



choose
health!

 MIDDLESEX-LONDON
HEALTH UNIT

Per Capita Funding Analysis and Improvements in Inspection Services

Report No. 131-12

Ranking in 2003

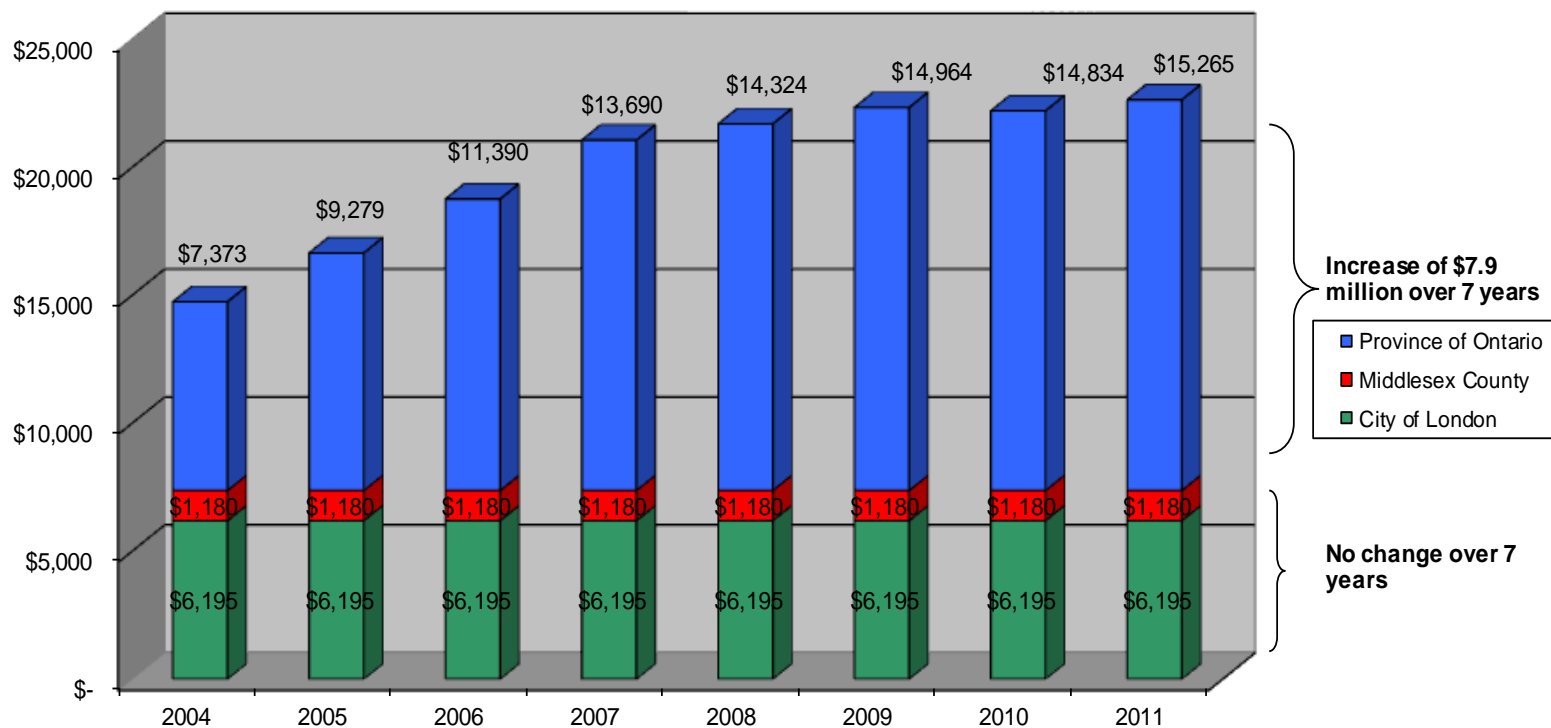
- Ministry of Health and Long Term Care disseminated per capita funding until 2004
- Middlesex-London Health Unit ranked 34th of 37

Initial Report on Public Health

- Uses 2007 data
- Had data to calculate per capita funding
- Based on 100% and cost-shared budget combined
- Middlesex-London Health Unit rose to 23rd of 36 health units

Success of Board of Health Business Plan

2004 - 2011 Cost-Shared Program Funding (\$000's) by Funding Source



Caveats

- Need to consider “Speech and Language Programs” only provided by some health units for other jurisdictions
 - Raises the per capita costs
 - Middlesex-London provides these with a budget of \$2.4 million
- Northern and smaller health units have higher costs
- May be other considerations

Comparison Between Health Units

- Middlesex–London: 68 provincial / 32 municipal
- Windsor Essex – 75/ 25
 - Was lowest per capita health unit in 2003 and still in 2007
- Niagara – 75 / 25
 - Was 20 out of 37 in 2003 and 21 out of 36 in 2007
- Peel – 62 / 38
 - Was 35 out of 37 in 2003 and still is in 2007
 - Due to large population growth

Increase in Inspections

- Food premises
- Personal service settings (hair and nail salons, tattooing and piercing parlors)
- Cold chain (storage of vaccines in health care providers offices)
- Small water systems
- Child care – somewhat

2013 Cost-Shared Budget

Report No. 132-12

October 18, 2012

Budget Approval

A 2% increase in the grant from the Ministry of Health and Long-Term Care and continuation of the Health Unit's 2005 Business Plan which asks the City of London and the County of Middlesex for a 0% increase over 2012.

Cost-Shared Budget - 2013

- Total cost-shared budget - \$23,213,670
- Obligated municipalities – \$7,256,020
 - City of London (84%) - \$6,095,059
 - Middlesex County (16%) - \$1,160,961

Implications

- \$477,682 shortfall
- Corporate training / professional development
- Building repair and maintenance
- Purchased services (\$145,000)
- Managed gapping (\$208,785 + \$119,050 = \$325,833)

Recommendations 132-12

- 1) Approve the 2013 Cost-Shared Programs budget at the net amount of \$23,213,670, noting that this is based on an estimated 2% provincial increase, and a 0% to both the City of London and the County of Middlesex, and further;
- 2) Provide written notice to both the City of London and the County of Middlesex as set out for obligated municipalities in section 72(5) of the Health Protection and Promotion Act.

Terms of Reference for a Review of Administrative Functions, Including Shared Services

Report No. 133-12

Timelines

- Received revised Terms of Reference
October 18, 2012
- Meeting with City and County on
October 29, 2012
- Revised draft for review on October 31,
2012

Reporting Requirements

- Report may have implications for positions that only have a few people
- Want to ensure that this information is treated in a confidential matter
- In keeping with Section 239 of the Municipal Act
 - What can be dealt with in a closed meeting

Municipal Act, Section 239

Meeting or part of a meeting may be closed to the public if the subject matter being considered is:

- 239 (b) personal matters about an identifiable individual, including municipal or local board employees;
- 239 (d) labour relations or employee negotiations;
- 239 (f) advice that is subject to solicitor-client privilege, including communications necessary for that purpose

Reporting Requirements

- The reports and records in the custody and control of the parties will be subject to the terms of the Municipal Act, Municipal Freedom of Information and Protection of Privacy Act and the Personal Health Information Protection Act. This project does have Human Resources and Labour Relations implications for the Board of Health. **If positions, individuals, labour relations, employee negotiations or legal matters are addressed in the Reports, the parties will consider whether all or parts of the Reports may be reviewed in closed session under Section 239 of the Municipal Act.** In doing so, the parties shall ensure compliance with all other statutory obligations.

Reporting Requirements

- Want to ensure that Board of Health receives interim and final reports first

Points to be Considered

- To look for efficiencies, including the sharing of services
- Involves Middlesex County (as well as City of London)
- Consultant – Pricewaterhouse Coopers

Points to be Considered

- Scope of the review for shared services
- Staff recommendation, confine to :
 - Finance, Human Resources, Purchasing, Payroll, Facility Management and Information Technology.

**MIDDLESEX-LONDON
HEALTH UNIT**
**AGENCY
ORGANIZATIONAL CHART**

MIDDLESEX-LONDON BOARD OF HEALTH

5 representatives from the Province of Ontario,
3 representatives from the Corporation of the City of London,
3 representatives from the County of Middlesex, Governing Body

**MEDICAL OFFICER OF HEALTH
and CHIEF EXECUTIVE OFFICER**

Administrative Head
and Public Health Physician for Middlesex-London

COMMUNICATIONS

EMERGENCY PREPAREDNESS

PRIVACY, OCCUPATIONAL
HEALTH & SAFETY

SPECIAL PROJECTS

TRAVEL CLINIC

**Oral Health,
Communicable Disease
& Sexual Health
Services**

The Clinic

Infectious Disease
Control Team

Vaccine Preventable
Disease Team

Sexual Health
Promotion Team

Oral Health/
Dental Services

Epidemiology

**Environmental Health &
Chronic Disease
Prevention Services**

Healthy Communities &
Injury Prevention Team

Chronic Disease Prevention
& Tobacco Control Team

Southwest Tobacco
Control Area Network

Rabies & Safe Water
Team

Food Safety Team

Health Hazard, Prevention
& Management, & Vector
Borne Disease (VBD) Team

Family Health Services

Reproductive & Early
Years Program Team

Best Beginnings
Program Team

Child & Youth
Program Team

Finance & Operations

Financial Planning
& Management

Treasury Services &
Financial Management

Procurement Services

Payroll Services

Facilities Management

**Human Resources
&
Labour Relations**

Attendance, Benefits &
Volunteer Program

Recruitment and Labour
Relations

HR Coordinator

Student Education
Coordinator

Librarian

**Information
Technology**

Applications

Infrastructure

Security Management

Support & Operations



Board of
Health



Medical
Officer of
Health



Office of the
MOH



Service
Areas



Programs

Implementation Date: November 1990

Review Date(s)

April 14, 2004, October
2008, March 2009

Revision Date(s)

Feb. 20 1995, May 4 1995, Feb 5 1997, June
15 2000, June 17, 2004, April 2005, April
2006, October 2008, July 2010, May 2011,
March 2012

**Board
Chair's
Signature**

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HEALTH UNIT**
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Chair's
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AGENCY ORGANIZATIONAL CHART

1.5 FTE + MOH

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EMERGENCY PREPAREDNESS
PRIVACY, OCCUPATIONAL HEALTH & SAFETY
SPECIAL PROJECTS
TRAVEL CLINIC

7.3 FTE



9.0 FTE

9.4 FTE

8.5 FTE

Board of Health	Medical Officer of Health	Office of the MOH	Service Areas	Programs

Implementation Date: November 1990	
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Board Chair's Signature

Rationale for Confining the Review of Shared Services

- Important for Board of Health to have direct control of areas within Office of the Medical Officer of Health
 - Programs and services (Emergency Planner, Special Projects, Communications)
 - Risk management (Privacy, Communications, Emergency Planner)
- Get the review done efficiently and limit costs

Original Recommendation

Option A

- It is recommended that the Terms of Reference in Appendix A of this report (Report No. 133-12 re “Terms of Reference for a Review of Administrative Functions, Including Shared Services”) be approved with revisions confining the scope to the areas of Finance, Human Resources, Purchasing, Payroll, Facility Management and Information Technology.

New Recommendation

Option B

- It is recommended that the Terms of Reference in Appendix A of this report (Report No. 133-12 re “Terms of Reference for a Review of Administrative Functions, Including Shared Services”) be approved with revisions confining the scope to the areas of Finance, Human Resources, Purchasing, Payroll, Facility Management and Information Technology.
- Additionally, a review for efficiencies be conducted of the Office of the Medical Officer of Health.

Additional Clarifications

- Not an audit, a review to identify possible shared services and efficiencies
- Board has complete financial audit annually and is accredited, which assesses all aspects including programs and services
- Board and public have access to information on all aspects of the Health Unit's operations and finances

Points to be Considered

- Paid for by Middlesex-London Health Unit
- Directed by the Board of Health

Board Preparation

- In preparation for considering consultants review, staff will prepare reports on:
 - Finance, operations, facilities
 - Information technologies
 - Human Resources

Points to be Considered

1. To look for efficiencies, including the sharing of services
2. Involves Middlesex County (as well as City of London)
3. Consultant – Pricewaterhouse Coopers
4. Scope of the review – Option A or B
5. Paid for and directed by the Board of Health

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