

MIDDLESEX-LONDON BOARD OF HEALTH

REPORT NO. 25-24

TO: Chair and Members of the Board of Health

FROM: Emily Williams, Chief Executive Officer
Dr. Alexander Summers, Medical Officer of Health

DATE: 2024 April 18

2024 ANNUAL SERVICE PLAN

Recommendation

It is recommended that the Board of Health:

- 1) *Receive Report No. 25-24 re: “2024 Annual Service Plan” for information; and*
 - 2) *Approve the 2024 Annual Service Plan for submission to the Ministry of Health.*
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Report Highlights

- The Annual Service Plan includes program descriptions and a budget submission for shared funded programs and the Ontario Seniors Dental Care Program (excludes all other 100% funded programs).
- The budget submission is identical to the Board approved budget, but the format has been restated from Division/Department to Health Standard/Program.
- [Appendix A](#) is a summary of the Board approved budget totaling \$38,613,100.
- [Appendix B](#) is a summary of the ASP budget totaling \$34,324,307. It also includes a reconciliation to the Board approved budget of \$38,613,100.
- [Appendix C](#) includes the Annual Service Plan submitted to the Ministry of Health on the due date of April 2, 2024.

Background

Each year, the Ministry of Health requires local public health units to communicate their program plans and budgeted expenditures through the Annual Service Plan (ASP). The ASP includes a narrative component to describe the programs planned to be delivered in accordance with the Ontario Public Health Standards (OPHS) and related budget information. The Ministry of Health provides each health unit with a standard template for the ASP. This plan is the start of the ministry reporting cycle, which includes quarterly Standard Activity Reports (SAR) and concludes with the Annual Report and Attestation (ARA).

2024 Annual Service Plan

The ASP reflects the recent restructuring changes as described in [Report No. 80-23](#) presented in December 2023.

In summary, the re-structuring carried out the organization's commitment to 'do what we do well'. Certain program areas required additional investment to strengthen the agency's capacity and meet provincial and community expectations. Local public health agencies build credibility and political capital by responding effectively to acute and emerging risks. This allows for work further 'upstream' to advance solutions that can address more distant and long-term health outcomes. Minor investments were made in:

- Vaccine preventable disease to ensure ongoing ability to maintain compliance with the Immunization of School Pupils Act (ISPA), as well as to support moderate vaccine administration (including COVID-19) to prioritized populations with minimal access to other health care sources.
- Infectious disease control to ensure readiness and responsiveness to emerging threats.
- Strengthening of presence with health sector partners, notably the Middlesex-London Ontario Health Team.

Disinvestments are consistent with the objective of discontinuing work that may not have the appropriate dose and intensity to generate a reasonable impact. In the context of limited resources, interventions broadly categorized as skill development, strengthening community action, and media campaigns have the least evidence with regards to impact, particularly compared to healthy public policy development and building supportive environments.

Significant reductions were made in:

- Comprehensive school health nursing and dietitians, with a shift to supporting boards and 'families' of schools. Immunization and oral health programming continue.
- Public health nursing capacity and dietitians in healthy public policy development and community mobilization, with a shift to prioritized issues and partners at the municipal level.
- Social marketing work, particularly public awareness campaigns, except for regional and sustained initiatives.

No plan has been made to complete vision screening as described in the School Standard of the OPHS. This program has been discontinued given the limited dose and intensity of the interventions over the past few years.

The ASP also includes a community assessment section completed by the Population Health Assessment and Surveillance (PHAS) Team that provides a high-level description of the local community's population health needs and priorities.

The Finance team ensured the budget and staffing information reconciled to the Board approved budget. The program plans and budget information are organized by the Ontario Public Health Standards (OPHS).

[Appendix A](#) is a summary of the Board Approved budget totaling \$38,613,100.

[Appendix B](#) is a summary of the ASP budget totaling \$34,324,307. It also includes a reconciliation to the Board approved budget for accuracy and transparency.

As required by the Ministry, the 2024 ASP was submitted on the due date of April 2, 2024. The ASP, with associated program and budget information, is found in [Appendix C](#).

Next Steps

The Board of Health must provide endorsement of the submitted Annual Services Plan for 2024. The 2024 Annual Service Plan was submitted on April 2, 2024.

This report was prepared in collaboration with the Strategy, Planning & Performance and Finance teams.



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Chief Executive Officer



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Medical Officer of Health

This report refers to the following principle(s) set out in Policy G-490, Appendix A:

- The Organizational Requirements as outlined in the [Ontario Public Health Standards: Requirements for Programs, Services and Accountability](#).
- The following goal or direction from the [Middlesex-London Health Unit's Strategic Plan](#):
 - Define what we do and do it well (Direction under the Program Excellence Priority area)

This topic has been reviewed to be in alignment with goals under the Middlesex-London Health Unit's [Anti-Black Racism Plan](#) and [Taking Action for Reconciliation](#), specifically the Foundational Standards section in the Annual Service Plan describes activities to coordinate the implementation of both plans.