
REPORT TITLE: **Health Services Transition and Stabilization**

FROM: Nancy Polsinelli, Commissioner of Health Services

RECOMMENDATION

That the Commissioner of Health Services be delegated authority to utilize the COVID-19 Recovery Reserve to secure the necessary resources to stabilize programs impacted by the pandemic and ensure continuity of essential front-line services with an estimated total cost of \$21.6 million in 2024.

REPORT HIGHLIGHTS

- As Peel continues to recover from the pandemic, Health Services programs are faced with ongoing pressures to catch up on backlogged responsibilities, absorb new critical work created by the pandemic, transform programming based on community needs, and ensure emergency preparedness.
- Based on lessons learned from the pandemic, particular programs are faced with challenges that require resources above base funding to stabilize service delivery and ensure continuity of essential front-line services.
- Additional resources are required to: catch up on vaccinations paused during the pandemic and continue efforts to support those at highest risk for vaccine preventable diseases; manage and prevent infectious disease outbreaks in high-risk settings; maintain heightened infection prevention and control measures in our long term care homes; implement new legislative requirements in long term care; and ensure health equity is prioritized across all service delivery to address systemic barriers to access and disparities in health outcomes.
- For 2024, the costs to fund the Health Services programs and to secure the necessary resources are estimated to be \$21.6 million above base budget, with the recommendation to fund the remainder through the COVID-19 Recovery Reserve.
- The COVID-19 Recovery Reserve was created in 2021, using \$29.6 million from tax supported operational surpluses, to support post-COVID recovery and to enable Peel to catch up on backlogged work that couldn't be done during the pandemic.
- Recovery from such a lengthy and intense pandemic response will not be complete at the end of 2024. Pending Council's authority and governance decisions, additional resources will be requested through future budget planning processes.

DISCUSSION

1. Background

The COVID-19 pandemic resulted in an unprecedented emergency response. Health Services programs were paused as staff were redeployed to critical response functions, including case and contact management, outbreak response and mass vaccination. Recovery from such a lengthy and intense pandemic response will take several years. Due

Health Services Transition and Stabilization

to the uncertainty of Council's authority beyond 2024, resources are being requested up to the end of 2024 to support the continuity of critical service delivery and recovery. Additional resource requests will follow once future governance is confirmed. The current focus is on absorbing new and additional work created by the pandemic, catching up on backlogged work, remobilizing and transforming programming based on community needs, and ensuring emergency preparedness. Over the next three years, staff will assess and identify future opportunities to streamline resources as program catch up is completed, community needs shift, and programs stabilize.

2. Transitioning from COVID-19 Response to Sustainable Health Services

Considering that many Health Services employees were redeployed during the pandemic, remobilization of Peel programs and services that were paused or scaled down is underway. This disruption to service levels generated a substantial backlog of work in critical Public Health programs, as discussed in the companion report from the Commissioner of Health Services, listed on the June 22, 2022 Regional Council agenda titled "Public Health Recovery and Remobilization Update". While all Health Services programs require energy and resources to recover, there are significant additional resources required to support immunization services, communicable diseases outbreak management, long term care, and health equity.

a) Immunization Services

Immunization remains an important and effective intervention that significantly reduces the incidence of vaccine preventable diseases and outbreaks in Canada and abroad. On April 1, 2023, a new Immunization Services Division (ISD) was established in Public Health to improve efficiency of services delivery based on lessons learned during the pandemic. ISD integrates mandatory base public health programs previously split across various divisions, along with ongoing COVID-19 vaccination functions from the decommissioned mass vaccination program. The establishment of ISD represents steps to recovery from the unprecedented three-year pandemic response.

Through the Ontario Public Health Standards and other provincial legislation, such as the *Immunization of School Pupils Act* and *Child Care and Early Years Act*, Public Health is required to maintain and enforce compliance for mandated vaccinations, manage vaccine distribution across Peel region, and provide certain immunizations to school-aged children. While immunization record screening and school immunization has remobilized, there are 150,000 grade 7 to 12 children whose routine school immunization records have not been received by Peel Public Health to verify that they have been immunized as per requirements. Additionally, routine immunization coverage rates are 10 to 36 per cent below pre-pandemic benchmarks.

Continued effort is needed to catch-up on all publicly administered vaccinations to reach immunization coverage goals due to the reduced access to routine childhood immunizations during the pandemic, as well as lack of enforcement of the *Immunization of School Pupils Act* during the same period. It is estimated that bringing compliance rates up to pre-pandemic levels will take several years. Once complete, this would reduce the risk of meningitis outbreaks in Peel as well as the long-term impacts of human papillomavirus and hepatitis B infections, such as certain types of cancers.

Health Services Transition and Stabilization

b) Communicable Diseases

Ontario's Chief Medical Officer of Health highlighted in his 2022 Annual Report the new infectious disease risks threatening Ontario, including MPOX, re-emerging pathogens such as poliomyelitis and tuberculosis, as well as the return of annual seasonal epidemics such as influenza and respiratory syncytial virus (RSV). He also stressed the need for Public Health Units to be prepared and able to rapidly identify and respond to infectious disease outbreaks and pandemics to limit their impact and save lives. To meet this need, additional resources are required to detect and manage outbreaks.

Public Health is provincially legislated to manage and support prevention of infectious disease outbreaks in acute care, complex continuing care facilities, and long term care and retirement homes. Capacity needs to be enhanced within the Communicable Diseases Division to keep pace with continued outbreak demands of COVID-19 and other respiratory and gastrointestinal infections in these high-risk settings. Seniors and vulnerable populations who reside in these settings are at increased risk for death or serious illness from these infections due to age and underlying medical conditions. While provincial outbreak management expectations have fluctuated throughout the pandemic until present day, understaffing the program could have severe outcomes for these high-risk settings.

Low vaccination rates in Peel for other vaccine preventable diseases (e.g., measles) due to the pandemic, as well as increasing reports of other infectious diseases, including tuberculosis and syphilis, have resulted in higher risks of infection in the community. Ongoing resources are required to manage the risks through health promotion, vaccination, and case management. In tandem, staff must continue to build social trust, counter misinformation, and help people understand how and why decisions are made while providing the information and tools they need to protect themselves and those around them.

c) Long Term Care

The COVID-19 pandemic has highlighted pressures across the long term care sector and requires that additional measures be put in place to protect residents and staff. The new *Fixing Long-Term Care Act* that came into effect in April 2022 was developed in response to the pandemic. However, in 2022, the Region's own five long term care homes experienced 21 confirmed COVID-19 outbreaks. Ongoing staffing resources are required to support and sustain complex resident care post-pandemic, as well as to implement the new legislated infection prevention and control and additional requirements detailed in the *Fixing Long-Term Care Act* to protect and support the needs of residents.

While the COVID-19 emergency response is over, there are ongoing post-pandemic effects impacting staff and residents in our long term care homes. Resources are needed to strengthen care, catch up on backlogged work, and support overall wellbeing that have been affected by the pandemic. This includes remobilizing initiatives that were delayed due to pandemic, such as the Butterfly Model of Care implementation and transitioning to the new Seniors Health and Wellness Village at Peel Manor, operational supports for scheduling a large workforce and new legislated pressures and supporting the psychological wellbeing and safety of staff who have been heavily impacted by the pandemic and ongoing effects.

Health Services Transition and Stabilization

d) Health Equity across Health Services

Peel is one of the most diverse regions in Canada and the most racialized community in the Greater Toronto Area. Health services and programs must centre upon a deep understanding and appreciation of the cultural, religious, lifestyle and social demographic factors that shape the lived experiences of Peel communities. Many groups also maintain ties to their countries of origin, which often still have endemic-levels of vaccine preventable diseases. The learnings and successes from the COVID-19 pandemic response and mass vaccination program were clear – health services are inequitable and significant gaps exist that must be intentionally addressed to meet community need and close widening gaps in service delivery. Prioritizing health equity and working to deeply understand and better serve equity seeking populations is critical. While health equity is a mandated foundational standard through the Ontario Public Health Standards, it is also a required enabler to meet regulatory standards and strategic objectives in long term care, seniors services and paramedic services.

Detailed community-based research and consultation has informed the endorsed approach to advancing health equity across all areas of Health Services and requires a significant shift in mindsets, skillsets, and resources, including enhanced collaboration and integration, greater voice for the community in program planning and implementation and investment in system-wide partnerships and efforts. Community partners have placed strong expectations on Peel services to continue this important work and intentionally dismantle barriers that reinforce inequities and further disparities among Peel communities.

3. Staffing Required for Stabilization

As part of the 2023 Operating Budget, 66 new permanent Full Time Equivalents across ISD, COVID-19 operations, and corporate supports were approved. This was a conservative ask for critical human resources and it was noted that additional resources would be required beyond 2023 to support stabilization. To support with recovery and stabilization in Public Health and Long Term Care, reserve funding would be utilized in 2024 for 94 temporary contracts, 66 already approved 2023 permanent full-time equivalents, and \$3.4M operational costs for backlogged work. While the needs for resourcing stability extend beyond 2024, given the future uncertainty of Council's authority, long term staffing requirements will be brought forward once the governance decisions are made.

Temporary staff will support essential Health Services programs to retain critical staff, complete catch-up work, rebuild and reimagine programming, and evaluate the long-term resources required to support community needs aligned with provincial direction (once provided). Temporary resources will also maximize impact and health equity efforts by improving design of operations, implement learnings from vaccination roll out, leverage system partnerships, and support staff recovery. Utilizing longer term temporary contracts will minimize attrition and continuous workforce rebuilding while recovery continues.

RISK CONSIDERATIONS

The majority of Health Services employees continuing to support post-pandemic program stabilization and catch-up on backlogged work are in temporary contracts expiring by December 31, 2023. To minimize the risk of service disruption and retain the required, skilled, and experienced human resources needed, it is necessary to confirm resourcing for 2024 at this

Health Services Transition and Stabilization

time. If longer term contracts are not offered prior to the end of 2023 and the 2024 budget deliberations, there are significant risks to staff morale, loss of knowledge, burnout, and rehiring new contracts rather than retaining existing resources. Rehiring would increase workload and demands for remaining employees, contributing to further programming backlog, work pressures, and delayed recovery. These risks are exacerbated by recent announcements related to Regional dissolution.

Should COVID-19 Recovery Reserves not be utilized, the ability to provide support to the community with vaccine preventable diseases, outbreak management, and caring for those in long term care homes would be extremely limited, as well as catching up on backlogged work created by pandemic. Much institutional knowledge, expertise, and ongoing staff are required to fulfil divisional and regional targets. Failure to invest in these divisions would result in missing key populations (such as graduating teens exiting the school system), poorer health, particularly for residents with barriers to accessing health services, more costly care for communicable diseases that are vaccine preventable, higher risks for outbreaks, and monetary penalties for non-compliance with legislation. Without investing resources to advancing health equity, inequities in the Peel community, exposed starkly during the pandemic, will persist and grow, leading to long-term community health impacts for Peel's most vulnerable residents. Continuation of these human resources will facilitate critical recovery and stabilization.

BILL 112 RISKS AND IMPLICATIONS

Health human resources have been impacted by pandemic and Bill 112, *The Hazel McCallion Act*, has caused increased difficulty in retaining and recruiting staff in Peel. Recovery from the intense pandemic response will take several years. However, due to the uncertainty of the future budget process, planned resourcing requests over the next three years have been scaled back until the future governance structure is known. While additional resource resources will be required in future years, staff attrition is anticipated impacting population health in Peel.

FINANCIAL IMPLICATIONS

The cost to meet the needs in Health Services as outlined in the report under *Staffing Required for Stabilization* is estimated to be \$21.6 million. The costs are proposed to be funded through the COVID-19 Recovery Reserve which was created with Council's approval in 2021 with a balance of \$29.6 million from tax supported operational surpluses and through Federal and Provincial COVID-19 related funding that was used to pay for most of the direct COVID-19 related costs. Staff will continue to look at options for alternative funding sources for previously approved permanent full-time equivalents.



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