

Amending Agreement No. 2

Between:

**HER MAJESTY THE QUEEN IN RIGHT OF
ONTARIO
as represented by the Minister of Health
and Long-Term Care**

(the "Province")

- and -

Middlesex-London Board of Health

(the "Board of Health")

WHEREAS the Province and the Board of Health entered into a Public Health Accountability Agreement effective as of the first day of January 2011 (the "Accountability Agreement"); and

AND WHEREAS the Parties wish to amend the Accountability Agreement;

NOW THEREFORE IN CONSIDERATION of the mutual covenants and agreements contained in this Amending Agreement No. 2, and for other good and valuable consideration, the receipt and sufficiency of which are hereby acknowledged, the Parties hereto agree as follows:

1. This Amending Agreement ("Amending Agreement No. 2") shall be effective as of the date it is signed by the Province.
2. Except for the amendments provided for in this Amending Agreement No. 2, all provisions in the Accountability Agreement shall remain in full force and effect.
3. Capitalized terms used but not defined in this Amending Agreement No. 2 have the meanings ascribed to them in the Accountability Agreement.
4. The Accountability Agreement is amended by:
 - [a] Deleting Schedule A-1 (Program-Based Grants) and substituting Schedule A-2 (Program-Based Grants), attached to this Amending Agreement No. 2.
 - [b] Deleting Schedule B-1 (Related Program Policies and Guidelines) and substituting Schedule B-2 (Related Program Policies and Guidelines), attached to this Amending Agreement No. 2.
 - [c] Deleting Schedule C-1 (Reporting Requirements) and substituting Schedule C-2 (Reporting Requirements), attached to this Amending Agreement No. 2.

The Parties have executed the Amending Agreement No. 2 as of the date last written below.

HER MAJESTY THE QUEEN IN RIGHT OF ONTARIO
as represented by the Minister of Health and Long-Term Care

Name: _____ Date _____
Title: _____

Middlesex-London Board of Health

I/We have authority to bind the Board of Health.

This is also to certify that:

_____ % of the activities for Phase 1 of the project will be completed; and,

\$ _____ will be incurred by March 31, 2012.

Name: _____ Date _____
Position: _____

Name: _____ Date _____
Position: _____

SCHEDULE A-2

PROGRAM-BASED GRANTS

Middlesex-London Board of Health		
Base Funding		2011 Approved Allocation
Mandatory Programs (75%)		\$14,803,135
Children In Need Of Treatment (CINOT) Expansion Program (75%)		\$57,468
Chief Nursing Officer Initiative (100%) (1)	# of FTEs	1.00
Enhanced Food Safety – Haines Initiative (100%) (2)		\$60,000
Enhanced Safe Water Initiative (100%) (2)		\$26,720
Healthy Smiles Ontario Program (100%)		\$871,027
Infection Prevention and Control Nurses Initiative (100%)	# of FTEs	1.00
Infectious Diseases Control Initiative (100%)	# of FTEs	10.50
Needle Exchange Program Initiative (100%) (2)		\$176,243
Public Health Awareness Initiatives: Infection Prevention and Control Week (100%)		\$8,000
Public Health Nurses Initiative (100%) (3)	# of FTEs	2.00
Small Drinking Water Systems Program (100%)		\$52,700
Unorganized Territories (100%)		-
Vector-Borne Diseases Program (75%)		\$461,967
Sub-Total		\$17,968,069
One-Time Funding		2011 Approved Allocation
Bed Bugs (100%) (4)		\$180,103
Healthy Smiles Ontario – Capital (100%) (5)		\$510,000
Small Drinking Water Systems (100%)		\$54,400
Panorama Phase 1 Readiness (100%) (4)		\$77,149
Sub-Total		\$821,652
Total		\$18,789,721

- (1) Base Funding is pro-rated for the 3 month period of October 1, 2011 to December 31, 2011.
- (2) Base Funding is pro-rated for the 9 month period of April 1, 2011 to December 31, 2011.
- (3) To receive funding for the Public Health Nurses Initiative, boards of health are required to provide proof of offer of employment, which should not include any personal or identifiable information related to the nurse recruit.
- (4) One-time funding is approved for the 12 month period of April 1, 2011 to March 31, 2012.
- (5) One-time funding is approved for the 9 month period of April 1, 2011 to December 31, 2011.

SCHEDULE B-2

RELATED PROGRAM POLICIES AND GUIDELINES

BASE FUNDING:

B1. CINOT Expansion Program (MHPS)

The CINOT Expansion Program provides coverage for basic dental care for children 14 through 17 years in addition to general anaesthetic coverage for children 5 through 13 years. Boards of health must be in compliance with the Ontario Public Health Standards and the CINOT Protocol.

Boards of health must use the Oral Health Information Support System (OHISS) application to process all CINOT Expansion claims. Financial report data should align with expenditures as recorded in OHISS and reflected in Age Profile and Procedure Code Profile Reports for the period January 1st through December 31st.

Boards of health will not be permitted to transfer any projected CINOT Expansion Program surplus to their CINOT 0-13 year old budget.

B2. Chief Nursing Officer Initiative (MOHLTC)

In February 2011, the Ministries of Health and Long-Term Care and Health Promotion and Sport issued the Ontario Public Health Organizational Standards (Organizational Standards). Requirement 6.16 of the Organizational Standards states that the Board of Health is required to designate a Chief Nursing Officer (CNO) by January 2013.

The presence of a CNO in each health unit will enhance the health outcomes of the community at individual, group and population levels: through contributions to organizational strategic planning and decision making; by facilitating recruitment and retention of qualified, competent public health nursing staff; and enabling quality public health nursing practice. Furthermore, the CNO articulates, models and leads the way towards a vision of excellence in public health nursing practice, which facilitates evidence-based services and quality health outcomes in the public health context.

It is expected that the CNO role will be implemented at a management level within the health unit reporting to the Medical Officer of Health (MOH) or Chief Executive Officer (CEO) and, in that context, contributes to organizational effectiveness.

The Board of Health shall:

1. Designate a qualified manager to be accountable for and implement the CNO roles. The designated manager/CNO shall report and be accountable to the MOH or the CEO of the health unit.

The following qualifications are required for designation as a CNO: Registered Nurse in good standing with the College of Nurses of Ontario; a Baccalaureate degree in nursing; a graduate degree in nursing, community health, public health, health promotion, health administration or other relevant equivalent OR be committed to obtaining such qualification within three (3) years of designation (this

will be reviewed in 2014); and, a minimum of 10 years nursing experience with progressive leadership responsibilities, including a significant level of experience in public health.

2. Create additional hours of nursing service (minimum is 1.0 FTE). Such FTE may be used to support implementation of the CNO role through inclusion of functions relating to nursing quality assurance and leadership. Funding is for nursing salaries/benefits only and cannot be used to support operating or education costs.
3. Confirm to the Ministry that a qualified CNO has been designated and that a new FTE has been established¹. In addition, the Board shall submit an annual year-end program report to the Ministry confirming the maintenance of the funded 1.0 FTE and a year-end program report highlighting CNO activities for the previous funding period.

B3. Enhanced Food Safety – Haines Initiative (MOHLTC)

The Enhanced Food Safety – Haines Initiative was established to augment a board of health's capacity to deliver the Food Safety Program as a result of the Provincial Government's response to Justice Haines' recommendations in his report "Farm to Fork: A Strategy for Meat Safety in Ontario".

Base funding for this initiative must be used for the sole purpose of implementing the Food Safety Program Standard. Eligible expenses include such activities as: hiring staff, delivering additional food-handler training courses, providing public education materials, and program evaluation. Funded projects/activities must be over and above the level of activities underway or planned based on existing mandatory programs base funding.

B4. Enhanced Safe Water Initiative (MOHLTC)

Base funding for this initiative must be used for the sole purpose of increasing the Board of Health's capacity to meet the requirements of the Safe Water Program Standard. Funded projects/activities must be over and above the level of activities underway or planned based on existing mandatory programs base funding.

B5. Healthy Smiles Ontario Program (MOHLTC)

Base funding for the Healthy Smiles Ontario (HSO) Program may only be used for costs associated with the HSO Program in accordance with the following conditions:

1. Base funds may only be used for ongoing day-to-day expenses associated with delivering services under the HSO Program in accordance with the HSO Capital and Operational Funding Policy Guideline, unless otherwise approved by the MOHLTC.
2. Boards of Health must use the Oral Health Information Support System (OHISS) to administer the HSO Program.
3. Boards of health must enter into Service Level Agreements with any organization they partner with for purposes of delivering the HSO Program. The Service Level

¹ Report template provided.

Agreement must set out clear performance expectations and ensure accountability for public funds. For greater certainty, this condition also applies where a board of health may be providing funding for capital improvements to partnering organizations.

4. Any significant changes to the MOHLTC-approved HSO business model, including changes to plans, partnerships, or processes, or otherwise as outlined in the board of health's MOHLTC-approved business case and supporting documents must be approved by the MOHLTC before being implemented.
5. Any contract or subcontract entered into by the board of health for the purposes of implementing the HSO Program must be conducted according to relevant municipal procurement guidelines.

B6. Infection Prevention and Control Nurses Initiative (MOHLTC)

The Infection Prevention and Control Nurses Initiative was established to support one additional FTE Infection Prevention and Control Nurse for every board of health in the province.

Base funding for the initiative must be used for the creation of additional hours of nursing service (FTE) and for nursing salaries/benefits and cannot be used to support operating or education costs. The applicant must have a nursing designation (Registered Nurse, Registered Practical Nurse, or Registered Nurse in the Extended Class), and must have or is committed to obtaining a Certification in Infection Control within three (3) years of beginning of employment.

The majority of the Infection Prevention and Control Nurses time must be spent on infection prevention and control activities. Boards of health are required to maintain this position as part of baseline nursing staffing levels.

B7. Infectious Diseases Control Initiative (180 FTEs) (MOHLTC)

Boards of health are required to remain within both the funding levels and the number of FTE positions approved by the Ministry.

Base funding for this initiative must be used solely for the purpose of hiring and supporting staff (e.g. recruitment, salaries/benefits, accommodations, program management, supplies and equipment, other directly related costs) to monitor and control infectious diseases, and enhance a board of health's ability to handle and coordinate increased activities related to outbreak management.

Staff funded through the Infectious Diseases Control Initiative is required to be available for redeployment, when requested by the Ministry, to assist other boards of health with managing outbreaks and to increase the system's surge capacity.

B8. Needle Exchange Program Initiative (MOHLTC)

Base funding for this initiative must be used for the purchase of needles and syringes, and their associated disposal costs, for the Boards of Health's Needle Exchange Program.

B9. Public Health Awareness Initiatives (MOHLTC)

Infection Prevention and Control Week

Infection Prevention and Control Week occurs annually during the third week of October.

Base funding for this initiative must be used for development, purchasing, and distribution of materials, and/or educational sessions to promote educational awareness during Infection Prevention and Control Week.

Expected outcomes include: increased public awareness of infection prevention and control principles; increased knowledge of infection prevention and control practices for service providers; and improved health of Ontarians. Appropriate use of funds include, but are not limited to: conducting public education sessions; honorarium for a speaker; creation and development of teaching aids and promotional items (e.g. fact sheets, pamphlets, etc.); distributing educational resources; media releases/articles, and poster displays to raise awareness in different settings.

Funds are not to be used for staff salaries and benefits, staff education (e.g. attendance at a conference) and for payment of staff professional fees/dues.

B10. Public Health Nurses Initiative (MOHLTC)

The Public Health Nurses Initiative was established to support two new FTE public health nursing positions for each board of health as part of the 9,000 Nurses Commitment.

Public health nurses with specific knowledge and expertise will provide enhanced supports to address the program and service needs of priority populations impacted most negatively by the social determinants of health in the Board of Health area.

Boards of health are required to adhere to the following: base funding for this program must be used for the creation of additional hours of nursing service (FTEs); boards of health must commit to maintaining baseline nurse staffing levels and creating two new public health nursing FTEs above this baseline; base funding is for public health nursing salaries and benefits only and cannot be used to support operating or education costs; and, boards of health must commit to maintenance of, and gains towards, the 70% full-employment target for nurses. The applicant must be a registered nurse and must have or be committed to obtaining the qualifications of a public health nurse as specified under the Act.

To receive base funding for these positions, boards of health are required to sign back agreeing to the terms and conditions of the funding and provide proof of offer of employment including starting salary level and benefits for each FTE (per the March 10, 2011 administrative letter).

B11. Small Drinking Water Systems Program (MOHLTC)

Base funding for this program must be used for eligible start-up costs, including: salaries, wages and benefits to support the public health inspector resources to conduct initial and ongoing site-specific risk assessments of all small drinking waters systems;

ongoing office accommodation costs; transportation and communication costs; and supplies and equipment.

Please note that the ongoing Small Drinking Water Systems Program funding allocation (cost-shared on a 75% provincial / 25% municipal basis) will be determined once the initial risk assessments have been completed by December 31, 2011.

B12. Unorganized Territories (MOHLTC)

Base funding must be used for the delivery of mandatory programs in Unorganized Territories (areas without municipal organization).

B13. Vector-Borne Diseases Program (MOHLTC)

The Vector-Borne Diseases Program focuses on all reportable and communicable vector-borne diseases and outbreaks of vector-borne diseases, which include, but are not limited to, West Nile virus and Lyme Disease.

ONE-TIME FUNDING:

B14. Bed Bugs Initiative (MOHLTC)

One-time funding for the Bed Bugs Initiative was established to support local efforts aimed at preventing and controlling bed bug infestations.

One-time funding for this initiative must align with the activities and services detailed in the board of health's application for funding. One-time funding is intended to support activities in one or both of the following streams; (a) education and outreach to the public and stakeholders to enhance awareness and knowledge in the identification, prevention and control of bed bug infestations, and/or (b) supports to vulnerable populations (e.g. individuals with physical, mental health, or addiction issues; people living in poverty; the under-housed or homeless, or frail elderly) impacted most negatively by bed bug infestations. The board of health is also expected to collect data on the degree of infestations, and the populations and settings most impacted by bed bug infestations in their area. Reporting of this data to the province will allow for assessment of the scope of the bed bug issue in the province and the effectiveness of implemented interventions.

Ineligible activities/items as part of this one-time funding include: translation costs for communication resources and materials; costs associated with the creation of communication resources and materials already available for use and customization by health units at www.bedbugsinfo.ca; office supplies and IT equipment such as laptops; any funding identified only as "miscellaneous" or as "other items"; and costs associated with the replacement, depreciation or repair of bed bug related equipment (e.g. monitoring equipment such as the Night Watch).

For further details regarding conditions of this one-time funding, please refer to the funding letter dated April 28, 2011 which outlines the accountability and administrative details for the bed bugs initiative.

B15. Healthy Smiles Ontario - Capital (MOHLTC)

One-time capital funds may only be used for the purchase of program dental equipment, necessary leasehold improvements and/or mobile dental clinics for development or expansion of community dental infrastructure. Funds may only be used in accordance with the HSO Capital and Operational Funding Policy Guideline, unless otherwise approved by the MOHLTC. Any changes to the MOHLTC-approved business case must be approved by the MOHLTC before being implemented.

Boards of health must enter into Service Level Agreements with any organization they partner with for purposes of delivering the HSO program. The Service Level Agreement must set out clear performance expectations and ensure accountability for public funds. For greater certainty, this condition also applies where a board of health may be providing funding for capital improvements to partnering organizations.

Any contract or subcontract entered into by the board of health for the purposes of implementing the HSO Program must be conducted according to relevant municipal procurement guidelines.

B16. Small Drinking Water Systems Program (MOHLTC)

One-time funding for this program must be used for eligible start-up costs, including: salaries, wages and benefits to support the public health inspector resources to conduct initial and ongoing site-specific risk assessments of all small drinking waters systems; ongoing office accommodation costs; transportation and communication costs; and supplies and equipment.

B17. Panorama Phase 1 Readiness (MOHLTC)

One-time funding for this initiative must be used for costs associated with conducting *Data Cleansing Activities and an Assessment* of the board of health's readiness to implement Phase I of Panorama (Immunization and Inventory modules). Specifically, one-time funding must be used toward short-term staffing costs to conduct the readiness assessment, data cleansing and preparatory activities, including a high-level analysis of current business processes, immunization and inventory data analysis and technology readiness for Panorama.

Those boards of health who have agreed to be *Builder and Early Adopter* partners must also use the one-time funding toward the following activities to prepare for the implementation, adoption and business transformation required for the successful rollout of Phase 1 (technical, clinical and business):

- Detailed gap/fit analysis and business process transformation planning;
- Identify and design common clinical business process and workflows;
- Determine configuration values, roles, access levels and reports;
- Develop and test use-case scenarios using sandbox environment;
- Plan for and perform data cleansing activities from immunization legacy systems;
- Transform and improve business processes based on assessments and analysis;
- Perform parallel test runs with selected samples as required;

- Prepare training needs assessment and planning;
- Ready technological infrastructure;
- Ready internal support structures for day-to-day operations when implemented; and,
- Establish lessons learned/best practices for the field.

Those boards of health who have agreed to be *Early Adopter* partners must also use the one-time funding toward the following activities:

- Perform a sample-set data conversion from immunization legacy systems.

Boards of health are also required to produce a report outlining the results of the assessment, including the following:

- Number of users expected to use each module and their roles;
- Assessment of business process and procedural readiness including high-level gap/fit analysis;
- Assessment of data cleansing and data conversion requirements and scope;
- Assessment of training needs based on users and roles;
- Assessment of technological infrastructure readiness, such as network setup and workstation compatibility;
- Assessment of necessary internal support structures to support day-to-day operations; and,
- Outline of approvals that will be required to proceed with implementation in the jurisdiction.

Please note that the government requires that the board of health confirms and reports expenditures related to this one-time grant as part of the:

- 2012 1st quarter financial report, for the period up to December 31, 2011;
- 2011 Program-Based Grants Settlement Package, for the period up to December 31, 2011;
- 2012 1st quarter financial report, for the period from January 1, 2012 to March 31, 2012; and,
- 2012 Program-Based Grants Settlement Package, for the period of January 1, 2012 to March 31, 2012. In addition to the 2012 Program-Based Grants settlement requirements, the government requires a certification from a licensed auditor that these expenses were incurred no later than March 31, 2012 through a disclosure note in the 2012 financial statements.

OTHER:

B18. Vaccine Programs (MOHLTC)

Funding on a per dose basis will be provided to boards of health for the administration of the following vaccines:

Influenza

The MOHLTC will continue to pay \$5.00/dose for the administration of the influenza vaccine. In order to claim the Universal Influenza Immunization

Program administration fee, boards of health are required to submit, as part of quarterly reports, the number of doses administered. Reimbursement by the MOHLTC will be made on a quarterly basis based on the information.

Meningococcal

The MOHLTC will continue to pay \$8.50/dose for the administration of the meningococcal vaccine. In order to claim the meningococcal vaccine administration fee, boards of health are required to submit, as part of quarterly reports, the number of doses administered. Reimbursement by the MOHLTC will be made on a quarterly basis based on the information.

Human Papilloma Virus (HPV)

The MOHLTC will continue to pay \$8.50/dose for the administration of the HPV vaccine. In order to claim the HPV vaccine administration fee, boards of health are required to submit, as part of quarterly reports, the number of doses administered. Reimbursement by the MOHLTC will be made on a quarterly basis based on the information.

SCHEDULE C-2

REPORTING REQUIREMENTS

The Board of Health is required to provide the following reports/information in accordance with the direction provided in writing by the Province:

ONGOING REPORTING REQUIREMENTS			
Due Date	Description of Item	From	To
January 31	4 th Quarter Financial Report (to December 31)	BOH	MOHLTC
January 31	Project Report for Public Health Nurses Initiative ¹	BOH	MOHLTC
January 31	Project Report for Chief Nursing Officer Initiative	BOH	MOHLTC
February 28	CINOT Expansion Budget Request	BOH	MHPS
April 01	Program-Based Grants Budget Request	BOH	MOHLTC
April 01	Valid Certificate of Insurance	BOH	MOHLTC
April 01	Implementation Plan for the Enhanced Food Safety – Haines Initiative	BOH	MOHLTC
April 01	Implementation Plan for the Enhanced Safe Water Initiative	BOH	MOHLTC
April 30	1 st Quarter Financial Report (to March 31)	BOH	MOHLTC
June 30 (or earlier if possible)	Annual Settlement Report (consisting of Audited Financial Statements, Auditor's Questionnaire with Auditor's Report, and a Certificate of Settlement) ^{2,3}	BOH	MOHLTC
July 31	2 nd Quarter Financial Report (to June 30)	BOH	MOHLTC
October 31	3 rd Quarter Financial Report (to September 30)	BOH	MOHLTC

ONGOING REPORTING REQUIREMENTS			
Due Date	Description of Item	From	To
As Requested	Needle Exchange Program Activity Reports	BOH	MOHLTC
As Requested	Infection Prevention and Control Week Report Back	BOH	MOHLTC
As Requested	Baby Friendly Initiative Designation Status Report	BOH	MHPS

ONE-TIME REPORTING REQUIREMENTS			
Due Date	Description of Item	From	To
July 31, 2011	Bed Bugs – Initial Project Report for 2011	BOH	MOHLTC
October 31, 2011	Bed Bugs – Initial Surveillance and Evaluation Report for 2011	BOH	MOHLTC
April 30, 2012	Panorama Phase 1 Readiness Report	BOH	MOHLTC
April 30, 2012	Bed Bugs - Final Surveillance and Evaluation Report for 2011	BOH	MOHLTC
April 30, 2012	Beg Bugs – Final Project Report for 2011	BOH	MOHLTC
As Requested	One-Time Funding Project Report Backs	BOH	MOHLTC & MHPS

Notes:

1 – Specific reporting requirements are outlined in the March 10, 2011 administrative letter.

2 – Annual Settlement Reports: As of 2008, the Ministries limited the re-evaluation of settlements to one year after the settlement results have been provided to the Board of Health.

3 – The Audited Financial Statements must separately identify funding provided by MOHLTC and MHPS and include a separate account of the revenues and expenditures of mandatory programs, as a whole, and each related program. This may be presented in separate schedules by program category or by separate disclosure in the notes to the Audited Financial Statements.

