Middlesex-London Health Unit

Summary of 2013 Budget Requested (\$000's)

	2012 Revised Budget			2013 Draft Budget			Increase / (Decrease) Over Previous Year			
Service	Expense	Non Tax Revenue	Net Property Tax Supported	Expense	Non Tax Revenue	Net Property Tax Supported	Expense	Non Tax Revenue	Net Property Tax Supported	Prop. Tax Supported (%)
Cost-Shared Programs	p		经济和企业的			No. of the last of	широпоо	1101011100	11850000 11850	1100
Environmental Health & Chronic Disease										
Prevention Services	5,729	(4,173)	1,556	5,755	(4,199)	1,556	26	(26)		0%
Family Health Services	7,831	(5,605)	2,226	7,867	(5,641)	2,226	36	(36)		0%
Oral Health, Communicable Disease &		, . ,			, , ,			, ,		H
Sexual Health Services	6,429	(5,186)	1,243	6,458	(5,215)	1,243	29	(29)		0%
Corporate Services	3,865	(2,795)	1,070	3,883	(2,813)	1,070	18	(18)	Depositor (September 1971)	0%
Total Cost-Shared Programs	23,854	(17,759)	6,095	23,963	(17,868)	6,095	109	(109)	Terror Section	0%
100% Funded Programs										
Dental Treatment Clinic	284	(284)		284	(284)		-	-		
Healthy Smiles Ontario	871	(871)		871	(871)		-	-		
Healthy Babies Healthy Children Program	2,776	(2,776)		2,776	(2,776)		-	-	-555 EAT -21	
tyke TALK Program	1,517	(1,517)		1,517	(1,517)		-	-		
Infant Hearing Screening Program	859	(859)		859	(859)	-	-	-	-	
Blind-Low Vision Program	159	(159)		159	(159)		-	-		
Smart Start for Babies Program	152	(152)	Ę.	152	(152)		-	•		
Smoke Free Ontario	1,079	(1,079)	3 in 1 in	1,079	(1,079)		-	-		
Infectious Disease Control (100%)	1,167	(1,167)	-	1,167	(1,167)		-	-		
Infection Control & Prevention Nurse	85	(85)		85	(85)	÷.	-	-		
Small Drinking Water Systems	107	(107)		107	(107)		-	-	-	
Universal Influenza Immunization Program	125	(125)		125	(125)					
Total 100% Funded Programs	9,181	(9,181)		9,181	(9,181)	455555				
Total City Share of Middlesex - London Health Unit	33,035	(26,940)	6,095	33,144	(27,049)	6,095	109	(109)		0%
% Increase/Decrease over previous ye	ar						0.3%	(0.4%)	0.0%	

Note: All figures are subject to rounding.

Middlesex-London Health Unit

Summary of 2013 Budget Requested (\$000's)

2013 Budget Highlights:	\$ 000
Maintaining Existing Service:	
Cost-shared program budgets incorporate increases for negotiated salary & benefits, OMERS rate changes, and occupancy costs.	380
ncrease in provincial grants, interest revenue, partially offset by reduced program revenue	(109)
Service Changes to achieve 0%:	
Reduction to non-direct services - see Service Change Case	(271)
ncrease/ (Decrease) over prior year to achieve 0%	

Middlesex London Health Unit

2013 Requested Budget (\$000's)

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Object	2011 Actual	Revised Budget	Maintain Existing Service	Service Change to achieve an overall		Increase/ (Decrease) Over 2012		If overall Property Tax Levy Increase 2%	If overall Property Tax Levy Increase 0%	
Expenditures						\$	%			
Personnel Costs	22,540	24,071	332		24,403	332	1.4%			
Administrative Expenses	627	807	,	-62	745	-62	-7.7%			
Purchased Services	5,991	5,966	48	-168	5,846	-120	-2.0%		7 6	
Materials & Supplies	1,714	1,438		-16	1,422	-16	-1.1%			
Furniture & Equipment	847	308		-25	283	-25	-8.1%			
Other	780	445			445	0	0.0%			
Total Expenditures	32,499	33,035	380	-271	33,144	109	0.3%	0	0	
MX-			52					0.0%	0.0%	
Revenue										
User Fees	-597	-415	27		-388	27	-6.5%			
Government Grants / Subsidies	-25,091	-26,050	-121		-26,171	-121	0.5%			
Other	-924	-475	-15		-490	-15	3.2%			
Sub-total - Non Property Tax Revenue	-26,612	-26,940	-109	0	-27,049	-109	0.4%	0	0	
					23231(482)			0.0%	0.0%	
Net Budget	5,887	6,095	271	-271	6,095	1 O	0.0%	America O	0	

Increase/ (Decrease) Over 2012 Budget

Additional Information / Commentary with respect to 2013 Draft Budget

(1) Maintaining Existing Service Levels (Flow through from prior years, inflation, contractual obligations, efficiencies)

Negotiated wage and benefit increases. OMERS rate increase, increase in rent and utility costs, and minor revnue adjustments are

Negotiated wage and benefit increases, OMERS rate increase, increase in rent and utility costs, and minor revnue adjustments are partially offset by increased provincial grants and managed position vacancies.

- (2) Budget Adjustments to achieve a 3.8% overall tax levy increase target. Note: Service Change Business Cases Required.
- (3) Budget Adjustments to achieve a 2.0% overall tax levy increase target.
- (4) Budget Adjustments to achieve a 0.0% overall tax levy increase target.

Middlesex London Health Unit

2014 - 2017 Forecast (\$ 000's)

Object .	2013 Requested Budget	- 2014 Forecast	2015 - Forecast	2016 Forecast	· 2017 Forecast	2014 to 2017 Projectéd Increase
Expenditures	33,144	33,452	33,766	34,087	34,414	1,270
Non-Property Tax Revenue	-27,049	-27,357	-27,671	-27,992	-28,319	-1,270
Property Tax Supported (Net Budget)	6,095	6,095	6,095	6,095	6,095	Ō
Increase / (Decrease) Over Prior Year	0	0	o	0	- 0	0
Increase / (Decrease) Over Prior Year %	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
				Annual av	erage increase:	0.0%

Major Issues:

Declining provincial grants will place increased pressures on programs and services if the Board of Health continues with 0% increase to its obligated municipalities. The above forecast incorporate a 2% increase in provincial grants.

Middlesex London Health Unit

Performance Measures and Staffing 2011 - 2017

	2011	2012	2013	2014	2015	2016	2017	Expectation/
Performance Measures	Actual Revised Forecast						Explanation	
Activity Measures								
Gross Cost per Capita (includes all non-	\$74.38	\$74.83	\$74.32	\$74.25	\$74.20	\$74.17	\$74.17	
Gross City Cost per Capita	\$16.08	\$16.48	\$16.31	\$16.14	\$15.98	\$15.83	\$15.83	
Staffing	Revised	Revised			Forecast			Explanation
Full-time Equivalents #	295.4	297.4	297.4	297.4	297.4	297.4	297.4	
Increase / (Decrease) over previous year		2.0	0.0	0.0	0.0	0.0	0.0	2.0 Public Health Nurse positions
Full-Time Employees #	245	246	246	246	246	246	246	funded 100% by the Province
Increase / (Decrease) over previous year		1	0	0	0	0	0	

2013 Service Change Case

Service	Middlesex London Health Unit	æ =
Initiative	Reduction to non-direct services	

Financial Implications (\$ 00	00's)								
	Change to	Change to Non Property Tax	Net Change to	2013 Tax			Change applicabl		
	Gross Expenditure	Supported Revenue	Property Tax Levy	Levy Impact %	2014	2015	2016	2017	
Capital Budget Impact									
Operating Budget Impact	(271)		(271)	(0.05%)	0	0	0	0	
Staffing Implications	No loss to permanent FTEs								
# of FTEs impacted	No loss to permanent FTEs								

Background

In order to maintain existing service, the Middlesex London Health Unit would require an additional \$270,898 in funding from the Province and or obligated municipalities. (City of London and County of Middlesex) Since the funding from the Province is only expected to increase 2% in 2013, a reduction in non-direct service would be required to provide the obligated municipalities with a 0% increase over 2012 estimate. These reductions are as follows:

- Corporate Training/ Professional Development \$61,882
- Building Maintenance & Repairs \$25,000
- Purchased Services \$167,500
- Program Resources \$16,515

2013 Service Change Case

Service	Middlesex London Health Unit
Initiative	Reduction to non-direct services

Performance Measures Impact

No direct impact to service performance measures however service

Impacts

a) Community

Reduces the health unit's ability to respond to emerging issues and special investigations. In the past, the
purchases services component has been utilized to address strategic initiatives or projects such as development of
the recently launched Community Health Status Resource, website redesign, the development of the Discovery
Report to inform our recent 10 year Strategic Plan, implementation of the City's and County's smoking by-laws and
the hiring of external expertise in specialized content areas.

b) Community Engagement

• It is anticipated there will be minimal to no impact in this area.

c) Other City of London services

• Reductions do not impact other City services

Risks

- Increased risk that health unit staff will not be developing their professional knowledge and skills, public health content, and general training in terms of health and safety related topics and management skills.
- Reduced ability for the health unit to respond to emerging public health issues.