nile Virus	
In 2003, the Regional 50 per cent share of the WNV Program costs was funded from working fund reserves. The program has stabilized and the Regional 50 per cent share of this program is applied to the tax rate in 2004.	1,071,673
Infection Control	
To phase-in enhanced infection control monitoring and surveillance at Peel's Long Term Care centres	38,000
<u>Service Level Enhancement for Year Three of the Three-Year Plan:</u>	
Environmental Health	190,700
Increase food safety inspection completion rate to a minimum of 75 percent of requirements. Continue to develop a food safety performance disclosure and home food safety education program.	
Communicable Diseases	309,893
Implement mandated provincial communicable disease information system. Expand sexual health services through additional clinical hours at the new public health clinic - Meadowvale.	
Family Health	166,862
Expand breastfeeding support services to improve clinic access in under serviced areas - Meadowvale, Malton, Bolton. Increase breastfeeding friendly community initiatives. Complete five year breastfeeding duration survey. Implement full-time administrative support for current prenatal program.	
Chronic Disease & Injury Prevention	219,310
Improve preventive dental services to children to reduce the risk of dental caries. Improve adult chronic disease prevention services to reduce rates of cancer, heart disease and diabetes in Peel, through promotion and education. Expand services for school-age children, including youth tobacco prevention and obesity prevention.	
Net Program Cost Variance	<u><u>\$ 3,943,438</u></u>

LONG TERM CARE

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For F.4 Capital Budget & Forecast Introductory Comments/Analysis and F.5 2004 Capital Budget & Forecast to 2013 Reports please refer to the Long Term Care section of the 2004 Capital Budget and 2005-2013 Capital Forecast document.

A. Background

A.1 Preparing the Service Strategy Business Plan (SSBP)

The SSBP was created by a facilitated working group, comprised of the Commissioner of Health, Director of Long Term Care, Administrators, and the Manager of Finance and Administration. Some supervisory and management staff participated in the development of emerging trends, key issues, mandate, objectives and actions.

A.2 Key Contacts

Peter Graham, Commissioner
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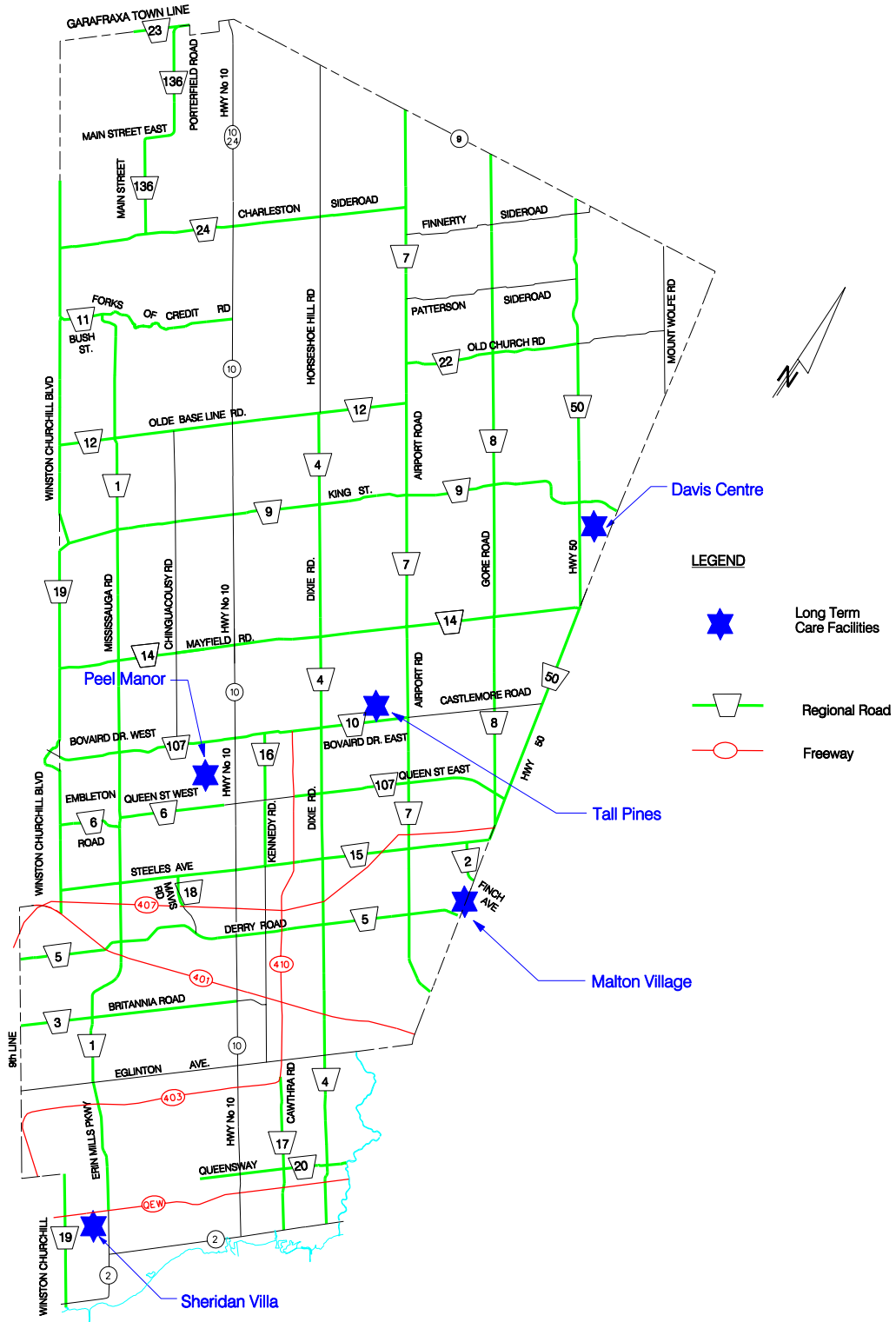
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A.3 Additional Information

The 2004 SSBP for Long Term Care builds on the information from the 2003 SSBP document.

B. Description of Current Services

B.1 Program Location Map



B.2 Profile of Current Services

Long Term Care provides four main services:

Residential Long-Term Care Facilities

There are three residential long-term care facilities: Peel Manor in Brampton, Davis Centre in Caledon and Sheridan Villa in Mississauga. These facilities provide services to 477 residents and their families. Residents are provided with support for all their care needs including nursing, nutrition, personal care, recreation and therapeutic programs. Environmental support includes security, laundry and linen, and housekeeping. Malton Village and Tall Pines will open in early 2004 with 160 beds each.

Adult Day Programs

Adult day programs are offered Monday to Saturday in the three existing long-term care facilities. In 2004, Malton Village will also offer an Adult Day Program. Programs provide a supervised setting for older adults to participate in a variety of recreational and therapeutic activities. Support and relief for caregivers in the community is also provided.

Meals on Wheels

Food is prepared on a fee-for-service basis for the Meals on Wheels program at Peel Manor (Brampton) and the Davis Centre (Caledon).

Respite Care

The Davis Centre operates a short stay/respice bed for community residents who require short-term residential care.

B.3 Description of Clients/Customers

Residents of Facilities

The 477 residents who live in the three facilities are 18 years of age or older. The majority of residents are female and in the 80 to 94 age range.

Day Program Participants

Cognitively impaired or physically challenged older adults living in the community

Respite Care Participants

Community residents who require short-term residential care

Family Members

Family members of the 477 residents, Adult Day Program participants and Respite Care Program participants

B.4 Description of Suppliers, Partners and Stakeholders

Suppliers

- Products ranging from food, fuel, cleaning supplies and medical supplies
- Equipment and furniture for medical services, building functions, resident rooms
- Support services provided by both internal and external providers, ranging from information technology (IT) systems, training, legal, communication, building repair and purchasing
- Direct services to clients such as dentistry, podiatry, lab services, pharmacy, physiotherapy and transportation

Partners

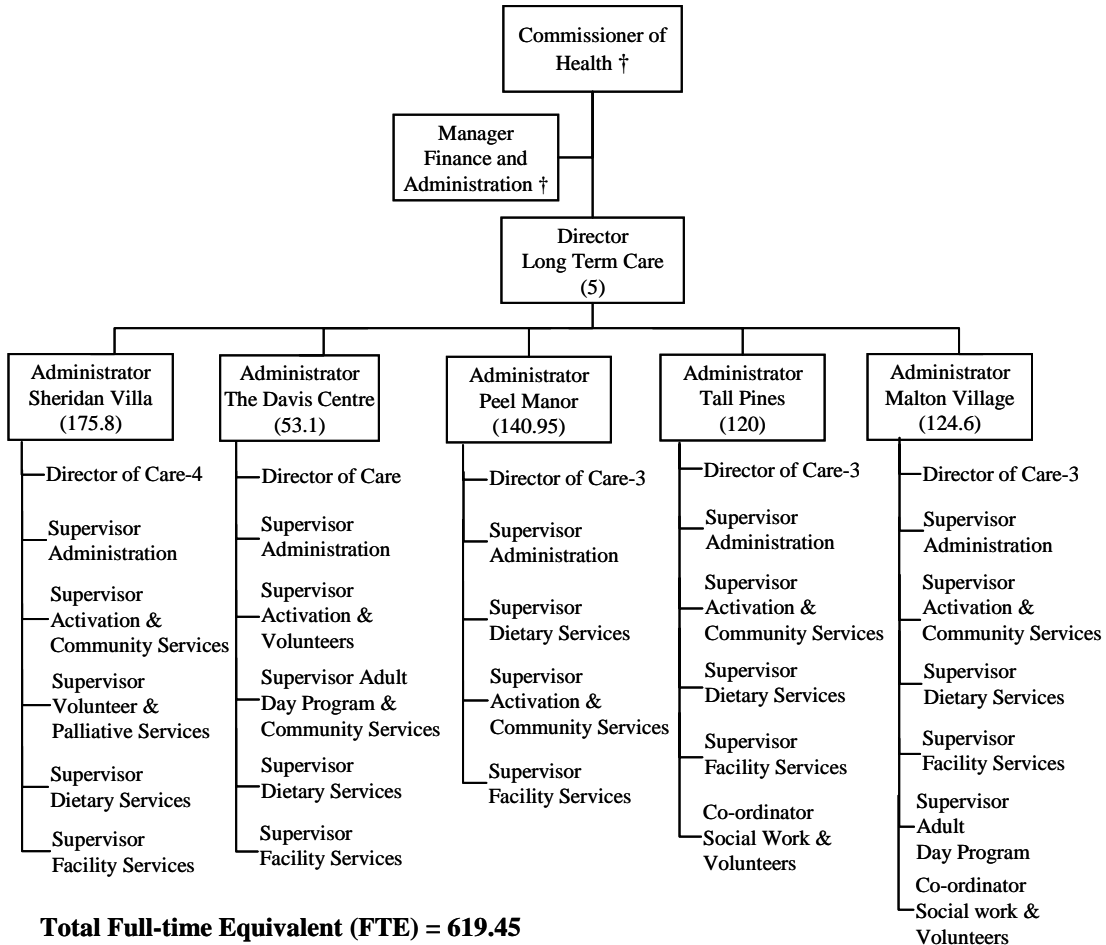
- Community Care Access Centre (CCAC) manages long-term care bed placement
- Hospitals provide emergency treatment, diagnostics, joint training opportunities
- Community agencies and organizations involved in joint programming or advocacy initiatives

Stakeholders

- Regional Council which sets policy and direction for the Corporation
- Ministry of Health and Long-Term Care (MOH & LTC) which legislates and funds services
- Municipalities which monitor compliance with local regulations and by-laws
- Professional bodies for regulated health professionals
- Other funders such as Veterans Affairs Canada and local service clubs

B.5 Overall Organization Structure and Staffing

Long Term Care



Total Full-time Equivalent (FTE) = 619.45
(reflects Council approved positions only)

Note:

All positions listed have supervisory responsibilities.

() Denotes all FTE in the group including the boxed position.

† Also serves Public Health. FTE for this section is reflected in the Public Health Program.

B.6 Significant Recent Activities/Initiatives

- Completion of first 10 year capital plan for Long Term Care
- Initiated operational plan for two new long-term care centres – Malton Village and Tall Pines
- Completion of Sheridan Villa and Peel Manor feasibility studies to recommend upgrades to meet new design standards
- Design completed for Davis Centre dining room expansion with input from staff, residents and families
- Residents' Council Presidents' delegation to Long Term Care Subcommittee to discuss role and issues in each centre
- Management of infectious diseases (e.g. Noro Virus, Severe Acute Respiratory Syndrome (SARS)) to ensure resident safety
- Skills development programs for staff (e.g. Personal Support Worker upgrade, Food Service Worker training, Physical Intellectual Emotional Capabilities Environment Social (PIECES) training)
- Acquired long-term care specific leading edge information management systems, (e.g. Point Click Care, Megamations)
- Recruitment and retention strategy developed for staff in Long Term Care; successfully recruited new staff for new and existing centres
- New community partnerships (e.g. Ontario Municipal CAO's Benchmarking Initiative (OMBI), CCAC Community Advisory Committee, Long Term Care Providers (chairs), Peel Senior Link, District Health Council (DHC) Dementia Network, Elder Abuse Committee, Stroke Strategy, Multicultural Advisory Committee, Halton-Peel Palliative Care Initiative)
- Family Councils and/or family nights held at each centre to obtain feedback and offer support to residents' family members
- MOH & LTC funded expansion of day program to Malton Village as well as one time funding for upgrades to existing day programs
- Implementation of Client-Focused Care (e.g. Sheridan Villa – Edenization; Davis Centre – Person Centred Care, Peel Manor – Tender Care)
- Ongoing upgrading of buildings to ensure a safe and quality environment for residents (e.g. painting, gardens, main stairwell fill-in and new lunch room at Sheridan Villa)
- Preparation and acceptance of patients from William Osler Health Centre evacuation demonstrated ability to respond to local emergency situations

C. *Trends and Issues*

C.1 **Emerging Trends**

- CCAC wait lists are shrinking and Peel will have more long-term care beds than will be required in the short-term
- Peel elderly do not choose long-term care as often as elderly in other areas in Ontario
- Seniors living in extended family homes longer (68.4 per cent in 2001 up from 64.2 per cent in 1996)
- 78 per cent on CCAC wait list want basic accommodation, but new facilities are being built with 60 per cent private accommodation
- Clients expect long-term care to be accredited
- Greater need for infection control due to emerging diseases which may result in new guidelines and practices
- With addition of new long-term care facilities, public perception is that newer homes are better. Families have higher expectations of new homes
- Highest rate of growth in Peel is the seniors' population (69 per cent increase in seniors' population in last five years)
- Higher rates of dementia in Ontario (300 per cent increase in dementia in next 25 years)
- Diverse population in Peel will continue (33 per cent do not speak English in Peel). Over 30 per cent of Peel residents are immigrants in the past 10 years. Diversity in homes will increase.
- Expect new IT systems (e.g. MDS tool to assess resident care)
- Higher staff expectations around wellness and benefits issues
- Increased resident and family needs/expectations
- Nation-wide availability/shortage of health care professionals
- No funding available for new community respite beds at Malton Village and Tall Pines
- New admissions have higher, more complex care needs (20 per cent increase in Case Mix Measure (CMM) in past 10 years)
- Changes in people's volunteering patterns impacts ability to recruit volunteers
- Increase in younger people needing chronic care
- Increased need for alternative levels of care (e.g. wait list in hospitals for palliative care, convalescent care)
- Aging workforce impacts ability to complete heavy work tasks
- Increased need for health and safety measures to protect staff and residents and reduce costs
- Increased expectations from compliance agencies

C.2 Key Strategic Issues

- Need to upgrade existing infrastructure to stay competitive and ensure safe environment for residents
- Service delivery must stay competitive in areas of food choices, responding to diverse clientele (ethnicity, religion, younger client group), clients needs and care modalities provided
- Recruitment and retention of staff and supportive wellness initiatives
- Building new linkages to ensure Long Term Care fits into the health care system
- Educating community on benefits of Long Term Care to build understanding and support to ensure occupancy
- Ensuring timely and effective communications to and from staff, volunteers, residents, families and partners
- Responding to outbreaks and emerging infectious diseases

D. Mandate, Objectives and Actions

D.1 Mandate and Objectives

Mandate:

Long Term Care will demonstrate care and respect to clients every day.

Objectives:

1. To identify and address the diverse needs of existing and future clients
2. To provide all-encompassing client-centred care to all long-term care residents and adult day program participants
3. To create a supportive environment in which employees and volunteers can do their best work
4. To promote two-way communication between all staff, volunteers, residents, families, internal partners and community partners
5. To develop an effective and efficient operational model to support five long-term care centres

D.2 Objectives and Actions

- 1. To identify and address the diverse needs of existing and future clients**
 - 1.1 Develop partnerships with ethno-specific and disease-specific community organizations and groups
 - 1.2 Adapt services to take into account the cultural, geographic, economic and social differences of clients and families
 - 1.3 Assess education needs and provide training for staff, volunteers and families
 - 1.4 Advocate for more funding and local services to meet complex physical and mental health needs of Peel's adults
 - 1.5 Implement a marketing strategy to promote the Region's long-term care centres and adult day programs
 - 1.6 Provide support to internal and external partners to develop a strategy for Peel's aging population

- 2. To provide all-encompassing client-centred care to all long-term care residents and adult day program participants**
 - 2.1 Implement client-centred care philosophies and strategies across all facilities
 - 2.2 Maintain and upgrade existing infrastructure to enhance quality of life and reduce risks
 - 2.3 Revise infection control program to manage new and emerging infectious diseases in collaboration with other partners

- 3. To create a supportive environment in which employees and volunteers can do their best work**
 - 3.1 Implement the human resources strategies to recruit and retain staff
 - 3.2 Increase staff opportunities to build on existing skills and empower staff to implement client centred care
 - 3.3 Recognize staff accomplishments utilizing a variety of methods
 - 3.4 Promote employee wellness
 - 3.5 Promote and utilize results of Building Employee Satisfaction Together (BEST) survey to improve employee satisfaction

- 4. To promote two-way communication between all staff, volunteers, residents, families, internal partners and community partners**
 - 4.1 Continue to work with staff to promote effective communication
 - 4.2 Provide ongoing mechanisms for resident, family and volunteer feedback, and measure resident and family satisfaction annually
 - 4.3 Maintain and develop partnerships with local service providers and participate in local networks and advisory groups

- 5. To develop an effective and efficient operational model to support five long-term care centres**
 - 5.1 Implement operational plans to open and operate two new centres in 2004
 - 5.2 Establish consistent policies for optimal service across the program while recognizing the uniqueness of each centre
 - 5.3 Continue to seek out best practices in long-term care
 - 5.4 Educate and enhance partnerships with internal service providers to meet Long Term Care's needs
 - 5.5 Complete assessment for 2004 Accreditation Review

D.3 Strategic Plan Connection

The objectives and actions in the Long Term Care SSBP are consistent with, and support, the following Goals in the Region of Peel's strategic plan, *Directions for Success: Investing in Peel's Future*.

Goal 1: Improve the community's health, social well-being and safety

Goal 5: Be a leader in the provision and co-ordination of Regional services

D.4 Service Principles (Optional)

The Regional Values function as the service principles for Long Term Care.

E. *Monitoring and Measuring the Service Strategy Business Plan*

E.1 Objectives and Outcomes

- 1. To identify and address the diverse needs of existing and future clients**
 - High occupancy levels
 - Good community relations
 - Services reflect client profile needs
 - Improved understanding of long-term care
 - Increased awareness of Peel's long-term care services

- 2. To provide all-encompassing client-centred care to all long-term care residents and adult day program participants**
 - Accreditation award
 - Good risk management
 - High satisfaction among clients
 - New and improved service delivery
 - Good reputation in the community

- 3. To create a supportive environment in which employees and volunteers can do their best work**
 - Low staff turnover rate
 - Improved job satisfaction
 - Increased staff skills
 - Volunteer retention and increase in number of volunteers

- 4. Promote two-way communication between all staff, volunteers, residents, families, internal partners and community partners**
 - New volunteer opportunities
 - Improved job satisfaction
 - Improved client satisfaction
 - New partnership opportunities
 - Good response rate for BEST survey

- 5. To develop an effective and efficient operational model to support five long-term care centres**
 - Consistent policies across five centres
 - Good relationships with internal service providers
 - Accreditation award
 - Successful benchmark comparators

E.2 Performance Targets

a) 2003

- Recruitment of employees for Tall Pines and Malton Village took place in the final quarter of 2003. Despite the challenges brought on by SARS and the opening of seven new facilities in Peel, retention of employees at the existing long-term care centres has been good.
- Construction of Tall Pines and Malton Village long-term care centres was delayed during 2003. The facilities will begin taking residents in early 2004 and full occupancy is anticipated by summer.

b) 2004

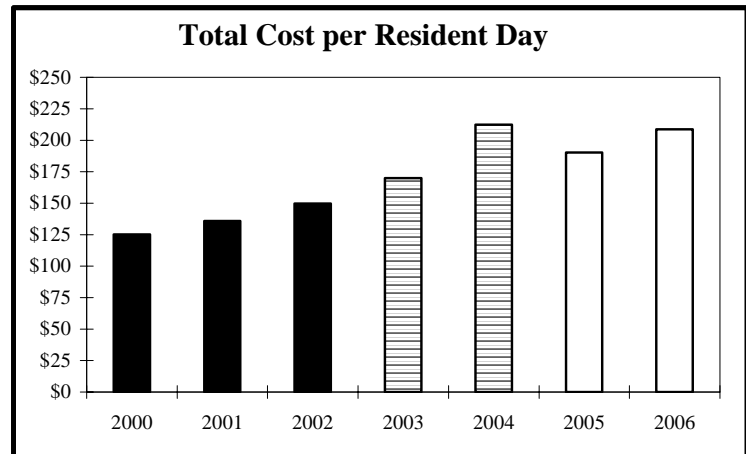
- Initiate redevelopment of Sheridan Villa long-term care centre to meet current MOH & LTC design standards by the fall of 2004
- Open a new day program to serve residents of Mississauga at the new Malton Village long-term care centre
- Open Tall Pines and Malton Village long-term care centres
- Undergo accreditation renewal

E.3 Corporate Performance Measurement and Benchmarking

1. Program Efficiency

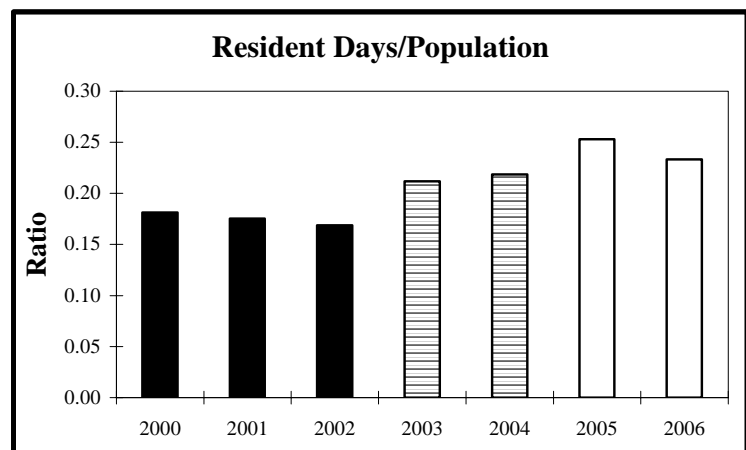
Provincial revenues are maximized in order to meet changing and increasing needs of the residents and to deliver services which address standards for this sector. The increase in cost per resident day over 2003 and 2004 is being driven by inflation, net of additional funding as well as the return to full Ontario Municipal Employees' Retirement System (OMERS) contributions. In 2003, the province announced a \$4.80 per resident day increase in funding to maintain and enhance resident services. Provincial funding increases and resident fee increases are established by the province in relation to the centres' Case Mix Index (CMI). Overall, in 2002 Peel's CMI increased from 2001 by 6 per cent. Peel Long Term Care participates in the Ontario Municipal CAO's Benchmarking Initiative (OMBI) and in comparison to other municipal providers, Peel's cost per resident day is at the average of all comparators in 2002.

Program efficiency will improve in 2005, following achievement of full occupancy for the entire year at Tall Pines and Malton Village.



2. Community Impact

The Region's three long-term care centres provide 477 beds. By the spring of 2004, two new centres will be operational adding a total of 320 new beds, for a total bed count of 797 at Regional centres. A proposal to redevelop Sheridan Villa will result in a reduction of 50 beds beginning in 2005. While there will be fewer beds, Sheridan Villa will be transformed into an "A Class" centre and meet current ministry design standards.



3. Data

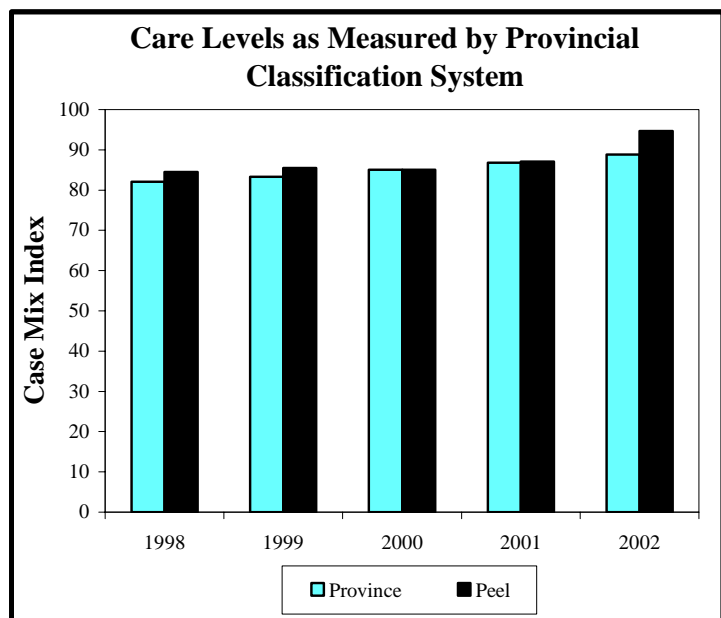
	Actual			Budget		Target	
	2000	2001	2002	2003	2004	2005	2006
Program Efficiency:							
Total cost per resident day	\$ 125.28	\$ 136.00	\$ 149.73	\$ 169.83	\$ 212.47	\$ 190.41	\$ 208.64
Community Impact:							
Resident days/population	0.18	0.18	0.17	0.21	0.22	0.25	0.23
Source Information:							
Total operations (\$ 000's)	\$21,766	\$23,588	\$ 25,874	\$ 37,883	\$ 50,184	\$ 53,065	\$ 54,637
Number of resident days	173,745	173,441	172,810	223,060	236,195	278,695	261,870
Peel population	959,000	989,000	1,024,000	1,054,000	1,080,000	1,102,000	1,123,000

4. Customer Service

Accreditation is a process of review by an external, non-government organization, the Canadian Council on Health Services Accreditation (CCHSA). In 2001, the Region's long-term care centres were granted a three-year accreditation by the CCHSA with no recommendations for improvement. A three-year award is the highest achievement that can be granted by the Council. This standing is recognized both in the health care sector and with clients, as a measure of the quality of service that each home delivers. The Region's existing and new long-term care centres will undergo an accreditation renewal in 2004.

5. External Benchmarking

The following chart compares the level of care provided in the Region of Peel centres to the provincial average. The CMM is a measurement of the level of care required and provided to the residents of the long-term care centres as determined by a classification system introduced by the province. Peel's CMM rating increased greatly in 2002 relative to the provincial average. Peel's CMM has increased by over 20 per cent since 1995, demonstrating a continuing trend in the complexity of care required by residents. For 2004, Tall Pines and Malton Village will begin with a CMM equal to the provincial average. The CMM for the new centres will be assessed after the first year of operation.



F. 2004 Financial Requirements Presentation

F.1 Current Budget Introductory Comments/Analysis

The Long Term Care 2004 current net budget increase reflects the impact of opening two new long-term care centres in early 2004 as well as the cost of maintaining current service levels at existing centres.

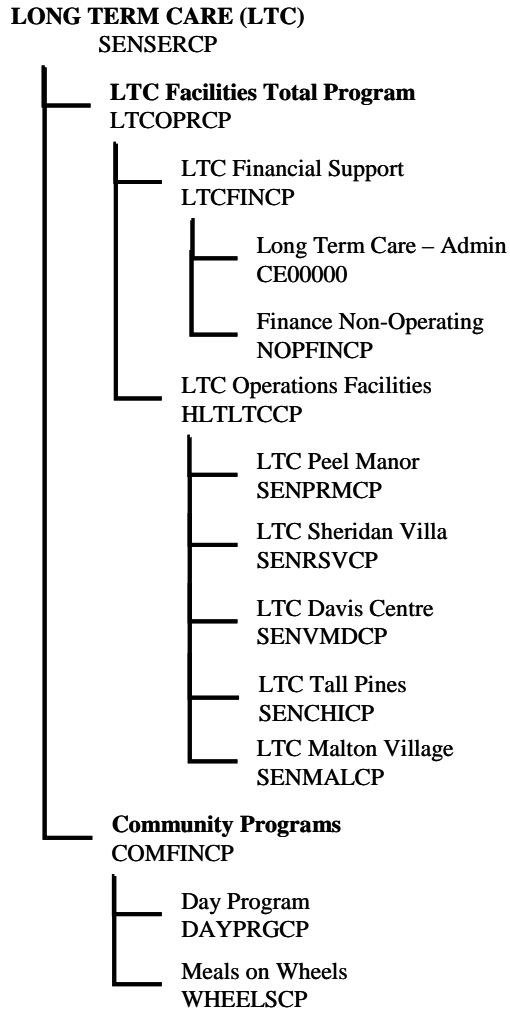
The net expenditure increase of \$1.5 million for Tall Pines and Malton Village are based on an opening date of March 1, 2004 for Tall Pines and May 1, 2004 for Malton Village. Expenditures are phased in the early months to allow for uploading and training of personnel to operate the centre on the day the first resident arrives and as the facilities reach capacity. The province provides funding for seven days of orientation and staff training prior to opening each centre. All operating costs prior to orientation are the responsibility of the Region. With the opening of the new centres the province will begin to fund the capital cost of construction at a rate of \$10.35 per resident day up to 20 years.

In July 2003 the MOH & LTC increased per diem funding to provide for enhanced resident care. The funding increase offsets salary and wage pressures as well as enhancements already in place in Peel's facilities. Provincial funding enhancements announced in 2003 plus higher CMI results have increased Long Term Care revenues by \$2.2 million.

Despite the increase in revenue, expenditures to maintain operations increased at a greater rate. The major drivers impacting expenditures are wage and pay equity settlements, OMERS, aging infrastructure maintenance and resident food costs. Controllable costs have been maintained to the greatest extent possible. Overall, net expenditures required to maintain service levels will increase by \$1.5 million.

In 2004 Long Term Care will partner with Public Health to enhance infection control monitoring and surveillance at the Region's Long Term Care Centres. Public Health will designate two full-time employees (FTE) to the Region's centres to enhance infection control capacity.

F.2 Financial Structure Chart – Current Budget



F.3 2004 Current Budget

1. Activity Analysis

	Budgeted Total Cost	
	2004	Change from 2003
LTC Facility Operation		
Peel Manor	10,995,029	574,180
Sheridan Villa	14,797,047	1,270,216
Davis Centre	4,463,612	342,483
Malton Village	9,915,253	5,025,484
Tall Pines	10,013,443	5,088,951
Operations Total	50,184,384	12,301,314
Financial Costs	3,718,920	1,103,633
Total LTC Program	53,903,304	13,404,947
Community Programs	1,412,013	388,385
Total Program Cost	<u>\$ 55,315,317</u>	<u>\$ 13,793,332</u>

3.

	Budgeted Total Cost/Unit	
	2004	Change from 2003
Peel Manor	171.44	10.12
Sheridan Villa	173.04	16.01
Davis Centre	192.48	16.06
Malton Village	365.61	156.28
Tall Pines	276.31	65.50
Operations Total	212.47	42.64
Financial Costs	15.75	4.02
Total LTC Program	228.22	46.66

2. Account Analysis

	Budgeted Total & Net Cost	
	2004	Change from 2003
Goods & Services	10,456,186	2,908,086
Salaries & Wages	41,585,091	10,175,806
Capital Financing	3,274,040	709,440
Total Program Cost	55,315,317	13,793,332
Fees, Charges & Other	12,626,966	2,383,756
Subsidies	26,851,564	8,440,364
Net Program Cost	<u>\$ 15,836,787</u>	<u>\$ 2,969,212</u>

Budgeted Units of Service
Number of Resident Days

	Change	
	2004	from 2003
Peel Manor	64,135	(465)
Sheridan Villa	85,510	(630)
Davis Centre	23,190	(170)
Malton Village	27,120	2,640
Tall Pines	36,240	11,760
Total Days	<u>236,195</u>	<u>13,135</u>

4. Budget Variance Explanation

	<u>Net Program Costs</u> Change from 2003
<u>Variations Attributed to the New Centres:</u>	
The 2004 total operating expenditures (excluding debt charges and the Day Program) reflect the first-year operating costs for the new long-term care centres, Malton Village and Tall Pines. The budget was developed on the basis of a March 1, 2004 opening for Tall Pines and a May 1, 2004 opening for Malton Village.	10,114,435
Increased costs reflect Malton Village's Day Program.	90,308
Fees and charges reflect the opening of the new centres.	(3,402,189)
Increased subsidies reflect the opening of the new centres.	(5,330,456)
Net Cost Variance for New Centres	<u>\$ 1,472,098</u>
<u>Variations Attributed to the Existing Centres:</u>	
To maintain service levels at the three existing long-term care centres, program costs have increased in salaries and wages \$2,161,160, due to the impact of the OMERS increase and wage and pay equity settlement increases; in goods and services \$419,912, including repairs and maintenance of \$62,930, food of \$62,757, maintenance materials and housekeeping supplies of \$52,750 and utilities of \$23,754. The increases in costs are partially offset by an increase in contributions from reserves \$117,325 to fund one-time costs.	2,463,747
Community Program (including Day Program and Meals on Wheels) net cost increases include \$88,520 in Day Program's gross salaries and wages. There is no anticipated change in funding levels for the Day Programs.	80,103
Fees and charges in 2004 will decrease at the existing centres as a result of reclassification of beds. Minor fee and recovery increases are included for Meals on Wheels and high intensity medical needs recovery.	1,165,448
Subsidies have increased, reflecting the increase of Peel's CMI and the announced provincial per diem funding increase of \$4.80 per resident day from \$112.24 to \$117.04 for existing centres.	(2,212,184)
Net Cost Variance for Existing Centres	<u>\$ 1,497,114</u>
Net Program Cost Variance	<u><u>\$ 2,969,212</u></u>