
For Information

REPORT TITLE: Peel Public Health Recovery and Remobilization Update

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OBJECTIVE

To provide Regional Council with an update on Public Health’s recovery and remobilization of programs and services, following the transition from the emergency phase of the COVID-19 pandemic response.

REPORT HIGHLIGHTS

- Peel region was significantly and disproportionately impacted by the COVID-19 pandemic.
 - Public Health’s recovery and remobilization post COVID-19 pandemic response will continue into 2024, with a gradual and flexible approach that mitigates, where possible, challenges related to recruitment and retention, employee wellbeing, changing service needs and partner readiness.
 - Provincially mandated components of the COVID-19 response, such as outbreak management and immunization, have been integrated into Public Health’s programming to sustain management of COVID-19 along with other communicable diseases.
 - Public Health is restarting work on the “2020-2029 Strategic Priorities for the Future” now that the “2021-2022 Interim Strategic Priorities”, approved by Regional Council to support the emergency phase of the COVID-19 response, have ended.
 - The impact of Bill 112, the *Hazel McCallion Act (Peel Dissolution), 2023* (‘Act’) to Public Health is uncertain at this time.
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DISCUSSION

1. Background

Peel is the second largest public health unit in Ontario. As one of the most impacted regions during the COVID-19 pandemic, Public Health needed to pause or reduce mandated services and redeploy more than 80 per cent of its employees and hire over 1,000 contract employees to ensure available resources were directed to the response. On February 25, 2021, Regional Council, as the Board of Health, endorsed the interim Public Health strategic plan titled, “Peel Public Health 2021-2022 Interim Strategic Priorities” (‘interim strategic plan’), which included ‘Responding to COVID-19’ as a primary area of focus for the years 2021 and 2022.

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The term for the interim strategic plan has ended, and Public Health is focused on remobilizing programs and restarting, as capacity allows, the “2020-2029 Strategic Priorities for the Future” (‘10-year strategic plan’) which was endorsed by Regional Council on October 24, 2019. These five priorities are:

- Practicing Effective Public Health,
- Enabling Healthy Eating and Active Living,
- Promoting Mental Wellbeing,
- Reducing Health-Related Impacts of Climate Change, and
- Advancing Health Equity.

Appendix I provides a summary of these priorities.

2. Interim Strategic Plan and COVID-19 Pandemic Response

During the emergency phase of the pandemic, Public Health, in collaboration with partners, delivered over 3.7 million COVID-19 vaccine doses, and managed 180,000 confirmed COVID-19 cases and over 1,700 confirmed outbreaks. During this time, Public Health also continued to deliver the most critical programs to protect the health of the Peel community, including limited level of service in:

- conducting health inspections for high-risk settings,
- administering the Ontario Seniors Dental Care Program,
- providing harm reduction services,
- managing non-COVID-19 communicable diseases and,
- contributing to the public health needs of refugees and displaced persons from northern communities.

To support this effort, Public Health used an Incident Management System until early 2023.

Despite these successes, many mandated programs such as school immunization and oral health services are experiencing a backlog of services that require catch-up efforts.

3. Challenges Impacting Remobilization of Public Health

With the recent exit from the emergency phase of the COVID-19 pandemic response, Public Health’s recovery and remobilization efforts are underway; however, these efforts are significantly impacted by several challenges, including but not limited to:

- **Recruitment and retention:** In 2023, an estimated 500 positions need to be recruited and onboarded to fill Public Health active vacancies, backfills for those still redeployed and approved full-time employee positions. Retirements, leaves of absence, and a strained health system labour market has left Health Services with significant vacancies. Pandemic-related hiring and retention has resulted in many new leaders and employees needing robust onboarding and training. Health Services continues working with Human Resources on recruitment strategies.
- **Employee health and wellbeing:** There is fatigue and trauma amongst public health employees which is consistent with well-documented emergency experiences. After significant time in the response, employees need time to transition back to base programs. Leaders are critical resources and champions for

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employee wellbeing. However, with many new leaders, leadership development, training and onboarding employees will take time and resources.

- **Changing service needs:** There is an increased need for some public health services to be adapted to meet community needs that emerged during the COVID-19 pandemic. This is creating additional pressures on already limited resources. For example, there has been an increase in home-based food businesses which require food inspections. In addition, a lack of clear direction on Provincial Health Services transformation adds uncertainty for remobilization.
- **Readiness of partners:** Some community partners who support programs are also recovering and are not yet ready to restart supporting public health work. Public Health continues to collaborate with them to explore ways to meet community needs.

More details on the current challenges, risks, and strategies to address them can be found in Appendix II.

4. Remobilization of Public Health Programs

Public Health's recovery and remobilization requires a gradual, flexible approach to balance meeting community needs and mitigating challenges identified. Decisions about remobilization are based on multiple factors such as community health risks, internal capacity, employee wellbeing, time sensitivity, service backlogs and external commitments. There is also significant time and effort required to advance planning to incorporate lessons learned from the COVID-19 pandemic response and adjust to new circumstances in the community and among partners.

a) Sustainability of the COVID-19 pandemic response

Following provincial mandate and addressing community needs, Public Health is transforming the COVID-19 response into sustainable operations through the implementation of key changes, including:

- Integrating COVID-19 surveillance and outbreak management in high-risk congregate settings (e.g., long-term care homes) into regular communicable disease operations.
- As of April 1, 2023, the new Immunization Services Division was established to be a singular and integrated vaccination program working collaboratively with health system partners to improve protection in Peel against vaccine preventable diseases (see the companion report from the Commissioner of Health Services, listed on the June 22, 2023 Regional Council agenda, titled "Health Services Transition and Stabilization").

b) Public Health remobilization and 10-year strategic plan

As of April 1, 2023, Public Health has remobilized 50 per cent of programs that were paused or scaled down during the COVID-19 pandemic. Examples include: progressing on catch-up of routine school immunization, reopening two out of three healthy sexuality clinics, vector-borne disease surveillance, and input on building design (active design elements). By the end of 2023, 70 per cent of public health programs are projected to be remobilized which will include:

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- school immunizations for all grades,
- supervised consumption services available in Peel as part of the Peel Opioid Strategy,
- high- and medium-risk food premise inspections,
- all recreational water sites inspected under the safe water program, and
- the Healthy Babies Healthy Children program (see the June 8, 2023 report titled “Healthy Babies Healthy Children Funding – Supporting Peel’s Vulnerable Families”).

It will take until the end of 2024 to have 100 per cent of Public Health programs remobilized including: infant feeding and reproductive health programs, low-risk food premise inspections, and remaining healthy eating, active living, and mental health programs.

Remobilization also includes planning to refocus and resume work for the 10-year strategic plan. In early 2023, Public Health completed a high-level assessment of progress to date and identified community interventions to be prioritized for the year. The remaining efforts in 2023 will be focused on planning and rebuilding partnerships. Updates on the 10-year strategic plan will continue to be shared with Regional Council.

BILL 112 RISKS AND IMPLICATIONS

Recent legislative changes introduced by the Act has further exacerbated existing challenges and adds uncertainty to the projected remobilization plan for Public Health programs. As a result, the Act may further increase challenges associated with recruitment and retention of employees when Health Services already has significant vacancies. The Act has an impact on the workforce as it comes during a time when employees are continuing to experience the impact of the COVID-19 pandemic response on their work and wellbeing. The Act also generates uncertainty among partners with whom Public Health collaborates with for the provision and continuity of services. Therefore, current remobilization plans and associated partnerships beyond 2024 could be impacted.

FINANCIAL IMPLICATIONS

Peel continues to be drastically underfunded by the Province. As per the cost-sharing funding agreement, Peel Public Health’s mandatory programs are meant to be funded at a 70:30 provincial-municipal ratio; however, current funding is much lower. The 2023 Budget has a provincial-municipal ratio of 59:41, resulting in a \$10 million funding shortfall. Since 2018, cost-share funding has been frozen, except for a one per cent increase starting in April 2022. Provincial funding for 2023 cost-shared programs is not projected to increase.

COVID-19 extraordinary costs are expected to be fully funded in 2023; however, this is believed to be the last year for COVID-19 one-time funding. It is unclear thus far from the Province whether there will be permanent future COVID-19 funding. Funding for COVID-19 costs would be provided in the short term from the Region of Peel’s COVID-19 Recovery Reserve which was created in 2021 using savings from programs that could not be delivered during the pandemic. However, longer term sustainable funding will be required to ensure that ongoing COVID-19 related costs can be addressed.

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CONCLUSION

Public Health has a continued focus on remobilization and recovery of programs and services. This includes re-focusing on the 10-year strategic plan and integration of COVID-19 outbreak management and immunization into sustainable programming, while also managing challenges to overall progress.

APPENDICES

Appendix I – Summary 2020-2029 Strategic Priorities for the Future

Appendix II – Peel Public Health Risk Management



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