AGENDA
MIDDLESEX-LONDON BOARD OF HEALTH

399 RIDOUT STREET NORTH
SIDE ENTRANCE, (RECESSED DOOR)
Board of Health Boardroom

Thursday, 7:00 p.m.
2014 November 20

MISSION - MIDDLESEX-LONDON BOARD OF HEALTH

The mission of the Middlesex-London Health Unit is to promote wellness, prevent disease and injury, and protect the public's health through the delivery of public health programs, services and research.

MEMBERS OF THE BOARD OF HEALTH

Mr. David Bolton
Ms. Denise Brown
Mr. Al Edmondson
Ms. Patricia Fulton
Mr. Marcel Meyer (Chair)
Mr. Stephen Orser (Vice Chair)
Mr. Ian Peer
Ms. Viola Poletes Montgomery
Ms. Nancy Poole
Mr. Mark Studenny
Ms. Sandy White

SECRETARY-TREASURER

Dr. Christopher Mackie

DISCLOSURE OF CONFLICTS OF INTEREST

APPROVAL OF AGENDA

APPROVAL OF MINUTES

BUSINESS ARISING FROM THE MINUTES

DELEGATIONS

7:05 – 7:15 p.m. Ms. Trish Fulton, Chair, Finance and Facilities Committee re Item #1 - Finance and Facilities Committee Meeting November 6, 2014

Item #	Report Name and Number	Link to Additional Information	Delegation	Recommendation	Information	Brief Overview
Committee Reports						
1	Finance and Facilities Committee Meeting November 6, 2014 (Report 064-14)	Appendix A Nov. 6/14 Agenda List of Proposed 2015 Meetings	x	x		To receive information and consider recommendations from the November 6th FFC meeting
Delegations and Recommendation Reports						
2	Board Of Health Member – Role Description (Report 065-14)	Appendix A		x		To provide information to the Mayor of the City of London and the Warden of the County of Middlesex so that s/he has a clear understanding of the role, responsibilities and expectation when considering an appointment to the Board of Health.
3	2014 Budget – MOHLTC Approved Grants (Report 066-14)	Appendix A Appendix B Appendix C		x		To request approval for the Board Chair to sign the Public Health Funding Accountability Agreement as appended to the report.
4	Revised Reserve/Reserve Fund Policy (Report 067-14)	Appendix A Memorandum of Agreement		x		To request Board of Health approval of the revised Policy 4-015 attached as Appendix A
5	Changes to Health Unit Insurance (Report 068-14)	this Report to be presented at the Nov. 20th Board of Health Meeting		x		To identify an appropriate insurance provider for the Health Unit.
Information Reports						
6	Provincial Government Amendments to Smoke-Free Ontario Act (Report 069-14)				x	To provide a summary of the November 2014 amendments to the Smoke-Free Ontario Act
7	Medical Officer of Health Activity Report – November (Report 070-14)				x	To provide an update on the activities of the MOH for November

CONFIDENTIAL

The Board of Health will move in camera to discuss a matter concerning labour relations or employee negotiations

OTHER BUSINESS

- All Board Members are invited to MLHU Staff Day on Thursday, November 27 at Western Fair District – 8:30 am -12:00 pm – Breakfast provided – please RSVP to Sherri
- Next Finance and Facilities Committee Meeting: Thursday, December 4, 2014 @ 9:00 a.m.
- Next Board of Health Meeting – Thursday, December 18, 2014 @ 6:00 p.m.

CORRESPONDENCE

a) Date: 2014 November 6 (Received 2014 November 10 via email)
   Topic: Insufficient Funding of the Health Babies, Healthy Children Program
   From: Chief Phyllis Williams, Chair Board of Health, Peterborough County-City Health Unit
   To: The Honourable Tracy MacCharles, Minister of Children and Youth Services

b) Date: 2014 November 7 (via email)
   Topic: New Regulation Made under the Smoke Free Ontario Act
   From: Mr. Gordon Fleming, Manager, Public Health Issues, (alPHa)
   To: All Chairs and Board of Health

Copies of all correspondence are available for perusal from the Secretary-Treasurer.

GENERATIVE DISCUSSION

Board of Health members will discuss the following question:

If the Middlesex-London Health Unit were to become the best Health Unit in Canada, what would it look like?

ADJOURNMENT

PUBLIC SESSION – MINUTES

MIDDLESEX-LONDON BOARD OF HEALTH

2014 October 16

MEMBERS PRESENT:	Mr. David Bolton Ms. Denise Brown Mr. Al Edmondson Ms. Trish Fulton Mr. Marcel Meyer (Chair) Mr. Ian Peer Ms. Viola Poletes Montgomery Ms. Nancy Poole Mr. Mark Studenny Ms. Sandy White
REGRETS:	Mr. Stephen Orser (Vice-Chair)
OTHERS PRESENT:	Dr. Christopher Mackie, Medical Officer of Health & CEO (Secretary-Treasurer) Ms. Sherri Sanders, Executive Assistant to the Board of Health (Recorder) Ms. Mary Lou Albanese, Manager, Injury Prevention and Healthy Communities Team Ms. Diane Bewick, Director, Family Health Services & Chief Nursing Officer Ms. Laura Di Cesare, Director, Human Resources and Corporate Strategy Mr. Dan Flaherty, Manager, Communications Dr. Gayane Hovhannisyan, Associate Medical Officer of Health Ms. Heather Lokko, Acting Director Oral Health, Communicable Disease and Sexual Health Services Ms. Sarah Maaten, Epidemiologist Mr. John Millson, Director, Finance and Operations Ms. Marlene Price, Manager, Vaccine Preventable Diseases Ms. Pat Simone, Manager, Emergency Preparedness Mr. Tristan Squire-Smith, Manager, Infectious Disease Control Team Mr. Alex Tyml, Online Communications Coordinator
MEDIA PRESENT:	

Mr. Marcel Meyer, Chair of the Board of Health, called the meeting to order at 7:00 p.m.

DISCLOSURES OF CONFLICT(S) OF INTEREST

Chair Meyer inquired if there were any disclosures of conflict of interest to be declared. None were declared.

APPROVAL OF AGENDA

It was moved by Mr. Studenny, seconded by Ms. Fulton *that the **AGENDA** for the October 16, 2014 Board of Health meeting be approved with the addition of a presentation re Ebola Update.*

Carried

APPROVAL OF MINUTES

It was moved by Mr. Bolton, seconded by Mr. Edmondson *that the **MINUTES** of the September 18, 2014 Board of Health meeting be approved.*

Carried

BUSINESS ARISING FROM THE MINUTES - none

DELEGATION AND RECOMMENDATION REPORTS

Item #1 Finance and Facilities Committee October 2, 2014 (059-14)

Health Unit Insurance - Policy Changes (037-14FFC)

It was moved by Ms. Fulton, seconded by Mr. Peer that the Board of Health approve that Health Unit Management investigate different insurance providers that can offer the required type of insurance coverage as appended to Report No. 037-14FFC.

Carried

Gifts & Honorariums Policy Revisions (039-14FFC)

It was moved by Ms. Fulton, seconded by Mr. Peer that the Board of Health approve the Gifts and Honorariums Policy #4-055 as appended to Report No. 039-14FFC.

Carried

2015 Board of Health Budget – Financial Parameters (041-14FFC)

It was moved by Ms. Fulton, seconded by Mr. Edmondson that the Board of Health approve that Health Unit staff prepare preliminary 2015 budget models using 0% and 1% provincial funding increases to provide comparison of impacts to municipal funding requirements.

Carried

It was moved by Ms. Fulton, seconded by Mr. Peer that the Board of Health receive Report No. 059-14 re Finance and Facilities Committee October 2, 2014, including the draft minutes of the October 2nd meeting and Reports No. 038-14FFC, 040-14FFC and 042-14FFC for information.

Carried

Item #2 2013-2014 Influenza Season Overview and 2014-2015 Community Influenza Clinics in Middlesex-London (060-14)

Mr. Tristan Squire-Smith, Manager, Infectious Disease Control Team, assisted Board members with their understanding of this report using a PowerPoint presentation (filed with minutes).

In response to a question about mandatory immunization in healthcare, Mr. Squire-Smith explained that London Health Sciences Centre is continuing its policy of requiring staff that do not get a flu shot to wear a mask during a specified season. The Minister of Health will not be working on mandatory legislation at this time.

Concern was expressed over the challenge of policing staff in acute care facilities.

In response to a question concerning the effectiveness of the flu shot in the senior populations, Ms. Marlene Price, Manager, Vaccine Preventable Diseases, reported that although the influenza vaccine is less effective in preventing the flu in the population over 65 years, the vaccine has proven to reduce the number of hospitalizations and deaths in the over 65 years old cohort.

In response to a concern that some people do not like to get needles, Ms. Price replied that a nasal mist (suitable for ages 2 – 59 years of age) will available after October 26, 2014. This mist requires a prescription from a physician and will cost approximately $30.

It was moved by Ms. White, seconded by Ms. Brown that Report No. 060-14 re 2013-2014 Influenza Season Overview and 2014-2015 Community Influenza Clinics in Middlesex-London be received for information.

Carried

Item #3 Agency Communication Campaign (Verbal Report)

Mr. Dan Flaherty, Manager, Communications, presented a PowerPoint presentation outlining the upcoming communication campaign designed to convey the importance of public health and the welcoming environment of the Middlesex-London Health Unit. During consultations with the "One Life One You" youth group, Health Unit staff were advised that any advertising should be eye catching, different, humorous and memorable. Mr. Flaherty presented the campaign images, created by Mr. Jason Micallef, Marketing Coordinator. Mr. Flaherty explained that these images had been focused tested with staff and general public in the Middlesex-London community. The campaign will be used on billboards, transit shelters, buses and YouTube advertisements, etc. Other Health Units have already expressed interest in adapting the images for their awareness campaigns. This campaign will commence the week of October 20th, 2014.

Comments and recommendations made by Board members included the following:

- Phone number could be included on the images in certain advertising locations
- Future topics could include addictions/substance misuse
- MLHU Communications could consult other Health Units, Board members and general public for future topics

It was moved by Ms. Poole, seconded by Ms. Poletes Montgomery *that Agency Communication Campaign (Verbal Report) be received for information.*

Carried

Added Agenda Item - Ebola Update (verbal)

Dr. Gayane Hovhannisyan, Associate Medical Officer of Health, presented a PowerPoint presentation to provide an update on the global Ebola virus. Dr. Hovhannisyan explained that outbreak started from one case in December of 2013.

Dr. Hovhannisyan explained that Ebola is transmitted through direct or indirect transmission of fluids or from infected needles. The virus is highly infectious during the later stages of disease. After being infected, it takes up to 21 days for symptoms to appear. Dr. Hovhannisyan also explained that protecting Health Care & Emergency Medical Services workers and managing/preventing cases will be the prime concerns in Canada and not an outbreak situation like in developing countries.

In response to a question about testing travelers between West Africa and Canada, Dr. Hovhannisyan that screening and follow-up is in place. Not all carriers of the virus can be identified coming into Canada. However, the carriers cannot transmit the disease until they show symptoms, and transmission requires direct contact of with body fluids.

In response to a question about acquiring immunity from Ebola, Dr. Hovhannisyan explained that research is being done around blood transfusions from those who have acquired immunity to the virus.
In response to a question about the response of the World Health Organization (WHO) to this outbreak, Dr. Mackie and Dr. Hovhannisyan, both expressed continuing support of WHO. Local hospitals are preparing by ensuring they have the protective gear ready and having a system to remove the protective gear without risking

infection. LHSC will be running a practice drill to identify areas of risk and concern. The **Centers for Disease Control and Prevention** (CDC) does not have a guideline for quarantining at-risk asymptomatic people. A protocol to protect all first responders (professional and volunteer) will be created to protect health care/EMS workers in Canada.

Health Unit staff will provide updates to the Board at future Board of Health meetings.

It was moved by Ms. Brown, seconded by Mr. Studenny *that the verbal update about Ebola be received for information.*

Carried

Item #4 Research and Evaluation Policy – Proposed Revisions (063-14)

Ms. Sarah Maaten, Epidemiologist, was present to answer questions about the proposed revisions to the Research and Evaluation Policy. Dr. Mackie explained that the policy is more operational in nature; therefore, staff recommend that responsibility of the approval of the policy should be revised from the Board of Health to the Senior Leadership Team. The Research Advisory Committee (RAC) reviews and approves applications using criteria developed by the Senior Leadership Team (e.g., level of risk to the organization's reputation and liability). The RAC cannot do the same work as a Research Ethics Board.

It was moved by Ms. Brown, seconded by Mr. Peer *that the Board of Health endorse the revisions to Policy 2-040 Research and Evaluation (formally named Policy 1-080 Research) including changing the approval body from Board of Health to Senior Leadership Team.*

Carried

INFORMATION REPORTS

Item #5 Summary Information Report for October 2014 (061-14)

Ms. Mary Lou Albanese highlighted that under the Ontario Cycling Strategy municipalities will be able to apply for funding to improve cycling infrastructure.

It was moved by Ms. White, seconded by Mr. Bolton *that the Board of Health receive Report 061-14 re Summary Information Report for October 2014.*

Carried

Item #6 Medical Officer of Health Activity Report – October (062-14)

It was moved by Ms. Poletes Montgomery, seconded by Mr. Peer that Report No. 062-14 re Medical Officer of Health Activity Report – October be received for information.

Carried

CORRESPONDENCE

It was moved by Mr. Peer, seconded by Ms. Poletes Montgomery *that the correspondence be received for information.*

Carried

OTHER BUSINESS

Chair Meyer reported the following upcoming meetings:

- Next Finance and Facilities Committee Meeting: Thursday, November 6, 2014 @ 9:00 a.m.
- Next Board of Health Meeting: Thursday, November 20, 2014 @ 7:00 p.m.
- Next Governance Committee Meeting: Thursday, January 15, 2015 6:00 p.m.

Ms. Brown gave her regrets for the November 20th Board of Health meeting.

GENERATIVE DISCUSSION

It was moved by Ms. Poletes Montgomery, seconded by Ms. White *that the Generative Discussion be deferred to a future Board of Health meeting.*

At 9:25 p.m., it was moved by Mr. Bolton, seconded by Mr. Peer *that the Board of Health take a five minute recess.*

Carried

At 9:30 p.m., it was moved by Mr. Bolton, seconded by Mr. Edmondson *that the Board of Health reconvene.*

Carried

At 9:31 p.m., it was moved by Ms. Fulton, seconded by Ms. Brown *that the Board of Health go in camera to discuss a matter concerning labour relations or employee negotiations.*

Carried

At 11:00 p.m., it was moved by Ms. White, seconded by Mr. Bolton *that the Board of Health return to public forum and report that a discussion took place about a matter concerning labour relations or employee negotiations.*

Carried

At 11:02 p.m., it was moved by Mr. Studenny, seconded by Ms. Fulton *that the meeting be adjourned.*

Carried

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MARCEL MEYER
Chair

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CHRISTOPHER MACKIE
Secretary-Treasurer

MIDDLESEX-LONDON HEALTH UNIT

REPORT NO. 064-14

TO: Chair and Members of the Board of Health

FROM: Christopher Mackie, Medical Officer of Health

DATE: 2014 November 20

FINANCE AND FACILITIES COMMITTEE: NOVEMBER 6, 2014 MEETING

The Finance and Facilities Committee (FFC) met at 9:15 a.m. on November 6, 2014 (Agenda). The draft public minutes are attached as Appendix A. The following items were discussed at the meeting and recommendations made:

New Business Reports	Summary of Discussion	Recommendations for Board of Health's Consideration
Reserve Fund Policy - Memorandum of Agreement (MoA) with the County of Middlesex – Verbal Update	Dr. Mackie reported that due to the change in Council, it would be difficult to present the most recent draft MoA to County Council by the end of 2014.	It was moved by Mr. Bolton, seconded by Mr. Meyer *that the Finance and Facilities Committee recommend that the Board of Health allocate 2014 funds into reserve funds in accordance with the principles of the Memorandum of Agreement through revisions to the Reserve Fund Policy.* Dr. Mackie reported that the staff recommended changes to the Reserve Fund Policy will be presented to the Board of Health for approval at the November 20th Board of Health Meeting.
Financial Update – Q3 Variance Report – (044-14FFC)	Mr. Millson reported that the Ontario Ministry of Health and Long-Term Care has communicated to the Health Unit that it will provide a 2% increase to the 2014 Cost-Shared Programs as requested during the budget process. Committee members agreed that it would be more time-effective for the Board of Health to review the Ontario Public Health Financial Agreement at its November meeting in lieu of waiting for FFC review at its December meeting.	It was moved by Mr. Bolton, seconded by Mr. Meyer *that the Finance and Facilities Committee recommend that the Board of Health receive Report No. 044-14FFC re Financial Update – Q3 Variance Report for information.*

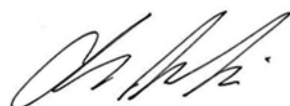
New Business Reports	Summary of Discussion	Recommendations for Board of Health's Consideration
Preschool Speech & Language Program – Base Funding Increase (046-14FFC)	MLHU has received notice of a base-funding increase for the Preschool Speech and Language program.	It was moved by Mr. Meyer, seconded by Mr. Bolton *that the Finance & Facilities Committee make the recommendation to the Board of Health to approve the $177,342 additional 100% funding from the Ministry of Children and Youth Services to reduce assessment and treatment waitlists for children in the Preschool Speech and Language program.*
Verbal update – Health Unit Insurance	Staff is continuing to seek quotes and supporting information to provide a comparison of potential insurance providers for MLHU effective January 2015.	It was moved by Mr. Meyer, seconded by Mr. Bolton *that Health Unit staff will prepare a report with a recommendation and supporting information to the Board of Health at the November 20th Board of Health meeting.*
Other Business	**Summary of Discussion**	**Recommendations for Board of Health's Consideration**
Appointments to the Finance and Facilities Committee for 2015	The Committee discussed the process for appointing Board of Health members to Standing Committees	It was agreed, that according to the Bylaws of the Board of Health, only those people appointed to the Board of Health for 2015 have the authority to determine the following: a) If any Standing Committees will be created for 2015, and b) Who from the Board of Health would be appointed to those Committees, according to the Terms of Reference for the respective Standing Committee.
Proposed Meeting Dates 2015	The Committee reviewed the proposed schedule for Finance and Facilities Committee meetings for 2015.	It was agreed that if the 2015 Board of Health agrees to appoint a Finance and Facilities Committee for 2015, the schedule would be recommended as proposed.

The Finance and Facilities Committee moved in camera to discuss an issue concerning labour relations or employee negotiations.

Next Meeting

The next meeting of the Finance and Facilities Committee is scheduled for Thursday, December 4, 2014 @ 9:00 a.m.

On behalf of the Finance and Facilities Committee members, Chair Fulton thanked Mr. Bolton for his dedication and invaluable contributions to the Board of Health from 2011-2014 and to the inaugural Finance and Facilities Committee for 2013-2014.



Christopher Mackie, MD, MHSc, CCFP, FRCPC
Medical Officer of Health

PUBLIC MINUTES
Finance and Facilities Committee
50 King Street, Room 3A
MIDDLESEX-LONDON BOARD OF HEALTH
2014 November 6 9:15 a.m.

COMMITTEE MEMBERS PRESENT:	Mr. David Bolton Ms. Trish Fulton (Chair) Mr. Marcel Meyer
REGRETS:	Mr. Stephen Orser Mr. Ian Peer
OTHERS PRESENT:	Dr. Christopher Mackie, Medical Officer of Health and CEO Mr. John Millson, Director, Finance and Operations Ms. Sherri Sanders, Executive Assistant to the Board of Health (Recorder) Mr. Al Edmondson, Member, Board of Health

At 9:15 a.m., Ms. Trish Fulton, Committee Chair, welcomed everyone to the November Finance and Facilities Committee (FFC) meeting.

1. DISCLOSURES OF CONFLICT(S) OF INTEREST

Chair Fulton inquired if there were any disclosures of conflict of interest to be declared.

Chair Fulton declared a potential conflict of interest with Report No. 046-14FFC re Preschool Speech and Language Program. The potential conflict was duly noted; however, Committee members agreed that the situation did not meet the criteria for "conflict of interest". Chair Fulton was given approval to participate in the discussion.

2. APPROVAL OF AGENDA

It was moved by Mr. Bolton, seconded by Mr. Meyer *that the* ***AGENDA*** *for the November 6, 2014 Finance and Facilities meeting be approved with the addition of a verbal update under Business Arising from the Minutes about the Reserve Fund Policy - Memorandum of Agreement with the County of Middlesex.*

Carried

3. APPROVAL OF MINUTES

It was moved by Mr. Meyer, seconded by Mr. Bolton *that the* ***PUBLIC MINUTES*** *from the October 2, 2014 Finance and Facilities Committee Meeting be approved.*

Carried

It was moved by Mr. Meyer, seconded by Mr. Bolton *that the CONFIDENTIAL MINUTES from the October 2, 2014 in camera session of the Finance and Facilities Committee be approved.*

Carried

4. BUSINESS ARISING FROM MINUTES

Reserve Fund Policy - Memorandum of Agreement (MoA) with the County of Middlesex – Verbal Update

Dr. Mackie described a meeting he had with Mr. Bill Rayburn, Middlesex County CAO. Mr. Rayburn had explained that it would be difficult to get the MoA about Reserve Funds on County Council's agenda by the end of 2014. Therefore, Dr. Mackie asked the Committee to discuss the options for a next step: 1) Change the Reserve Fund Policy to reflect the MoA or 2) Accumulate the reserves into the general reserve funds abiding by the limits of 2% per year and 10% overall or 3) Continue to pursue delegation status at a December County Council meeting.

After discussion, it was moved by Mr. Bolton, seconded by Mr. Meyer *that the Finance and Facilities Committee recommend that the Board of Health allocate 2014 funds into reserve funds in accordance with the principles of the Memorandum of Agreement through revisions to the Reserve Fund Policy.*

Carried

Dr. Mackie reported that the changes staff recommends for the Reserve Fund Policy will be presented to the Board of Health for approval at the November 20, 2014 Board of Health Meeting.

5. NEW BUSINESS

5.1. Financial Update – Q3 Variance Report – (044-14FFC)

Mr. Millson reported that the Ontario Ministry of Health and Long-Term Care has communicated to the Health Unit that it will provide a 2% increase to the 2014 Cost-Shared Programs as requested during the budget process.

Committee members agreed that it would be more time-effective for the Board of Health to review the Ontario Public Health Financial Agreement at its November meeting in lieu of waiting for the FFC to review the agreement first at its December meeting.

It was moved by Mr. Bolton, seconded by Mr. Meyer *that the Finance and Facilities Committee recommend that the Board of Health receive Report No. 044-14FFC re Financial Update – Q3 Variance Report for information.*

Carried

5.2. Healthy Smiles Ontario – One-time Funding Request (045-14FFC)

Mr. Millson and Dr. Mackie assisted Committee members with their understanding of this report.

The Finance and Facilities Committee reported that its members understand that there is a risk in continuing any program, including the 100% funded Healthy Smiles Ontario program, without the confirmed support of the funder (Ministry of Health and Long-Term Care).

It was moved by Mr. Bolton, seconded by Mr. Meyer *that the Finance & Facilities Committee recommend to the Board of Health to submit a one-time funding request to the Ministry for $75,000 to cover the expected additional costs for the Healthy Smiles Ontario as appended to Report No. 045-14FFC.*

Carried

5.3. Preschool Speech & Language Program – Base Funding Increase (046-14FFC)

It was moved by Mr. Meyer, seconded by Mr. Bolton *that the Finance & Facilities Committee makes the recommendation to the Board of Health to approve the $177,342 additional 100% funding from the Ministry of Children and Youth Services to reduce assessment and treatment waitlists for children in the Preschool Speech and Language program.*

Carried

5.4. Health Unit Insurance – Verbal Update

Mr. Millson reported that staff is continuing to seek quotes and supporting information for comparison in selecting a company to provide insurance coverage for the Health Unit commencing January 1, 2015.

It was moved by Mr. Meyer, seconded by Mr. Bolton *that Health Unit staff will prepare a report with a recommendation and supporting information to the Board of Health at the November 20th Board of Health meeting.*

Carried

6. CONFIDENTIAL

At 10:20 a.m., it was moved by Mr. Bolton, seconded by Mr. Meyer *that the Finance and Facilities Committee move in camera to discuss an issue pertaining to labour relations or employee negotiations.*

Carried

At 10: 30 a.m., it was moved by Mr. Meyer, seconded by Mr. Bolton *that the Finance and Facilities Committee rise to a public forum and report that discussion occurred about an issue pertaining to labour relations or employee negotiations.*

Carried

7. OTHER BUSINESS

7.1. Appointments to the Finance and Facilities Committee for 2015 and Beyond

The Committee discussed the process for appointing Board of Health members to Standing Committees and agreed, that according to the Bylaws of the Board of Health, only those people appointed to the Board of Health for 2015 have the authority to determine the following:

a) If any Standing Committees will be created for 2015, and
b) Who from the Board of Health would be appointed to those Committees, according to the Terms of Reference for the respective Standing Committee.

7.2. Proposed Meeting Dates 2015

The Committee reviewed the proposed schedule for Finance and Facilities Committee meetings for 2015 and agreed, that if the 2015 Board of Health agrees to appoint such a committee, the schedule be recommended as proposed.

7.3. Next FFC Meeting –Thursday, December 4, 2014 at 9:00 a.m.

The Committee agreed to meet as scheduled on Thursday, December 4, 2014 at 9:00 a.m.

On behalf of the Finance and Facilities Committee members, Chair Fulton thanked Mr. Bolton for his dedication and invaluable contributions to the Board of Health from 2011-2014 and the inaugural Finance and Facilities Committee for 2013-2014.

8. ADJOURNMENT

At 10:50 a.m., it was moved by Mr. Bolton, seconded by Mr. Meyer *that the meeting be adjourned.*

Carried

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TRISH FULTON Chair	CHRISTOPHER MACKIE Secretary-Treasurer

proposed

2015 Board of Health

Proposed Board Meeting Date	Notes
Thurs. Jan. 15/15	
Thurs. Feb. 19/15	Family Day Mon. Feb. 16
Thurs. Mar. 19/15	During March Break
Thurs. April 16/15	Good Friday Apr 3rd / Easter Monday Apr 6th
Thurs. May 21/15	Victoria Day Mon. May 18
Thurs. June 18/15	
Thurs. July 16/15	
Thurs. Aug. 20/15	
Thurs. Sept. 17/15	
Thurs. Oct. 15/15	
Thurs. Nov. 19/15	
Thurs. Dec. 10/15	

proposed

2015 Finance and Facilities Committee

Proposed FFC Meeting Date	Notes
Thurs Jan 8	
Thurs Jan 29	
Thurs Feb 12	
Thurs Mar 5	
Thurs April 2	
Thurs May 7	
Thurs June 4	
Thurs July 2	
Thurs Aug 6	
Thurs Sept 3	
Thurs Oct 1	
Thurs Nov 5	
Thurs Dec 3	

MIDDLESEX-LONDON HEALTH UNIT

REPORT NO. 065-14

TO: Chair and Members of the Board of Health

FROM: Christopher Mackie, Medical Officer of Health

DATE: 2014 November 20

BOARD OF HEALTH MEMBER – ROLE DESCRIPTION

Recommendation

It is recommended that the Board of Health approve Appendix A to Report No. 065-14, entitled Board of Health – Role Description, which is to be sent to the Mayor-Elect of the City of London and the new Warden of the County of Middlesex once selected, for consideration prior to appointment of municipal representatives to the Board of Health.

Key Points

- The Board of Health is responsible for the oversight of the Middlesex-London Health Unit and is comprised of six Municipal Representatives and five Provincial Appointees.
- Potential members of the Board of Health should have a clear understanding of the role, responsibilities and expectation when considering an appointment to the Board.

Background

The Board of Health for the Middlesex-London Health Unit is comprised of five Provincial Representatives, three Middlesex County Representatives and three City of London Representatives. Provincial Representatives are appointed for a term decided by the Lieutenant Governor in Council and Municipal Representatives are general appointed for the duration of the municipal term.

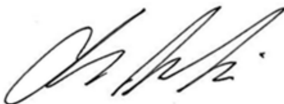
At the September 18, 2014 meeting of the Board of Health, staff were directed to develop a job description and expectations for Board of Health Members to increase awareness about the Board of Health and the Health Unit. The Governance Committee Members would then review the document electronically before it is sent to municipal decision makers.

Board of Health Responsibilities & Expectations

Appendix A describes the responsibilities and expectations of Board of Health Members. The Board of Health has a legislated duty under the *Health Protection and Promotion Act* to deliver and manage public health services in the City of London and Middlesex County. The Board may also engage in other health programs or services that it deems are necessary or desirable.

Board of Health Members are expected to have a strong commitment to public health and a clear understanding of the health unit's mandate and the programs that are provided to the community. There are additional expectations and responsibilities that help to ensure optimal performance of the Board, effective delivery of public health services, and compliance with relevant legislation and regulations.

This report was prepared by Mr. Jordan Banninga, Manager of Strategic Projects and Ms. Laura Di Cesare, Director of Human Resources and Corporate Strategy.



Christopher Mackie, MD, MHSc, CCFP, FRCPC
Medical Officer of Health

BOARD OF HEALTH – ROLE DESCRIPTION

Overall Mandate of the Board of Health

The Board of Health is responsible for public health program and service delivery, including understanding and meeting their communities' health needs and managing the delivery of services and programs. The *Health Protection and Promotion Act* (HPPA) outlines the mandated public health activities and authorizes the Board of Health to provide any other health program or service if the Board of Health is of the opinion that it is necessary or desirable.

The Board of Health is committed to good management practices and an effective organization. All programs delivered by the Board of Health aim to be based on sound evidence, epidemiological principles and a philosophy of achieving results efficiently and with accountability at all levels of the organization.

These primary duties of the Board of Health are carried out through planning and policy development, transparent fiscal management, labour relations and oversight of Health Unit operations. Day-to-day management is the responsibility of the Medical Officer of Health/Chief Executive Officer and senior staff.

Additionally, the Board of Health has two committees: the Finance and Facilities Committee (FFC) and the Governance Committee (GC). The FFC's role is to assist the Medical Officer of Health/Chief Executive Officer and senior staff in the administration and risk management of matters related to finances and the facilities of the organization. The GC's role is to assist and advise the Board of Health, Medical Officer of Health/Chief Executive Officer and senior staff in the administration and management of matters related to board membership and recruitment, board self-evaluation and governance.

Accountability

While the Board of Health is legally accountable to the Minister of Health and Long-Term Care and the people of Ontario through the Health Protection and Promotion Act, the Board also recognizes an implicit accountability to the communities of London and Middlesex.

Appointments

The Board of Health for the Middlesex-London Health Unit is comprised of five Provincial representatives appointed by the Lieutenant Governor in Council, three Middlesex County representatives appointed by the Warden of the County and three City of London representatives appointed by City Council.

Each year at its inaugural meeting, Members of the Board elect the Chair and Vice-Chair, and these positions rotate in a sequential fashion among the City, County and Provincial representatives.

Board Member Responsibilities and Expectations:

Each Board of Health Member has a responsibility to the Middlesex-London Health Unit. Consequently, members must have a strong commitment to the mandate of the Health Unit and be willing to develop an

understanding of the services and programs that the Health Unit provides and how the policy decisions of the Board of Health affect these. This requires familiarity with local resources and the changing health needs and trends of the community. Responsibilities of Members include:

- Acquiring a clear understanding of the fiscal operations and ensuring funds are adequate and responsibly spent;
- Engaging in generative thinking and planning;
- Working effectively within a group, including communicating effectively with other Board Members and staff during Board of Health and Committee meetings;
- Being supportive of the organization's mandate and management's ability to implement strategy;
- Continuing self-education, growth and understanding of public health principles; and
- Representing the Board at Health Unit, public or official functions.

To fulfill the aforementioned responsibilities, it is expected that Board of Health Members:

- Participate in orientation and annual retreats;
- Attend a minimum of 90% of regularly scheduled meetings and special sessions either in person, by telephone or other mediums available;
- Review agenda packages prior to meetings;
- Follow Board of Health bylaws, policies and procedures;
- Accurately represent decisions of the Board of Health;
- Disclose any potential conflicts of interest and remove themselves from any conversation where one may exist;
- Comply with the Board of Health Code of Conduct; and
- Meet expectations of the Ontario Public Health Organizational Standards, which establish management and governance requirements for all Boards of Health and public health units.

Remuneration & Expenses

In accordance with the HPPA, Board of Health Members are entitled to remuneration for their services at the per diem half day meeting rate of $144.16 plus reasonable and actual expenses of the Board of Health.

Members who are City Councillors do not receive an additional stipend for meetings, as their participation is included in their salary from the City. An exception is for any City Councillor who takes on the role of Chair of the Board of Health, for which compensation is provided at the rates above.

MIDDLESEX-LONDON HEALTH UNIT

REPORT NO. 066-14

TO: Chair and Members of the Board of Health

FROM: Christopher Mackie, Medical Officer of Health

DATE: 2014 November 20

2014 BUDGET – MOHLTC APPROVED GRANTS

Recommendation

It is recommended that the Board of Health approve the Public Health Funding Accountability Agreement as appended to Report No. 066-14.

Key Points

- On November 5th the Health Unit received notice of provincial grant approvals for 2014. The provincial share of the Mandatory Programs increased by 2% as anticipated.
- The 100% funding for Public Health Nursing positions received funding increases, but pressures remain. Healthy Smiles Ontario, and the Infectious Disease Control Initiative are also under pressure.
- The Public Health Funding Accountability Agreement includes a new Schedule E, relating to the requirement for the Board of Health to ensure certain financial controls exist.

2014 Provincial Grant Approval

As part of the 2014 budget process, a grant request was made to the province in early March 2014. This request was the subject of Board Report No. 015-14, “2014 Budget Overview”. On November 5th, 2014 the Board received confirmation of the approved Ministry of Health and Long-Term Care (MOHLTC) grants for the mandatory and related programs for 2014. The funding letter is attached as Appendix A. Table 1, attached as Appendix B, compares the ministry approved grants with the Board of Heath grant request for 2014.

As can be seen by reviewing Table 1, the Health Unit received the anticipated increase (2%) from the province for the delivery of the Ontario Public Health Standards (OPHS) programs. This funding represents 68.5% or $15,709,206 of the total anticipated costs for OPHS programs. The Board of Health requested 75%, or $16,805,517 which was denied as it has been since 2006.

100% Public Health Nursing Position funding

The 100% funded Public Health Nursing (PHN) positions (Infection Prevention & Control Nurse – 1.0 FTE, and 2.0 FTE under the Public Health Nurses Initiative) also received a 2% increase over the 2013 ministry approved amount. As in past years, the level of funding is not sufficient to support the wages and benefit costs of these 3.0 FTEs. The Health Unit will mitigate this situation in 2014 (shortfall of approximately $16,394) by fully utilizing the funding under the Chief Nursing Officer Initiative, which is also available to support a 1.0 FTE PHN position.

Healthy Smiles Ontario

The Healthy Smiles Ontario grant remained the same for 2014 at $783,924. This level of funding is inadequate for 2014 due to a change in eligibility and due to increased demand for dental preventative services. The Health Unit has made a one-time funding request to the MOHLTC for the anticipated shortfall, the details of which can be found in Report No. 045-FFC.

100% Infectious Disease Control Initiative

The 100% Infectious Disease Control Initiative began in 2004 just after the world was introduced to Severe Acute Respiratory Syndrome (SARS). This provincial initiative was meant to enhance infectious disease control measures across the province. In 2004, the Health Unit received $1,132,740 to support this initiative and was approved for 10.5 FTEs. At that time the funding per FTE was more than enough to fund these positions as well as other operating and start-up costs. Since then the level of funding has not kept pace with inflation. The approved provincial grant for 2014 is $1,166,722, which is not sufficient to cover salary and benefits for the 10.5 FTEs. For 2014, funding for implementation of Panorama will help offset this shortfall, however this will continue to be a pressure in future years.

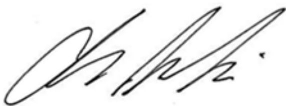
One-time Funding

The Health Unit received three grants based on business cases for one-time funding that the Health Unit submitted earlier this year. The Panorama Initiative was one of them. This initiative received $13,177 less than the previous years and this is attributed to the fact that the system has been implemented as of May 2014 and there should be less implementation costs for the remainder of the project.

New Public Health Funding Accountability Agreement

To accept the 2014 MOHLTC grants, the Board of Health must sign the Public Health Funding Accountability Agreement attached as Appendix C. The agreement provides the terms and conditions for which the grants are provided. It includes related program policies and guidelines (Schedule B-1), reporting requirements (Schedule C-1), performance obligations (Schedule D-1), and lastly new requirements for Boards of Health regarding financial controls (Schedule E-1). Report No. 038-14FFC was provided to the Finance and Facilities Committee explaining this new schedule and to report that the Health Unit is in compliance to this new requirement.

This report was prepared by Mr. John Millson, Director of Finance & Operations.



Christopher Mackie, MD, MHSc, CCFP, FRCPC
Medical Officer of Health

Ministry of Health and Long-Term Care

Executive Director's Office

Public Health Division
393 University Avenue, 21st Floor
Toronto ON M7A 2S1

Telephone: (416) 212-3831
Facsimile: (416) 325-8412

Office of the Assistant Deputy Minister

Heath Promotion Division
777 Bay Street, 19th Floor
Toronto ON M7A 1S5

Telephone: 416 326-4790
Facsimile: 416 326-4864

Ministère de la Santé et des Soins de longue durée

Bureau du directeur général

Division de la santé publique
393, avenue University, 21e étage
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Téléphone: (416) 212-3831
Télécopieur: (416) 325-8412

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OCT 3 1 2014

Dr. Christopher Mackie
Medical Officer of Health
Middlesex-London Health Unit
50 King Street
London ON N6A 5L7

Dear Dr. Mackie:

Re: Ministry of Health and Long-Term Care Agreement with the Board of Health for the Middlesex-London Health Unit (the "Board")

This letter is further to the recent letter from the Honourable Dr. Eric Hoskins, Minister of Health and Long-Term Care, in which he informed your organization that the Ministry of Health and Long-Term Care (the "ministry") will provide the Board up to $19,965,065 in base funding to support the provision of mandatory and related public health programs and services in your community, and up to $342,390 in one-time funding for the 2014-15 funding year to support projects related to the delivery of these initiatives. The base funding includes $310,362 in new base dollars effective for the 2014 funding year.

We are, therefore, pleased to provide you with two (2) copies of the Public Health Funding and Accountability Agreement ("the Agreement") containing the terms and conditions governing the funding. As you will see, the ministry is providing 2% growth funding, or less if requested, for mandatory programs, and funding for other related programs and initiatives.

We appreciate your cooperation with the ministry in managing your funding as effectively as possible. You are expected to adhere to our reporting requirements, particularly for in-year service and financial reporting, which is expected to be as timely and accurate as possible. Based on our monitoring and assessment of your in-year service and financial reporting, your cash flow may be adjusted appropriately to match actual services provided, after appropriate discussion.

.../2

Dr. Christopher Mackie

The government remains committed to eliminating the deficit by 2017-18 and therefore it is critical that you continue to manage costs within your approved budget.

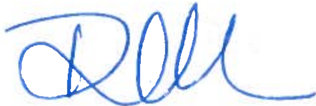
Please review the Agreement carefully and sign both copies enclosed and return both copies to:

Brent Feeney
Manager, Funding and Accountability Unit
Public Health Standards, Practice and Accountability Branch
Public Health Division, Ministry of Health and Long-Term Care
393 University Avenue, Suite 2100
Toronto ON M7A 2S1

When all the parties have signed the Agreement, the ministry will return one copy to you and will begin to flow the funds reflected in Schedule A of the Agreement.

Should you require any further information or clarification, please contact Mr. Feeney at 416-212-6397 or by email at Brent.Feeney@ontario.ca.

Yours truly,



Roselle Martino
Executive Director
Public Health Division

Olha Dobush
Interim Assistant Deputy Minister
Health Promotion Division

Enclosure

c: John Millson, Director, Finance and Operations, Middlesex-London Health Unit
Dr. David L. Mowat, Interim Chief Medical Officer of Health
Lorelle Taylor, Chief Information Officer, Health Services I&IT Cluster
Pier Falotico, Director, Financial Management Branch
Eva Roszuk, Director (A), Fiscal Oversight & Performance Branch

Appendix B

Middlesex-London Health Unit
Table 1 – 2014 Approved Provincial Grants by Program

Program	2014 BOH Request Grant	2014 Anticipated Grant	2014 MOHLTC Approved	2013 MOHLTC Approved	Increase / (Decrease)
Base Funding:					
Cost Shared Programs					
Mandatory Programs	$ 16,811,017	$ 15,709,206	$ 15,709,206	$ 15,401,182	$ 308,024
Children in Need of Treatment (CINOT) Expansion Program	67,500	67,500	67,500	55,847	11,653
Small Drinking Water Systems Program	31,737	23,900	23,900	23,900	0
Vector-Borne Diseases Program	461,967	461,967	461,967	461,967	0
100% Funded Programs/Initiatives					
Chief Nursing Officer Initiative (1.0 FTE)	119,033	119,033	121,414	119,033	2,381
Enhanced Food Safety – Haines Initiative	80,000	80,000	80,000	80,000	0
Enhanced Safe Water Initiative	35,627	35,627	35,627	35,627	0
Healthy Smiles Ontario Program	871,028	783,924	783,924	783,924	0
Infection Prevention & Control Nurses Initiative (1.0 FTE)	95,027	88,300	90,066	88,300	1,766
Infectious Disease Control Initiative (10.5 FTE)	1,211,686	1,166,722	1,166,722	1,166,722	0
Needle Exchange Program Initiative	234,991	234,991	234,991	234,991	0
Smoke-Free Ontario Strategy Initiatives	1,075,385	1,009,300	1,009,300	1,009,300	0
Social Determinants of Health Nurses Initiative	191,881	176,910	180,448	176,910	3,538
Base Funding Sub-Total	**$ 21,286,879**	**$ 19,957,380**	**$ 19,965,065**	**$ 19,637,703**	**$ 327,362**
One-Time Funding:					
Healthy Communities Fund – Partnership Stream Program (100%)	98,235	98,235	98,235	118,770	(20,535)
Panorama (100%)	230,332	230,332	217,155	230,332	(13,177)
Smoke-Free Ontario Strategy: Expanded Smoking Cessation Programming for Priority Populations	27,000	27,000	27,000	0	27,000
One-Time Funding Sub-Total	**$ 355,567**	**$ 355,567**	**$ 342,390**	**$ 349,102**	**$ (6,712)**
TOTAL	**$ 21,642,446**	**$ 20,312,947**	**$ 20,307,455**	**$ 19,986,805**	**$ 320,650**

THIS PUBLIC HEALTH FUNDING AND ACCOUNTABILITY AGREEMENT effective as of the first day of January, 2014

B E T W E E N:

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

(the "Province")

- and -

Board of Health for the Middlesex-London Health Unit

(the "Board of Health")

BACKGROUND:

The Province provides grants to the Board of Health under the *Health Protection and Promotion Act* (Act) pursuant to section 76 of that Act.

By receiving the grant under section 76 of the Act, the Board of Health is expected to deliver mandatory and related public health programs and services that meet the Ontario Public Health Standards and other requirements of the Act.

It is acknowledged that the Board of Health may provide additional programs and services in response to local needs as indicated in the Ontario Public Health Standards published under section 7 of the Act and in section 9 of the Act. Provincial funding, however, is intended to support those programs that the Board of Health is required to provide under the Act (and other programs only if specifically authorized by the Ontario Government) and is not intended to cover the potential total scope of public health programming.

Under section 81.2 of the Act, the Minister of Health and Long-Term Care may enter into an agreement with the Board of Health of the Public Health Unit for the purpose of setting out requirements for the accountability of the Board of Health and the management of the Public Health Unit.

Provincial funding for mandatory and related programs is subject to the provisions of this Agreement, which has no fixed term and may only be terminated or amended in accordance with this Agreement.

CONSIDERATION:

In consideration of the mutual covenants and agreements contained herein and for other good and valuable consideration, the receipt and sufficiency of which are expressly acknowledged, the Parties agree as follows:

ARTICLE 1
INTERPRETATION AND DEFINITIONS

1.1 **Interpretation.** For the purposes of interpretation:

(a) words in the singular include the plural and vice-versa;

(b) words in one gender include all genders;

(c) the background and the headings do not form part of this Agreement; they are for reference only and shall not affect the interpretation of this Agreement;

(d) any reference to dollars or currency shall be to Canadian dollars and currency; and,

(e) "include", "includes" and "including" shall not denote an exhaustive list.

1.2 **Definitions.** In this Agreement, the following terms shall have the following meanings:

"Act" means the *Health Protection and Promotion Act*.

"Admissible Expenditures" are those considered by the Province to be reasonable and necessary for the Board of Health to achieve and/or maintain compliance with the Ontario Public Health Standards, the Organizational Standards, this Agreement, and other requirements of the Act and regulations and, as such, are eligible for reimbursement by the Province. These expenditures must be authorized in accordance with the policies of the Board of Health, consistent with government policies, and related to the delivery of mandatory and related programs.

"Agreement" means this Agreement entered into between the Province and the Board of Health and includes all of the schedules to this Agreement listed in section 27.1 and any Amending Agreement entered into pursuant to section 3.3.

"Compliance Variance" means any of: a) non-compliance with any aspect of the Act, its regulations, the Ontario Public Health Standards, or the Organizational Standards; or, b) any other matter that could significantly affect the Board of Health's ability to perform its obligations under this Agreement.

"Effective Date" means the date set out at the top of this Agreement.

"Event of Default" has the meaning ascribed to it in section 14.1.

"Funding Year" means:

(a) in the case of the first Funding Year, the period commencing on the Effective Date and ending on the following December 31st; and,

(b) in the case of Funding Years subsequent to the first Funding Year, the period commencing on January 1st following the end of the previous Funding Year and ending on the following December 31st.

"Grant" means the grant provided to the Board of Health by the Province pursuant to section 76 of the Act and this Agreement.

"Indemnified Parties" means Her Majesty the Queen in Right of Ontario, Her ministers, agents, appointees and employees.

"Minister" means Her Majesty the Queen in Right of Ontario as represented by the Minister of Health and Long-Term Care, and **"Ministry"** shall refer to the Ministry of Health and Long-Term Care.

"Non-Admissible Expenditures" are those considered by the Province to be unrelated to the provision of mandatory and related programs, the Ontario Public Health Standards, the Organizational Standards, the requirements of this Agreement, and other requirements of the Act or that are not compatible with applicable government directives. Examples of non-admissible expenditures include, but are not limited to: sick time and vacation accruals, donations to individuals or organizations, capital fund reserves, depreciation on capital assets/amortization, gym membership fees, alcoholic beverages, and providing administrative services on behalf of third parties.

"Notice" means any communication given or required to be given pursuant to this Agreement.

"Notice Period" means the period of time within which the Board of Health is required to remedy an Event of Default, and includes any such period or periods of time by which the Province considers it reasonable to extend that time.

"Ontario Public Health Standards" means the Ontario Public Health Standards published by the Minister of Health and Long-Term Care pursuant to section 7 of the Act.

"Organizational Standards" means the Ontario Public Health Organizational Standards as released by the Province in February 2011 or as updated and as provided to the Board of Health.

"Parties" means the Province and the Board of Health.

"Party" means either the Province or the Board of Health.

"Performance Indicator" means a measure of Board of Health performance for which a Performance Target is set, and to which the Board of Health will be held accountable for achieving results under the terms of this Agreement.

"Performance Target" means a planned result for a Performance Indicator against which actual results can be compared (as further specified in Table A of Schedule "D").

“Performance Variance” means the inability to achieve a Performance Target as set out in Schedule “D”, as identified by the Province.

“Program(s)” means:

(a) Mandatory Program(s): the health programs and services the Board of Health must provide to its local communities in accordance with section 5 of the Act and the Ontario Public Health Standards;

(b) Related Program(s): the programs described in Schedule “B”; or,

(c) The Organizational Standards.

“Reports” means the reports described in Schedule “C”.

“Tangible Capital Asset” is a physical asset (e.g., building and land, information technology and telecommunications equipment, vehicles, furniture and other equipment) that has a useful life of more than one year and is used on a continuing basis for the delivery of mandatory and related programs.

“Wind-Down Amount” means the amount the Province sets if this Agreement is terminated under sections 12.3(c) or 13.2(c).

ARTICLE 2
REPRESENTATIONS, WARRANTIES AND COVENANTS

2.1 **General.** The Board of Health represents, warrants and covenants that:

(a) it is, and shall continue to be for the term of this Agreement, a validly existing legal entity with full power to fulfill its obligations under this Agreement; and,

(b) unless otherwise provided for in this Agreement, any information the Board of Health provided to the Province in support of its requests for a Grant (including information relating to any eligibility requirements) was true and complete at the time the Board of Health provided it and shall continue to be true and complete for the term of this Agreement, unless otherwise reported in writing by the Board of Health to the Province.

2.2 **Execution of Agreement.** The Board of Health represents and warrants that it:

(a) has the full power and authority to enter into this Agreement;

(b) will fulfill the obligations set out in the schedules to this Agreement in accordance with their terms;

(c) will deliver programs and services that meet the Ontario Public Health Standards published under section 7 of the Act, and will comply with the Organizational Standards; and,

(d) has taken all necessary actions to authorize the execution of this Agreement including, where required, passing a Board resolution or municipal by-law authorizing the Board of Health to enter into this Agreement with the Province.

2.3 **Governance.** The Board of Health represents, warrants and covenants that it has, and shall maintain, in writing, for the period during which this Agreement is in effect:

(a) strategies, policies, and/or procedures to ensure compliance with the Organizational Standards;

(b) a code of conduct and ethical responsibilities for the Board of Health as an organization;

(c) strategies, policies, and/or procedures to ensure the ongoing effective functioning of the Board of Health;

(d) decision-making policies, procedures and/or mechanisms;

(e) strategies, policies, and/or procedures to provide for the prudent and effective management of the Grant;

(f) strategies, policies, and/or procedures to enable the successful completion of the obligations set out in this Agreement and in the schedules to this Agreement;

(g) strategies, policies, and/or procedures to enable the timely identification of risks to the Board of Health's ability to perform its obligations under this Agreement and mechanisms/strategies to address the identified risks;

(h) strategies, policies, and/or procedures to enable the preparation and delivery of all Reports required pursuant to Article 8; and,

(i) strategies, policies and/or procedures to deal with such other matters as the Board of Health considers necessary to ensure that the Board of Health meets its obligations under this Agreement.

2.4 **Supporting Documentation.** Upon request, the Board of Health shall provide the Province with proof of the matters referred to in this Article 2.

ARTICLE 3
TERM OF THIS AGREEMENT

3.1 **Term.** The term of this Agreement shall commence on the Effective Date and shall continue unless terminated pursuant to Article 12, Article 13 or Article 14.

3.2 **Application of Schedules during Term.** A schedule, or parts of a schedule, may apply for only part of the Term of this Agreement. Where a schedule, or part of a schedule, applies for only part of the Term of this Agreement, it shall be so indicated in the schedule.

3.3 **Amendments to this Agreement during Term.** The Parties agree that amendments to the Agreement and schedules may be made, on the written consent of both Parties, during the Term of this Agreement. Without limiting the generality of the foregoing, the schedules may be amended to reflect:

(a) updated allocations in Schedule “A”;

(b) new polices and guidelines in Schedule “B”;

(c) new reporting requirements in Schedule “C”;

(d) updated Performance indicators, baselines and targets in Schedule “D”; and/or,

(e) updated financial controls in Schedule “E”.

3.4 **Additional Schedules during Term.** The Parties agree that additional schedules may be added to this Agreement on the written consent of both parties during the Term of this Agreement.

3.5 **Review of Agreement.** The Parties agree to review this Agreement every five (5) years to determine if amendments are necessary and/or appropriate.

ARTICLE 4
GRANT

4.1 **Grant Provided.** The Province shall:

(a) provide the Board of Health a Grant for the purpose of carrying out the obligations set out in the Act, the regulations under the Act, the Ontario Public Health Standards, the Organizational Standards, and this Agreement including the schedules to this Agreement; and,

(b) deposit the Grant into an account designated by the Board of Health provided that the account resides at a Canadian financial institution and is in the name of the Board of Health.

4.2 **Limitation on Payment of the Grant.** Despite section 4.1, the Province:

(a) is not obligated to provide any Grant to the Board of Health until the Board of Health provides the insurance certificate or other proof as the Province may request pursuant to section 11.2;

(b) is not obligated to provide instalments of the Grant until it is satisfied with the progress of the obligations set out in this Agreement and the schedules;

(c) may adjust the amount of the Grant it provides to the Board of Health in any Funding Year based upon the Province’s assessment of the information provided by the Board of Health pursuant to section 8.1;

(d) if, pursuant to the provisions of the *Financial Administration Act* (Ontario), the Province does not receive the necessary appropriation from the Ontario Legislature for payment under this Agreement, the Province is not obligated to make any such payment, and, as a consequence, the Province may:

  (i) reduce the amount of the Grant; or

  (ii) terminate this Agreement pursuant to section 13.1 and cease providing Grant funding for a period or periods specified by the Province; and,

(e) may withhold 1% of the bi-weekly Grant payments from the Board of Health which are specified in Schedule "A" if the Board of Health's complete quarterly financial reports and annual reconciliation reports are not submitted by the deadline specified in any Funding Year until such time as all the financial reports are provided.

4.3 **Use of Grant Funding.** The Board of Health shall:

(a) use the Grant only for the purposes of the Act and to provide or to ensure the provision of the health programs and services in accordance with sections 4, 5, 6, and 7 of the Act and for the purposes of carrying out the obligations in the schedules;

(b) use the Grant only for the provision of the Programs described in this Agreement and the schedules;

(c) carry out the obligations in the schedules:

  (i) in accordance with the terms and conditions of this Agreement; and,

  (ii) in compliance with all federal and provincial laws and regulations, all municipal by-laws, and any other orders, rules and by-laws related to any aspect of the Programs; and,

(d) spend the Grant only on Admissible Expenditures.

4.4 **No Changes.** The Board of Health shall not make any changes to schedules, the timelines and/or the use of the Grant without the prior written consent of the Province.

4.5 **Interest Bearing Account.** If the Province provides the Grant to the Board of Health prior to the Board of Health's immediate need for the Grant, the Board of Health shall place the Grant in an interest bearing account in the name of the Board of Health at a Canadian financial institution.

4.6 **Interest.** If the Board of Health earns any interest on the Grant, it must be reported. If interest income is not reported in the manner specified by the

Province, 1% of the Board of Health's cash flow may be withheld through future payments.

4.7 **No Interest Payable by Province.** The Board of Health agrees that the Province shall not pay interest on any amount to which the Board of Health may otherwise be entitled under this Agreement.

4.8 **Rebates, Credits and the Grant.** The Board of Health shall not use the Grant for any costs, including taxes, for which it has received, will receive, or is eligible to receive, a rebate, credit or refund.

4.9 **Revenues.** All revenues collected by the Board of Health for programs or services provided under the terms of this Agreement must be reported in accordance with the direction provided in writing by the Province.

ARTICLE 5
PERFORMANCE IMPROVEMENT

5.1 **Performance Improvement.** The Parties agree to adopt a proactive and responsive approach to performance improvement ("Performance Improvement Process"), based on the following principles:

(a) a commitment to continuous quality improvement;

(b) a culture of information sharing and understanding; and,

(c) a focus on risk-management.

5.2 **Performance Obligations.** The Board of Health shall use best efforts to achieve agreed upon Performance Targets for the Performance Indicators specified in Schedule "D".

5.3 **Elements of Performance Improvement Process.** The Board of Health's Performance Improvement Process shall include, but is not limited to:

(a) measuring the Board of Health's performance according to Performance Indicators set out in Schedule "D"; and,

(b) the use of tools including, but not limited to those specified in sections 5.4, 5.5, and 5.6.

5.4 **Compliance Reports.** If a Compliance Variance is identified by either the Province or Board of Health, the Board of Health shall submit in writing a completed Compliance Report to the Province as soon as possible and/or within the timeframe provided by the Province, which shall include:

(a) a description of the Compliance Variance;

(b) the cause of the Compliance Variance;

(c) an assessment of the impact of the Compliance Variance on achieving the obligations set out in this Agreement; and,

(d) a description of how the Board of Health plans to resolve the Compliance Variance and the timeline within which the Board of Health expects to resolve it.

5.5 **Performance Reports.** If a Performance Variance is identified by the Province, the Board of Health shall submit in writing a completed Performance Report upon request by the Province, within the timeframe provided by the Province. The Performance Report to the Province shall include:

(a) the cause of the Performance Variance;

(b) an assessment of the impact of the Performance Variance on program and service delivery;

(c) a description of how the Board of Health plans to resolve the Performance Variance and the timeline within which the Board of Health expects to resolve it; and,

(d) a description of how the Board of Health plans to resolve any impacts on program and service delivery and the timeline within which the Board of Health expects to resolve them.

5.6 **Action Plan.** The Province may request in writing, either before or after a Compliance Report(s) specified in section 5.4, or Performance Report(s) specified in section 5.5 has been requested or provided, that the Board of Health submit an Action Plan to address the Compliance Variance(s) or Performance Variance(s). The Action Plan shall describe:

(a) the remedial actions undertaken (or planned to be undertaken) by the Board of Health; and,

(b) the timeframe when the remedial action is expected to be completed.

5.7 **Approval of Action Plan.** The Action Plan must be approved by both the Province and the Board of Health prior to its implementation. Any revisions to the Action Plan also require the approval of both the Province and the Board of Health.

ARTICLE 6
ACQUISITION OF GOODS AND SERVICES, AND DISPOSAL OF ASSETS

6.1 **Acquisition.** If the Board of Health acquires supplies, equipment or services with the Grant, it shall do so through a process that promotes the best value for money. All procurement of goods and services should be consistent with the Organizational Standards, good procurement practices, and applicable government directives.

6.2 **Asset Management.** The Board of Health shall maintain an inventory of all Tangible Capital Assets developed or acquired with a value exceeding $5,000 or a value determined locally that is appropriate under the circumstances.

6.3 **Disposal.** The Board of Health shall not, without the Province's prior written consent, sell, lease or otherwise dispose of any asset purchased with the Grant or for which the Grant was provided, the cost of which exceeded $100,000 at the time of purchase.

ARTICLE 7
CONFLICT OF INTEREST

7.1 **No Conflict of Interest with Use of the Grant.** The Board of Health shall carry out the obligations set out in this Agreement and use the Grant without an actual, potential or perceived conflict of interest. Note that nothing in this Agreement applies to any other local or municipal conflict of interest not dealing with the use of the Grant.

7.2 **Conflict of Interest Includes.** For the purposes of this Article, a conflict of interest includes any circumstances where:

(a) the Board of Health; or,

(b) any person who has the capacity to influence the Board of Health's decisions,

has outside commitments, relationships or financial interests that could, or could be seen to, interfere with the Board of Health's objective, unbiased and impartial judgment relating to its obligations under this Agreement and the use of the Grant.

7.3 **Disclosure to Province.** The Board of Health shall:

(a) disclose to the Province, without delay, any situation that a reasonable person would interpret as either an actual, potential or perceived conflict of interest; and,

(b) comply with any terms and conditions that the Province may prescribe as a result of the disclosure. Note that the Province may determine that no further action is required if it determines that the conflict has been adequately addressed in accordance with the Board of Health conflict of interest policies.

ARTICLE 8
REPORTING, ACCOUNTING AND REVIEW

8.1 **Preparation and Submission.** The Board of Health shall:

(a) submit to the Province at the address provided in section 16.1 or at any other address specified by the Province, all Reports in accordance with the timelines and content requirements set out in Schedule "C", or in a

form as specified by the Province from time to time;

(b) submit to the Province at the address provided in section 16.1, or at any other address specified by the Province, any other reports as may be requested by the Province in accordance with the timelines and content requirements specified by the Province;

(c) ensure that all Reports and other reports are completed to the satisfaction of the Province; and,

(d) ensure that all Reports and other reports are signed on behalf of the Board of Health by an authorized signing officer.

8.2 **Record Maintenance.** The Board of Health shall keep and maintain:

(a) all financial records (including invoices) relating to the Grant in a manner consistent with generally accepted accounting principles for a period of not less than seven (7) years; and,

(b) all non-financial documents and records relating to the Grant or otherwise in connection with Article 5 (Performance Improvement) and the schedules in accordance with applicable law and Board of Health policies.

8.3 **Inspection, Audit or Investigation.** The Province, its authorized representatives and/or an independent auditor identified by the Province may, at its own expense, upon 24 hours' Notice to the Board of Health and during normal business hours, enter upon the Board of Health's premises to review the Board of Health's expenditure of the Grant and/or assess compliance with this Agreement, and for these purposes, the Province, its authorized representatives or an independent auditor identified by the Province may:

(a) inspect and copy the records and documents referred to in section 8.2;

(b) remove any copies made pursuant to section 8.3(a) from the Board of Health's premises; and/or,

(c) conduct an audit or investigation of the Board of Health in respect of the expenditure of the Grant, and/or compliance with this Agreement.

8.4 **Assessment.** The Province may carry out an assessment of the Board of Health under section 82 of the Act if the legal requirements for an assessment under that section have been met. An assessment may be conducted under the terms of that section irrespective of whether or not an inspection is conducted under section 8.3 of this Agreement.

8.5 **Disclosure.** To assist in respect of the rights set out in section 8.3, the Board of Health shall disclose any information requested by the Province, its authorized representatives or an independent auditor identified by the Province, and shall do so in a form requested by the Province, its authorized representatives or an independent auditor identified by the Province, as the case may be, subject to applicable law.

8.6 **Province Right to Request Information.** The Province may request additional information, or may request meetings with the Board of Health to support compliance with any aspect of this Agreement, subject to applicable law.

8.7 **No Control of Records.** No provision of this Agreement shall be construed so as to give the Province any control whatsoever over the Board of Health's records.

8.8 **Auditor General.** For greater certainty, the Province's rights under this Article are in addition to any rights provided to the Auditor General pursuant to section 9.1 of the *Auditor General Act* (Ontario).

ARTICLE 9
FREEDOM OF INFORMATION AND PROTECTION OF PRIVACY

9.1 **FIPPA.** The Board of Health acknowledges that the Province is bound by the *Freedom of Information and Protection of Privacy Act* (Ontario) (FIPPA) and that any information provided to the Province in connection with this Agreement may be subject to disclosure in accordance with FIPPA.

9.2 **MFIPPA.** The Province acknowledges that the Board of Health is bound by the *Municipal Freedom of Information and Protection of Privacy Act* (Ontario) (MFIPPA) and that any information provided to the Board of Health in connection with this Agreement may be subject to disclosure in accordance with MFIPPA.

9.3 **Confidentiality of records.** The Board of Health shall ensure that all personal information or personal health information in its custody or under its control is managed in accordance with the provisions of the Act and its regulations, the MFIPPA and its regulations, the *Personal Health Information Protection Act* (PHIPA) and any other applicable legislation.

ARTICLE 10
INDEMNITY

10.1 **Indemnification.** The Board of Health hereby agrees to indemnify and hold harmless the Indemnified Parties from and against any and all liability, loss, costs, damages and expenses (including legal, expert and consultant fees), causes of action, actions, claims, demands, lawsuits or other proceedings, by whomever made, sustained, incurred, brought or prosecuted, in any way arising out of or in connection with the Programs or otherwise in connection with this Agreement, unless solely caused by the negligence or wilful misconduct of the Province.

ARTICLE 11
INSURANCE

11.1 **Board of Health's Insurance.** The Board of Health represents and warrants that it has, and shall maintain for the term of this Agreement, at its own cost and expense, with insurers having a secure A.M. Best rating of B+ or greater, or the equivalent, all the necessary and appropriate insurance that a prudent person carrying out programs and services similar to the programs and services covered

by this Agreement would maintain, including commercial general liability insurance on an occurrence basis for third party bodily injury, personal injury and property damage, to an inclusive limit of not less than two million dollars ($2,000,000) per occurrence. The policy shall include the following:

(a) the Indemnified Parties as additional insureds with respect to liability arising in the course of performance of the Board of Health's obligations under, or otherwise in connection with, this Agreement;

(b) a cross-liability clause;

(c) contractual liability coverage; and,

(d) a 30-day written notice of cancellation, termination or material change.

11.2 **Proof of Insurance.** The Board of Health shall provide the Province with certificates of insurance, or other proof as may be requested by the Province, that confirms the insurance coverage as provided for in section 11.1. Upon the request of the Province, the Board of Health shall make available to the Province a copy of each insurance policy.

ARTICLE 12
TERMINATION ON NOTICE

12.1 **Termination on Notice.** The Province may terminate this Agreement at any time upon giving at least 120 days' Notice to the Board of Health.

12.2 **Termination of Specific Program.** Despite section 12.1, the Province may terminate any Program that is funded by the Grant under this Agreement with 120 days' Notice. If a Program funded by the Grant under this Agreement terminates for any reason, the Parties agree to amend this Agreement and schedules to incorporate any necessary changes to this Agreement.

12.3 **Consequences of Termination on Notice by the Province.** If the Province terminates this Agreement or a specific Program pursuant to sections 12.1 or 12.2, the Province may:

(a) cancel all further instalments of the Grant;

(b) demand the repayment of any Grant remaining in the possession or under the control of the Board of Health; and/or,

(c) assist the Board of Health to wind-down the Program, project, or other initiative purchased with the Grant; set the Wind-Down Amount; and,

(i) permit the Board of Health to offset the Wind-Down Amount against any Grant amount remaining in the possession or under the control of the Board of Health; and/or,

(ii) subject to section 4.7, provide a Grant to the Board of Health to cover the Wind-Down Amount.

ARTICLE 13
TERMINATION WHERE NO APPROPRIATION

13.1 **Termination Where No Appropriation.** If, as provided for in section 4.2(d), the Province does not receive the necessary appropriation from the Ontario Legislature for any payment the Province is to make under this Agreement, the Province may terminate this Agreement immediately by giving Notice to the Board of Health.

13.2 **Consequences of Termination Where No Appropriation.** If the Province terminates this Agreement pursuant to section 13.1, the Province may:

(a) cancel all further instalments of the Grant;

(b) demand the repayment of any Grant funds remaining in the possession or under the control of the Board of Health; and/or,

(c) assist the Board of Health to wind-down a Program, project or other initiative purchased with the Grant; set the Wind-Down Amount; and, permit the Board of Health to offset such Wind-Down Amount against the amount owing pursuant to section 13.2(b).

13.3 **No Additional Grant Funding.** For purposes of clarity, if the Wind-Down Amount exceeds the Grant remaining in the possession or under the control of the Board of Health, the Province shall not be required to provide additional Grant funding to the Board of Health.

ARTICLE 14
EVENT OF DEFAULT, CORRECTIVE ACTION AND TERMINATION FOR DEFAULT

14.1 **Events of Default.** Each of the following events may constitute at the sole option of the Province an Event of Default:

(a) the Board of Health breaches any representation, warranty, covenant or other material term of this Agreement, including failing to do any of the following in accordance with the terms and conditions of this Agreement:

(i) carry out its obligations in the schedules;

(ii) use or spend the Grant; and/or,

(iii) provide, in accordance with section 8.1, Reports or such other reports as may have been requested pursuant to section 8.1(b);

(b) the Board of Health's operations, or its organizational structure, changes so that it no longer meets one or more of the applicable eligibility requirements of the Program under which the Province provides the Grant; and/or,

(c) the Board of Health ceases to operate, is merged or otherwise dissolved.

14.2 **Consequences of Events of Default and Corrective Action.** If an Event of Default occurs, the Province may, at any time, take one or more of the following actions:

(a) initiate any action the Province considers necessary in order to facilitate the successful continuation or completion of the Board of Health's obligations under this Agreement;

(b) provide the Board of Health with an opportunity to remedy the Event of Default;

(c) suspend the payment of the Grant for such period as the Province determines appropriate;

(d) reduce the amount of the Grant;

(e) cancel all further installments of the Grant;

(f) demand the repayment of any amounts of the Grant remaining in the possession or under the control of the Board of Health that is not already promised by legal agreement that the Board of Health has with another person;

(g) demand the repayment of an amount equal to any Grant the Board of Health used for purposes not agreed upon by the Province;

(h) demand the repayment of an amount equal to any Grant the Province provided to the Board of Health; and/or,

(i) terminate this Agreement at any time, including immediately, upon giving Notice to the Board of Health.

14.3 **Opportunity to Remedy.** If, in accordance with section 14.2(b), the Province provides the Board of Health an opportunity to remedy the Event of Default, it shall provide Notice to the Board of Health of:

(a) the particulars of the Event of Default; and,

(b) the Notice Period.

14.4 **Board of Health not Remedying.** If the Province has provided the Board of Health with an opportunity to remedy the Event of Default pursuant to section 14.2(b), and:

(a) the Board of Health does not remedy the Event of Default within the Notice Period;

(b) it becomes apparent to the Province that the Board of Health cannot completely remedy the Event of Default within the Notice Period; and/or

(c) the Board of Health is not proceeding to remedy the Event of Default in a way that is satisfactory to the Province;

the Province may extend the Notice Period, or initiate any one or more of the actions provided for in sections 14.2 (a), (c), (d), (e), (f), (g), (h) and (i).

14.5 **When Termination Effective.** Termination under this Article shall take effect as set out in the Notice.

14.6 **Ministry's Rights under the Act maintained.** Nothing in this Agreement shall limit the Province's or the Chief Medical Officer of Health's rights under section 82 of the Act to conduct an assessment of the Board of Health if the conditions under that section are met.

ARTICLE 15
RETURN OF THE GRANT

15.1 **Return of The Grant.** If the Province requests in writing the repayment of the whole or any part of the Grant; due, for example, to an Event of Default; the amount requested shall be deemed to be a debt due and owing to the Province and the Board of Health shall pay the amount immediately, unless the Province directs otherwise.

15.2 **Method of Return.** The Province may recover the Grant requested in section 15.1 through a cash-flow adjustment. If a cash-flow adjustment is not possible, the Board of Health shall repay the amount payable by cheque payable to the "Ontario Minister of Finance" and mailed to the Province at the address set out in the Province's request for repayment.

15.3 **Interest on the Grant Payable.** The Province reserves the right to demand interest on any amount owing by the Board of Health at the then current rate charged by the Province on accounts receivable. Interest shall accrue 30 days after Notice has been provided under section 15.1 for repayment of the Grant.

15.4 **Unused Grant.** The Board of Health agrees that it shall report to the Province in writing any part of the Grant that has not been used or accounted for by the Board of Health, either 30 days prior to the end of the Funding Year, in the quarterly financial reports, or in a report provided as soon thereafter as possible, and when the amount of the unused Grant is known.

15.5 **Carry Over of Grant Not Permitted.** The Board of Health is not permitted to carry over the Grant from one calendar year to the next, unless pre-authorized in writing by the Province.

15.6 **Return of Unused Grant.** Without limiting any rights of the Province under Article 13, or sections 15.1 or 15.2, if the Board of Health has not spent all of the Grant allocated for the Funding Year as provided for in the schedules, the Province may:

(a) demand the return of the unspent Grant; and,

(b) adjust the amount of any further instalments of the Grant accordingly.

ARTICLE 16
NOTICE

16.1 Notice in Writing and Addressed. Notice shall be in writing and shall be delivered by e-mail, postage-prepaid mail, personal delivery or facsimile, and shall be addressed to the Province and the Board of Health respectively as set out below or as either Party later designates to the other by Notice:

To the Province:

Public Health Division
Ministry of Health and Long-Term Care

393 University Ave., Suite 2100
Toronto ON M7A 2S1

Attention:
Brent Feeney
Manager, Funding and Accountability

Fax: 416-314-7078
E-mail: brent.feeney@ontario.ca

To the Board of Health:

Board of Health for the
Middlesex-London Health Unit

50 King Street
London ON N6A 5L7

Attention:
Dr. Christopher Mackie
Medical Officer of Health

Fax: 519-663-9413
E-mail: christopher.mackie@mlhu.on.ca

16.2 **Notice Given.** Notice shall be deemed to have been received:

(a) in the case of postage-prepaid mail, seven (7) days after a Party mails the Notice; or,

(b) in the case of e-mail, personal delivery or facsimile, at the time the other Party receives the Notice.

16.3 **Postal Disruption.** Despite section 16.2(a), in the event of a postal disruption:

(a) Notice by postage-prepaid mail shall not be deemed to be received; and,

(b) the Party giving Notice shall provide Notice by personal delivery, by facsimile, or by e-mail.

ARTICLE 17
CONSENT BY PROVINCE

17.1 **Consent.** The Province may impose any terms and conditions on any consent the Province may grant pursuant to this Agreement.

ARTICLE 18
SEVERABILITY OF PROVISIONS

18.1 **Invalidity or Unenforceability of Any Provision.** The invalidity or unenforceability of any provision of this Agreement shall not affect the validity or

enforceability of any other provision of this Agreement. Any invalid or unenforceable provision shall be deemed to be severed.

ARTICLE 19
WAIVER

19.1 **Waivers in Writing.** If a Party fails to comply with any term of this Agreement, that Party may only rely on a waiver of the other Party if the other Party has provided a written waiver in accordance with the Notice provisions in Article 16. Any waiver must refer to a specific failure to comply and shall not have the effect of waiving any subsequent failures to comply.

ARTICLE 20
INDEPENDENT PARTIES

20.1 **Parties Independent.** The Board of Health acknowledges that it is not an agent, joint venturer, partner or employee of the Province, and the Board of Health shall not take any actions that could establish or imply such a relationship.

ARTICLE 21
ASSIGNMENT OF AGREEMENT OR THE GRANT

21.1 **No Assignment.** The Board of Health shall not assign any part of this Agreement or the Grant without the prior written consent of the Province.

21.2 **Agreement Binding.** All rights and obligations contained in this Agreement shall extend to and be binding on the Parties' respective heirs, executors, administrators, successors and permitted assigns.

ARTICLE 22
GOVERNING LAW

22.1 **Governing Law.** This Agreement and the rights, obligations and relations of the Parties shall be governed by and construed in accordance with the laws of the Province of Ontario and the applicable federal laws of Canada. Any actions or proceedings arising in connection with this Agreement shall be conducted in the courts of Ontario, which shall have exclusive jurisdiction over such proceedings.

22.2 **Conflicts – Ontario.** In the event of a conflict between this Agreement and the Ontario Public Health Standards, the Organizational Standards or the Act or its regulations, the Ontario Public Health Standards, Organizational Standards or the Act or its regulations prevail.

22.3 **Conflicts – Municipal.** In the event of a conflict between any requirement of this Agreement and any municipal or local requirement at law to which the Board of Health is subject, the Board of Health shall comply with the stricter requirement.

ARTICLE 23
FURTHER ASSURANCES

23.1 **Agreement into Effect.** The Board of Health shall provide such further

assurances as the Province may request from time to time with respect to any matter to which this Agreement pertains, and shall otherwise do or cause to be done all acts or things necessary to implement and carry into effect the terms and conditions of this Agreement to its full extent.

ARTICLE 24
JOINT AND SEVERAL LIABILITY

24.1 **Joint and Several Liability.** Where the Board of Health is comprised of more than one entity, all such entities shall be jointly and severally liable to the Province for the fulfillment of the obligations of the Board of Health under this Agreement.

ARTICLE 25
RIGHTS AND REMEDIES CUMULATIVE

25.1 **Rights and Remedies Cumulative.** The rights and remedies of the Province under this Agreement are cumulative and are in addition to, and not in substitution for, any of its rights and remedies provided by law or in equity.

ARTICLE 26
FAILURE TO COMPLY WITH OTHER AGREEMENTS

26.1 **Other Agreements.** If the Board of Health:

(a) has failed to comply (a **"Failure"**) with any term, condition or obligation under any other agreement with Her Majesty the Queen in the right of Ontario or a Crown agency;

(b) has been provided with notice of such Failure in accordance with the requirements of such other agreement;

(c) has, if applicable, failed to rectify such Failure in accordance with the requirements of such other agreement; and,

(d) such Failure is continuing,

the Province may suspend the payment of the Grant for such period as the Province determines appropriate.

ARTICLE 27
SCHEDULES

27.1 **Schedules.** This Agreement includes the following schedules:

(a) Schedule "A" – Program-Based Grants;

(b) Schedule "B" – Related Program Policies and Guidelines;

(c) Schedule "C" – Reporting Requirements;

(d) Schedule “D” – Performance Obligations; and,

(e) Schedule “E” – Board of Health Financial Controls.

27.2 **Purpose of Schedules.** The purpose of the schedules under this Agreement is to:

(a) specify the Grant to be allocated from the Province to the Board of Health to deliver public health programs and services that meet the Ontario Public Health Standards, the Organizational Standards, and other requirements of the Act;

(b) provide the Board of Health with further information on expectations related to the Grant;

(c) improve and strengthen the Province’s ability to effectively analyze the Board of Health’s expenditures and ensure accountability for the use of the Grant; and,

(d) contribute to a public health sector with a greater focus on performance improvement, accountability and sustainability.

ARTICLE 28
SURVIVAL

28.1 **Survival.** The provisions in Article 1, Article 4, Article 5, sections 8.1 (to the extent that the Board of Health has not provided the Reports or other reports to the satisfaction of the Province), 8.2, 8.3, 8.4, 8.5, 8.6, 8.7, 8.8, Articles 9, 10 and 11, sections 13.2, 14.2, 14.3 and 14.4, Articles 15, 18, 19, 21, 22, 24, 25, 26, 27, 28, 29 and 30, and all applicable Definitions, cross-referenced provisions and schedules shall continue in full force and effect for a period of seven years from the date of expiry or termination of the Agreement**.**

ARTICLE 29
COUNTERPARTS

29.1 **Counterparts.** This Agreement may be executed in any number of counterparts, each of which shall be deemed an original, but all of which together shall constitute one and the same instrument.

ARTICLE 30
ENTIRE AGREEMENT

30.1 **Entire Agreement.** This Agreement constitutes the entire agreement between the Parties with respect to the subject matter contained in this Agreement and supersedes all prior oral or written representations and agreements.

30.2 **Modification of Agreement.** This Agreement may only be amended by a written agreement duly executed by the Parties.

The Parties have executed this Agreement on the dates set out below.

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

______________________________ ________________
Name: Date
Title:

______________________________ ________________
Name: Date
Title:

Board of Health for the Middlesex-London Health Unit

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

______________________________ ________________
Name: Date
Title:

______________________________ ________________
Name: Date
Title:

SCHEDULE A-1
PROGRAM-BASED GRANTS

Board of Health for the Middlesex-London Health Unit

Base Funding (1)			2014 Approved Allocation
Mandatory Programs (75%)			$ 15,709,206
Chief Nursing Officer Initiative (100%)	# of FTEs	1.00	$ 121,414
Children In Need Of Treatment (CINOT) Expansion Program (75%)			$ 67,500
Enhanced Food Safety – Haines Initiative (100%)			$ 80,000
Enhanced Safe Water Initiative (100%)			$ 35,627
Healthy Smiles Ontario Program (100%)			$ 783,924
Infection Prevention and Control Nurses Initiative (100%)	# of FTEs	1.00	$ 90,066
Infectious Diseases Control Initiative (100%)	# of FTEs	10.50	$ 1,166,722
Needle Exchange Program Initiative (100%)			$ 234,991
Small Drinking Water Systems Program (75%)			$ 23,900
Smoke-Free Ontario Strategy: Prosecution (100%)			$ 25,300
Smoke-Free Ontario Strategy: Protection and Enforcement (100%)			$ 367,500
Smoke-Free Ontario Strategy: Tobacco Control Area Network - Coordination (100%)			$ 285,800
Smoke-Free Ontario Strategy: Tobacco Control Area Network - Prevention (100%)			$ 150,700
Smoke-Free Ontario Strategy: Tobacco Control Coordination (100%)			$ 100,000
Smoke-Free Ontario Strategy: Youth Tobacco Use Prevention (100%)			$ 80,000
Social Determinants of Health Nurses Initiative (100%)	# of FTEs	2.00	$ 180,448
Vector-Borne Diseases Program (75%)			$ 461,967
Sub-Total			**$ 19,965,065**

One-Time Funding (1)		2014 Approved Allocation
Healthy Communities Fund - Partnership Stream Program (100%) **(2)**		$ 98,235
Panorama (100%) **(2)**		$ 217,155
Smoke-Free Ontario Strategy: Expanded Smoking Cessation Programming for Priority Populations (100%)		$ 27,000
Sub-Total		**$ 342,390**

Total	**$ 20,307,455**

(1) Base and one-time funding is approved for the 12 month period of January 1, 2014 to December 31, 2014, unless otherwise noted.

(2) One-time funding is approved for the 12 month period of April 1, 2014 to March 31, 2015.

SCHEDULE B-1

RELATED PROGRAM POLICIES AND GUIDELINES

BASE FUNDING:

B1. Chief Nursing Officer Initiative (Public Health Division)

Under the Organizational Standards, the Board of Health is required to designate a Chief Nursing Officer. The Chief Nursing Officer role must be implemented at a management level within the Board of Health reporting directly to the Medical Officer of Health or Chief Executive Officer and, in that context, will contribute to organizational effectiveness.

The presence of a Chief Nursing Officer in the Board of Health 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,
- By enabling quality public health nursing practice.

Furthermore, the Chief Nursing Officer articulates, models and promotes a vision of excellence in public health nursing practice, which facilitates evidence-based services and quality health outcomes in the public health context.

The following qualifications are required for designation as a Chief Nursing Officer:

- Registered Nurse in good standing with the College of Nurses of Ontario;
- Baccalaureate degree in nursing;
- Graduate degree in nursing, community health, public heath, health promotion, health administration or other relevant equivalent <u>OR</u> be committed to obtaining such qualification within three (3) years of designation (this will be reviewed in 2014);
- Minimum of 10 years nursing experience with progressive leadership responsibilities, including a significant level of experience in public health; and,
- Member of appropriate professional organizations (e.g., Registered Nurses' Association of Ontario, Association of Nursing Directors and Supervisors in Official Health Agencies in Ontario-Public Health Nursing Management, etc.).

Funding for this position was originally secured through the 9,000 Nurses Initiative, a government commitment to increase the number of full-time nurses working in the Ontario healthcare sector as part of a broader health human resources strategy.

Base funding for this initiative must be used to create additional hours of nursing service (1.0 Full-Time Equivalent (FTE) minimum). Funding is for nursing salaries and benefits only and cannot be used to support operating or education costs. This funding is for the Chief Nursing Officer position and/or for nursing service to support the functions of the Chief Nursing Officer.

The Board of Health must confirm to the Province that a qualified Chief Nursing Officer has been designated and that a new public health nurse FTE has been established. In

addition, the Board of Health, at the discretion of the Province, may be required to submit to the Province an annual activity report related to the initiative confirming the maintenance of the funded 1.0 nursing FTE, and highlighting Chief Nursing Officer activities for the previous funding period. Other reports, as specified from time to time, may also be requested by the Province upon prior written notice.

B2. CINOT Expansion Program (Health Promotion Division)

The Children In Need Of Treatment (CINOT) Expansion Program provides coverage for basic dental care for children 14 through 17 years of age in addition to general anaesthetic coverage for children 5 through 13 years of age. The Board of Health must be in compliance with the Ontario Public Health Standards (OPHS) and the CINOT Protocol.

The Board 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.

The Board of Health will not be permitted to transfer any projected CINOT Expansion Program surplus to its CINOT 0-13 year old budget.

B3. Enhanced Food Safety – Haines Initiative (Public Health Division)

The Enhanced Food Safety – Haines Initiative was established to augment the 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 under the OPHS. 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.

As part of the annual Program-Based Grants budget submission process, the Board of Health is required to provide an implementation plan which should detail the objectives of the activities proposed, how the funding will be applied to meet requirements of the Food Safety Program, and how the success of the activities will be evaluated. The Board of Health is also required to submit to the Province an annual activity report, detailing the results achieved and the allocation of the funding based on the implementation plan.

B4. Enhanced Safe Water Initiative (Public Health Division)

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 under the OPHS.

Funded projects/activities must be over and above the level of activities underway or planned based on existing mandatory programs base funding.

As part of the annual Program-Based Grants budget submission process, the Board of Health is required to provide an implementation plan which should detail the objectives of the activities proposed, how the funding will be applied to meet requirements of the Safe Water Program, and how the success of the activities will be evaluated. The Board of Health is also required to submit to the Province an annual activity report, detailing the results achieved and the allocation of the funding based on the implementation plan.

B5. Healthy Smiles Ontario Program (Public Health Division)

The Healthy Smiles Ontario (HSO) Program provides prevention and basic treatment services for children and youth, from low-income families, who are 17 years of age or under, and who do not have access to any form of dental coverage. The goal of HSO is to improve the oral health of children and youth in low-income families. HSO builds upon and links with existing public health dental infrastructure to expand access to dental services for children and youth.

The core objectives of the HSO Program are: Ontario-wide oral health infrastructure development; preventive and basic treatment services for the target population; and, oral health promotion.

Base funding for this program must be used for the ongoing, day-to-day requirements associated with delivering services (both prevention and basic treatment) under the HSO Program to children and youth in low-income families. Program expense categories include:

- Salaries, wages and benefits
  - Dental care providers – clinical
  - Administration
  - Oral health staff – non-clinical

- Fee-for-service delivery

- Administrative expenses which include: building occupancy, travel, staff training and professional development, material/supplies, office equipment, professional and purchased services, communication costs, other operating, and information and information technology equipment.

- Health Promotion (including Communication Costs for Marketing / Promotional Activities)
  - Funding used to promote oral health (communication costs, include marketing / promotional activities; travel; promotional materials; and, training).
  - Funding used for marketing / promotional activities must not compromise front-line service for current and future HSO clients.
  - The Board of Health is responsible for ensuring promotional / marketing activities have a direct, positive impact on meeting the objectives of the HSO Program.

- The Board of Health is reminded that HSO promotional / marketing materials approved by the Province and developed provincially are available for use by the Board of Health in promoting the HSO Program.
- The overarching HSO brand and provincial marketing materials were developed by the Province to promote consistency of messaging, and "look and feel" across the province. When promoting the HSO Program locally, the Board of Health is requested to align local promotional products with the provincial HSO brand. When the Board of Health uses the HSO brand, please liaise with the Province's Communications and Marketing Division (CMD) to ensure use of the brand aligns with provincial standards.

Operational expenses not covered within this program include: staff recruitment incentives / billing incentives; and, client transportation. Other expenses not included within this program include oral health activities required under the OPHS.

As part of the annual Program-Based Grants budget submission process, the Board of Health is required to report on the measures listed in the HSO Program Report Template.

Other requirements of the HSO Program include:

- All revenues collected under the HSO Program (including revenues collected for the provision of services to non-HSO clients) must be reported as income (i.e. revenue collected for CINOT, Ontario Works, Ontario Disability Support Program and other non-HSO programs). Revenues must be used to offset expenditures.

- The Board of Health must use OHISS to administer the HSO Program.

- The Board 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.

- Any significant changes to the Ministry-approved HSO business model, including changes to plans, partnerships, or processes, or otherwise as outlined in the Board of Health's Ministry-approved business case and supporting documents must be approved by the Province before being implemented.

- 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.

- The Board of Health is responsible for ensuring value-for-money and accountability for public funds.

- The Board of Health must ensure that funds are used to meet the objectives of the HSO Program, with a priority to deliver dental services (both prevention and basic treatment) to HSO clients.

- The Board of Health is required to bill back the relevant programs for services provided to non-HSO clients.

B6. Infection Prevention and Control Nurses Initiative (Public Health Division)

The Infection Prevention and Control Nurses Initiative was established to support one (1) additional FTE Infection Prevention and Control Nurse for every Board of Health in the province. Funding for this position was originally secured through the 9,000 Nurses Initiative, a government commitment to increase the number of full-time nurses working in the Ontario healthcare sector as part of a broader health human resources strategy.

Base funding for the initiative must be used for the creation of additional hours of nursing service (1.0 FTE) and for nursing salaries/benefits and cannot be used to support operating or education costs. Qualifications required for these positions are:
(1) a nursing designation (Registered Nurse, Registered Practical Nurse, or Registered Nurse in the Extended Class), and (2) Certification in Infection Control (CIC), or a commitment to obtaining CIC within three (3) years of beginning of employment.

The majority of the Infection Prevention and Control Nurse's time must be spent on infection prevention and control activities. The Board of Health is required to maintain this position as part of baseline nursing staffing levels.

The Board of Health may be required at the discretion of the Province, to submit to the Province an annual activity report related to the initiative confirming the maintenance of the funded 1.0 nursing FTE, and highlighting infection prevention and control nursing activities for the previous funding period. Other reports, as specified from time to time, may also be requested by the Province upon reasonable notice.

B7. Infectious Diseases Control Initiative (180 FTEs) (Public Health Division)

In response to the SARS crisis of 2003, the Province announced that it would bolster its infection and communicable disease control and prevention capacity by increasing full-time positions for infection control practitioners in health facilities. This included 180 FTE infectious diseases control positions for local boards of health.

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 the Board of Health's ability to handle and coordinate increased activities related to outbreak management.

The Board of Health is required to remain within both the funding levels and the number of FTE positions approved by the Province.

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

The Board of Health may be required at the discretion of the Province, to submit to the Province an annual activity report related to the initiative confirming the maintenance of the funded positions, and highlighting infectious diseases control related activities for the

previous funding period. Other reports, as specified from time to time, may also be requested by the Province upon prior written notice.

B8. Needle Exchange Program Initiative (Public Health Division)

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

The Board of Health is required to submit Needle Exchange Program activity reports to the Province. Information regarding this requirement will be communicated to the Board of Health at a later date.

B9. Small Drinking Water Systems Program (Public Health Division)

Base funding for this program must be used for salaries, wages and benefits, accommodation costs, transportation and communication costs, and supplies and equipment to support the ongoing assessments and monitoring of small drinking water systems.

Under this program, public health inspectors are required to conduct new and ongoing site-specific risk assessments of all small drinking water systems within the oversight of the Board of Health; ensure system compliance with the regulation governing the small drinking water systems; and, ensure the provision of education and outreach to the owners/operators of the small drinking water systems.

B10. Smoke-Free Ontario Strategy (Health Promotion Division)

Ontario's Action Plan for Health Care, released in January 2012 as part of the government's Healthy Change Strategy, outlines the plan for Ontario to become the healthiest place in North America to grow up and grow old. The patient-centred Action Plan encourages Ontarians to take charge and improve their health by making healthier choices, and living a healthy lifestyle by preventing chronic diseases and reducing tobacco use. The Action Plan identifies the Smoke-Free Ontario Strategy as a priority for keeping Ontario healthy and articulates Ontario's goal to have the lowest smoking rates in Canada.

The Smoke-Free Ontario Strategy is a multi-level comprehensive tobacco control strategy aiming to eliminate tobacco-related illness and death by:

- Preventing experimentation and escalation of tobacco use among children, youth and young adults.
- Increasing and supporting cessation by motivating and assisting people to quit tobacco use.
- Protecting the health of Ontarians by eliminating involuntary exposure to second-hand smoke.

These objectives are supported by crosscutting health promotion approaches, capacity building, collaboration, systemic monitoring and evaluation.

The Province provides funding to the Board of Health to implement tobacco control activities that are based in best practices contributing to reductions in tobacco use rates.

Base funding for the Smoke-Free Ontario Strategy must be used in the planning and implementation of comprehensive tobacco control activities across prevention, cessation, prosecution, and protection and enforcement at the local and regional levels. The Board of Health must comply and adhere to the Smoke-Free Ontario Strategy: Public Health Unit Tobacco Control Program Guidelines. Operational expenses not covered within this program include information and information technology equipment. Specific questions about admissible expenditures should be directed to the Ministry program contact for the Smoke-Free Ontario Program.

The Board of Health is required to submit a Smoke-Free Ontario annual work plan and quarterly program activity reports to the Province on dates specified in Schedule C. Work plan and reporting templates will be provided by the Province.

Communications

1. The Board of Health shall:

(a) Act as the media focus for the Project;
(b) Respond to public inquiries, complaints and concerns with respect to the Project;
(c) Report any potential or foreseeable issues to CMD;
(d) Prior to issuing any news release or other planned communications, notify CMD as follows:
   i. News Releases – identify 5 business days prior to release;
   ii. Web Designs – 10 business days prior to launch;
   iii. Marketing Communications (e.g. pamphlets and posters) - 10 business days prior to production and 20 business days prior to release;
   iv. Public Relations Plan for Project – 15 business days prior to launch;
   v. Digital Marketing Strategy – 10 business days prior to launch;
   vi. Final advertising creative – 10 business days to final production; and,
   vii. Recommended media buying plan – 15 business days prior to launch and any media expenditures have been undertaken.
(e) Advise CMD prior to embarking on planned public communication strategies, major provider outreach activities and the release of any publications related to the Project;
(f) Ensure that any new products, and where possible, existing products related to the Project use the Ontario Logo or other Ontario identifier in compliance with the Visual Identity Directive, September 2006; and,
(g) Despite the time frames set out above for specific types of communications, all public announcements and media communications related to urgent and/or emerging Project issues shall require the Board of Health to provide the CMD with notice of such announcement or communication as soon as possible prior to release.

2. Despite the Notice provision in Article 18 of the Agreement, the Board of Health shall provide any Notice required to be given under this Schedule to the following address:

   Ministry of Health & Long-Term Care
   Communications & Marketing Division
   9th Floor, Hepburn Block, Toronto, ON M7A 1R3
   Fax: 416-327-8791, Email: Judy.Langille@ontario.ca

B11. Social Determinants of Health Nurses Initiative (Public Health Division)

The Social Determinants of Health Nurses Initiative (formerly called the Public Health Nurses Initiative) was established to support salaries and benefits for two (2) new FTE public health nursing positions for each Board of Health. Funding for these positions was originally secured through the 9,000 Nurses Initiative, a government commitment to increase the number of full-time nurses working in the Ontario healthcare sector as part of a broader health human resources strategy.

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

The Board of Health is required to adhere to the following:

- Base funding for this initiative must be used for the creation of additional hours of nursing service (2.0 FTEs);
- The Board of Health must commit to maintaining baseline nurse staffing levels and creating two (2) new public health nursing FTEs above this baseline; and,
- Base funding is for public health nursing salaries and benefits only and cannot be used to support operating or education costs.

As these are public health nursing positions, required qualifications for these positions are: (1) to be a registered nurse, and (2) to have or be committed to obtaining the qualifications of a public health nurse as specified in section 71(3) of the Health Protection and Promotion Act (HPPA) and section 6 of Ontario Regulation 566 under the HPPA.

The Board of Health may be required at the discretion of the Province, to submit to the Province an annual activity report. Other reports, as specified from time to time, may also be requested by the Province upon reasonable notice.

B12. Vector-Borne Diseases Program (Public Health Division)

Base funding for this program must be used for the ongoing surveillance, public education, prevention and control of 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:

B13. Healthy Communities Fund – Partnership Stream Program (Health Promotion Division)

The Healthy Communities Fund – Partnership Stream is a community program with the goal of improving health outcomes through the development of local healthy eating and physical activity policies.

The Board of Health will bring community partners together to implement a shared vision and key priorities, develop partnerships and networks, and mobilize their communities to create and adopt healthy public policy.

Provincial Objectives of the Partnership Stream are to:

1. Increase the number of networks, community leaders, and decision-makers involved in healthy eating and physical activity policy development.
2. Mobilize communities to foster and develop policies that make it easier for Ontarians to be healthy.
3. Enhance local capacity of networks, community leaders, and decision makers to build healthy public policies.
4. Increase the quantity and impact of sustainable local and regional policies that effectively support physical activity and healthy eating.

One-time funding for this program must only be used for program costs that further the objectives of the program and must be focused on achieving the policy development outcomes.

The following items are not eligible for Healthy Communities one-time funding:

- Staff salaries and benefits;
- Rent for office space;
- Capital expenditures, including assets such as computers;
- Infrastructure development (e.g., tennis courts, renovation and/or maintenance of facilities, such as gymnasiums, etc.);
- Administrative fees, such as those to cover the work to manage project funds or staff; and,
- Partnership development activities not related to specific policy goal(s).

As part of the annual Program-Based Grants budget submission process, the Board of Health is required to submit a Policy Development Plan to the Province. Boards of Health should reference the current Healthy Communities Fund – Partnership Stream Guidelines to support the completion of the Policy Development Plans. The Board of Health is also required to submit to the Province a mid-year and annual activity report.

Communications

1. The Board of Health shall:

    (a) Act as the media focus for the Project;
    (b) Respond to public inquiries, complaints and concerns with respect to the Project;
    (c) Report any potential or foreseeable issues to CMD;
    (d) Prior to issuing any news release or other planned communications, notify CMD as follows:
        i. News Releases – identify 5 business days prior to release;
        ii. Web Designs – 10 business days prior to launch;
        iii. Marketing Communications (e.g. pamphlets and posters) - 10 business days prior to production and 20 business days prior to release;

iv. Public Relations Plan for Project – 15 business days prior to launch;
v. Digital Marketing Strategy – 10 business days prior to launch;
vi. Final advertising creative – 10 business days to final production; and,
vii. Recommended media buying plan – 15 business days prior to launch and any media expenditures have been undertaken.

(e) Advise CMD prior to embarking on planned public communication strategies, major provider outreach activities and the release of any publications related to the Project;

(f) Ensure that any new products, and where possible, existing products related to the Project use the Ontario Logo or other Ontario identifier in compliance with the Visual Identity Directive, September 2006; and,

(g) Despite the time frames set out above for specific types of communications, all public announcements and media communications related to urgent and/or emerging Project issues shall require the Board of Health to provide the CMD with notice of such announcement or communication as soon as possible prior to release.

2. Despite the Notice provision in Article 18 of the Agreement, the Board of Health shall provide any Notice required to be given under this Schedule to the following address:

Ministry of Health & Long-Term Care
Communications & Marketing Division
9th Floor, Hepburn Block, Toronto, ON M7A 1R3
Fax: 416-327-8791, Email: Judy.Langille@ontario.ca

B14. Panorama Solution (Health Services I&IT Cluster and Public Health Division)

One-time funding for this initiative must be used for costs incurred for the Panorama Solution Phase 1 (Immunization Module, Inventory Module and Student Information Exchange Module).

Specifically, one-time funding is allocated to the Board of Health for the following Panorama Solution Phase 1 activities which include the production implementation (and upcoming releases and enhancements) of the Immunization Module and Student Information Exchange Module (STIX) along with preparing for the implementation of the Inventory Module.

- Implement required changes to business processes and workflows, as per specific Board of Health requirements;
- Implement any defined workarounds;
- Complete and execute training plans for the Immunization Module and the Student Information Exchange tool and prepare training plans for the Inventory Module;
- Maintain local training material and programs for each implemented module(s), releases and enhancements of the Panorama Solution;
- Implement internal Board of Health support model including providing the Problem Resolution Coordinator (PRC) for the Panorama Solution and ensuring integration with the Ministry's service model as described in the Service Catalogue;
- Validate Panorama Solution production roles, access levels and required reports on

an ongoing basis;

- Assign required Panorama Solution roles, responsibilities, and accounts to staff members and complete all necessary registration processes for implementation per module;
- Participate in dry runs of IRIS data migration, validate migration results, duplicate record resolution and data cleansing;
- Implement and adhere to data standards, security and privacy policies according to defined best practices;
- Conduct ongoing data quality assurance and improvement processes for the Panorama Solution, including duplicate record resolution;
- Implement and support acceptable use and auditing policies and guidelines;
- Participate in performance and functional baseline testing by participating in mock business scenarios, as required;
- Confirm appropriate privacy, security, and information management related analyses, activities and training have been executed in accordance with: the Board of Health's obligations as a Health Information Custodian under the *Personal Health Information Protection Act* (PHIPA), other applicable law and local business practices and processes;
- Implement and maintain the security and technical infrastructure required for the operation of the Panorama Solution including the approved level(s) of the supported browser(s) and the use of encrypted drives and files;
- Ensure required security and privacy measures are followed including using Secure File Transmission mechanisms for transferring data, applying password protection and encrypting devices where personal health information is involved;
- Sign required agreements for Panorama and eHealth Ontario Hosting prior to production use of Panorama Solution;
- Implement Panorama's Immunization Module and the Student Information Exchange Module (STIX) into live production use;
- Participate in the development of use-case scenarios for future enhancements and release of the Panorama Solution, as required;
- Participate in reviews of prototypes for components of the Panorama Solution;
- Participate in surveys, questionnaires and ad-hoc reviews, as required;
- Provide Subject Matter Expert Functional Testing resources for selected enhancements or releases of the Panorama Solution, as required;
- Continue post implementation participation in quality improvement through the provision of human resources to provide support within at least one (1) of the following categories:
    - Business Practices and Change Management,
    - Deployment and Release Planning,
    - Information Governance,
    - Audit Policies and Guidelines,
    - Data Standards and Reporting,
    - User Experience, and
    - Technical (IT) Experience;
- Engage in continuous review of business processes to seek improvements and efficiencies; and,
- Maintain and execute a communication/information plan for both internal staff and external stakeholders.

If the Board of Health has agreed to be a *Builder and Early Adopter* it must also use the

one-time funding toward the following activities for the Panorama Solution Phase 1 (Immunization Module, Inventory Module and Student Information Exchange Module) as noted below:

- Provide special field support services to the Province to assist with resolution of field specific issues, assessment and testing of releases and enhancements, business process improvements, innovations, testing, pilots and proof of concept activity.

The Board of Health is also required to submit to the Province an annual activity report outlining the results of the activities noted above. Information regarding the report requirements will be communicated to the Board of Health at a later date.

B15. Smoke-Free Ontario Expanded Smoking Cessation Programming for Priority Populations (Health Promotion Division)

One-time funding must be used for the purchase and provision of nicotine replacement therapy (NRT) to complement smoking cessation interventions (counseling and follow-up support) for priority populations.

The one-time funding will expand cessation services offered to priority populations identified at a higher risk of tobacco-use and help reach more Ontario smokers in quitting. One-time funding is for the purchase and provision of NRT and cannot be used to support staffing costs such as salaries and benefits.

The Board of Health is required to submit third and fourth quarter program activity reports for this project to the Province on dates specified in Schedule C. Reporting templates will be provided by the Province.

OTHER:

B16. Medical Officer of Health / Associate Medical Officer of Health Compensation Initiative (Public Health Division)

The Province has committed to provide boards of health with 100% of the additional funding required to fund eligible physicians within salary ranges associated with the Medical Officer of Health/Associate Medical Officer of Health provisions related to this payment as per the 2012 Physician Services Agreement.

Base funding for this initiative must be used to provide additional salary/benefits/stipends for the individual Medical Officer of Health, Associate Medical Officer of Health or Acting Medical Officer of Health funded under this initiative and cannot be used to support other physicians or staffing costs. Any funding for additional compensation is made via an application process separate from the Program-Based Grants budget submission process.

The Board of Health is required to notify the Province in the case of any change in an eligible physician's base salary, benefits, FTE and/or position status as this may impact the total amount of additional compensation granted in that year.

B17. Vaccine Programs (Public Health Division)

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

Influenza

The Province will continue to pay $5.00/dose for the administration of the influenza vaccine. In order to claim the UIIP administration fee, the Board of Health is required to submit, as part of the quarterly financial reports, the number of doses administered. Reimbursement by the Province will be made on a quarterly basis based on the information.

Meningococcal

The Province will continue to pay $8.50/dose for the administration of the meningococcal vaccine. In order to claim the meningococcal vaccine administration fee, the Board of Health is required to submit, as part of the quarterly financial reports, the number of doses administered. Reimbursement by the Province will be made on a quarterly basis based on the information.

Human Papilloma Virus (HPV)

The Province will continue to pay $8.50/dose for the administration of the HPV vaccine. In order to claim the HPV vaccine administration fee, the Board of Health is required to submit, as part of the quarterly financial reports, the number of doses administered. Reimbursement by the Province will be made on a quarterly basis based on the information.

The Board of Health is required to ensure that the vaccine information submitted on the quarterly financial reports accurately reflects the vaccines administered and reported on the Vaccine Utilization database.

SCHEDULE C-1

REPORTING REQUIREMENTS

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

ONGOING FINANCIAL AND PROGRAM REPORTING REQUIREMENTS	
Name of Report	**Due Date**
1. 4th Quarter Financial Report (for the period ending December 31st)	January 31st
2. Enhanced Food Safety – Haines Initiative Annual Activity Report (for the period of January 1st to December 31st)	January 31st
3. Enhanced Safe Water Initiative Annual Activity Report (for the period of January 1st to December 31st)	January 31st
4. Financial Controls Checklist	January 31st (beginning 2015)
5. Smoke-Free Ontario 4th Quarter (Final) Program Activity Report (for the period ending December 31st)	February 15th
6. Program-Based Grants Budget Request and Supporting Documentation[1]	March 1st
7. 1st Quarter Financial Report (for the period ending March 31st)	April 30th
8. Smoke-Free Ontario 1st Quarter Program Activity Report (for the period ending March 31st)	April 30th
9. Annual Reconciliation Report and Auditors' Management Letter issued to the Board of Health[2, 3]	May 31st
10. 2nd Quarter Financial Report (for the period ending June 30th)	July 31st
11. Smoke-Free Ontario 2nd Quarter (Interim) Program Activity Report (for the period ending June 30th)	July 31st
12. 3rd Quarter Financial Report (for the period ending September 30th)	October 31st
13. Smoke-Free Ontario 3rd Quarter Program Activity Report (for the period ending September 30th)	October 31st
14. Smoke-Free Ontario Annual Work Plan	November 15th
15. Base Funding Activity Reports	As Requested

PERFORMANCE IMPROVEMENT REPORTING REQUIREMENTS	
Name of Report	**Due Date**
1. Year-end Reporting on Achievement of Performance Indicators for Prior Year	January 31st or As Required
2. Mid-year Reporting on Achievement of Performance Indicators for current year	July 31st or As Required
3. Compliance Reporting (as per a Compliance Variance in section 5.4)	As Required
4. Performance Reporting (as per a Performance Variance in section 5.5)	As Requested
5. Monitoring Indicator Reporting[4]	As Required

ONE-TIME REPORTING REQUIREMENTS[5]	
Name of Report	**Due Date**
1. Healthy Communities Fund – Partnership Stream Program Mid-Year Activity Report (for the period ending September 30, 2014)	October 31, 2014
2. Smoke Free Ontario Expanded Smoking Cessation Programming for Priority Populations 3rd Quarter Program Activity Report (for the period ending September 30, 2014)	October 31, 2014
3. Smoke Free Ontario Expanded Smoking Cessation Programming for Priority Populations 4th Quarter Program Activity Report (for the period ending December 31, 2014)	January 31, 2015
4. Panorama Plan Annual Activity Report (for the period of April 1st to March 31st)	April 30, 2015
5. Healthy Communities Fund – Partnership Stream Program Annual Activity Report (for the period of April 1st to March 31st)	May 15, 2015
6. One-Time Funding Project Activity Reports	As Requested

Notes:

1. Please refer to the current Program-Based Grants User Guide for further details on the supporting documentation required.

2. The re-evaluation of annual reconciliations by the Province is limited to one (1) year after the annual reconciliations have been provided to the Board of Health.

3. The Audited Financial Statements must include a separate account of the revenues and expenditures of mandatory programs, as a whole, and each "related" program. This must be presented in separate schedules by program or initiative category or by separate disclosure in the notes to the Audited Financial Statements. It is not necessary to identify the revenues and expenditures of the individual programs within mandatory programs, but each of the "related" programs must be identified separately.

4. Monitoring Indicators are measures for monitoring risks related to program delivery. Definitions for current Monitoring Indicators are provided in the Technical Document: Health Protection Indicators and the Technical Document: Health Promotion Division 2014 Public Health Funding and Accountability Agreement Indicators.

5. For a one-time project(s) approved for the period up to March 31, 2015, the Board of Health is required to confirm and report expenditures related to the project(s) as part of the: 2014 Program-Based Grants Annual Reconciliation Package, for the period up to December 31, 2014; 2015 1st Quarter Financial Report for the period up to December 31, 2014 and the period of January 1, 2015 to March 31, 2015; and, 2015 Program-Based Grants Annual Reconciliation Package for the period of January 1, 2015 to March 31, 2015. In addition to the 2015 Program-Based Grants Annual Reconciliation requirements, the Province requires a certification from a licensed auditor that the expenses were incurred no later than March 31, 2015 through a disclosure in the notes to the 2015 Audited Financial Statements.

SCHEDULE D-1

PERFORMANCE OBLIGATIONS

PART A

PURPOSE OF SCHEDULE

To set out Performance Indicators to improve Board of Health performance, support the achievement of improved health outcomes in Ontario, and establish performance obligations for both parties.

PART B

Definitions

1. In this Schedule, the following terms have the following meanings:

   "**Board of Health Baseline**" means the result for a performance indicator at a given point in time that provides a starting point for establishing Performance Targets for future Board of Health performance and for measuring changes in such performance.

   "**Developmental Indicator**" means a measure of performance or an area of common interest for creating a measure of performance that requires development due to factors such as, but not limited to: the need for new data collection, methodological refinement, testing, consultation or analysis of reliability, feasibility or data quality before being considered as a potential Performance Indicator.

FUNDING YEAR 2014

1. The **Province** will:

   (a) Provide to the Board of Health technical documentation on the Performance Indicators set out in Table A.

   (b) Provide to the Board of Health the values for the Performance Indicators set out in Table A as available.

   (c) Collaborate on the development of Developmental Indicators for areas of mutual interest including, but not limited to:

(i) Assess the effectiveness of public health unit partnerships regarding falls prevention: using a partnership evaluation tool;

(ii) Track progression on local alcohol policy development: policies that create or enhance safe and supportive environments;

(iii) Tobacco Prevention: Level of Achievement of Tobacco Use Prevention in Secondary School: progress towards implementation of tobacco-free living initiatives within secondary schools;

(iv) Obesity Prevention: Policy & Environmental Support Status: healthy eating and physical activity policy development and the creation of supportive environments that will help to reduce childhood obesity;

(v) Growth and Development – Parent access to the Nipissing District Developmental Screen™: promotion and implementation of healthy growth and development screen;

(vi) N. gonorrhea cases treated according to recommended Ontario treatment guidelines; and,

(vii) Implementation of infection control measures to address outbreaks.

2. The **Board of Health** will,

(a) Use best efforts to achieve agreed upon Performance Targets for the Performance Indicators set out in Table A.

3. **Both Parties** will,

(a) By December 2014 (or by such later date as mutually agreed to by the Parties), establish appropriate Board of Health Baselines for all Performance Indicators as required and available.

(b) Develop Performance Targets for the Performance Indicators outlined in Table A (as applicable) once Board of Health Baselines are established.

Table A: Performance Indicators				
INDICATOR			**Year**	**Value**
1.2 Fall-related emergency visits in older adults aged 65+		Baseline	2013	TBD
		Target	2016	TBD
1.3 % of youth (ages 12-18) who have never smoked a whole cigarette		Baseline	2012 & 2013 combined	TBD
		Target	2016	TBD
1.4 % of tobacco vendors in compliance with youth access legislation at the time of last inspection		Baseline	2013	99.7%
		Target	2014	≥90%
1.5 % of secondary schools inspected once per year for compliance with section 10 of the *Smoke-Free Ontario Act* (SFOA)		Baseline	2014	TBD
		Target	2015	100.0%
1.6 % of tobacco retailers inspected for compliance with section 3 of the *Smoke-Free Ontario Act* (SFOA)		Baseline	2013	92.6%
		Target	2014	100.0%
1.7 % of tobacco retailers inspected once per year for compliance with display, handling and promotion sections of the *Smoke-Free Ontario Act* (SFOA)		Baseline	2013	97.2%
		Target	2014	100.0%
1.8 Oral Health Assessment and Surveillance: % of all JK, SK and Grade 2 students screened in all publicly funded schools	A) % of Schools Screened	Baseline	Sept. 2013 -June 2014	100.0%
		Target	Sept. 2014 -June 2015	100.0%
	B) % of JK, SK & Grade 2 Students Screened	Baseline	Sept. 2013 -June 2014	92.9%
		Target	Sept. 2014 -June 2015	100.0%
1.9 Implementation status of NutriSTEP® Preschool Screen		Baseline	2013	Initiation
		Target	2014	Preliminary
1.10 Baby-Friendly Initiative (BFI) Status		Baseline	2013	Advanced
		Target	2014	Designated

Table A: Performance Indicators			
INDICATOR		**Year**	**Value**
2.1 % of high-risk food premises inspected once every 4 months while in operation	Baseline	2013	99.7%
	Target	2014	100.0%
2.2 % of moderate-risk food premises inspected once every 6 months while in operation	Baseline	2013	97.3%
	Target	2014	100.0%
2.3 % of Class A pools inspected while in operation	Baseline	2013	100.0%
	Target	2014	100.0%
3.1 % of personal services settings inspected annually	Baseline	2013	100.0%
	Target	2014	100.0%
3.2 % of suspected rabies exposures reported with investigation initiated within one day of public health unit notification	Baseline	2014	TBD
	Target	2015	n/a
4.1 % of HPV vaccine wasted that is stored/administered by the public health unit	Baseline	2012/13	0.0%
	Target	2014/15	0.0%
	Target	2015/16	0.0%
4.2 % of influenza vaccine wasted that is stored/administered by the public health unit	Baseline	2012/13	0.2%
	Target	2014/15	0.2%
	Target	2015/16	0.2%
4.3 % of refrigerators storing publicly funded vaccines that have received a completed routine annual cold chain inspection	Baseline	2013	97.1%
	Target	2014	100.0%

SCHEDULE E-1

BOARD OF HEALTH FINANCIAL CONTROLS

Financial controls support the integrity of the Board of Health's financial statements and support the safeguarding of assets and assist with the prevention and/or detection of significant errors including possible fraud. The following control criteria ensure financial transactions include the following attributes:

- **Completeness** – all financial records are captured and included in the Board of Health's financial reports;
- **Accuracy** – the correct amounts are posted in the correct accounts;
- **Authorization** – the correct levels of authority (i.e. delegation of authority) are in place to approve payments and corrections including data entry and computer access;
- **Validity** – invoices received and paid are for work performed or products received and the transactions properly recorded;
- **Existence** – of assets and liabilities and adequate documentation exists to support the item;
- **Error Handling** – errors are identified and corrected by those who have proper authority;
- **Segregation of Duties** – to ensure certain functions are kept separate to support the integrity of transactions and the financial statements; and,
- **Presentation and Disclosure** – timely preparation of financial reports in line with the approved accounting method (e.g., Generally Accepted Accounting Principles (GAAP)).

The Board of Health is required to adhere to the principles of financial controls, as detailed above. The Board of Health is required to have financial controls in place to meet the following objectives:

1. **Controls that support the collection of accurate and complete financial information.**

   Examples of potential controls to support this objective include, but are not limited to:
   - Numbered documents such as sequentially numbered cheques to avoid duplication.
   - All accounts reconciled on a regular and timely basis.
   - Automated controls such as valid date ranges, dollar value limits.
   - Regular comparison of budgeted versus actual dollar spending and variance analysis.
   - Documented policies and procedures and clearly defined lines of authority for approving payments (e.g., documented Delegation of Authority).
   - Exception reports and the timeliness to clear transactions.
   - Segregation of duties (e.g., ensure the same person is not responsible for ordering, recording and paying for purchases).
   - System batch totals.

2. **Chart of accounts that are used to correctly record financial transactions.**

   Examples of potential controls to support this objective include, but are not limited to:
   - An authorized chart of accounts.
   - Use of a capital asset ledger.
   - Dedicated staff with authority to approve journal entries and credits.
   - Access to accounts is appropriately restricted.
   - Budget to actual comparisons (variance analysis) including cash flow analysis.
   - Trial balances including all asset accounts that are prepared and reviewed by supervisors on a monthly basis.

3. **Receivable balances are collected on a timely basis.**

   Examples of potential controls to support this objective include, but are not limited to:
   - Independent review of an aging accounts receivable report to ensure timely clearance of accounts receivable balances.
   - Separate accounts receivable function from the cash receipts function.
   - Reconcile trial balances with general ledger control accounts on a regular and timely basis.
   - Original source documents are maintained and secured to support all receipts and expenditures.

4. **Goods are purchased, received and accounted for and paid by someone with proper authority.**

   Examples of potential controls to support this objective include, but are not limited to:
   - Segregation of duties is used to apply the three way matching process (i.e. Supplier invoices are 1) matched with the applicable authorized purchase order, 2) matched with applicable validated packing slips, 3) reviewed for accuracy).
   - Duties are segregated with respect to those who set up a vendor versus those approving payment to the vendor, and those receiving goods.
   - Any discounts are accounted for (and recorded in accounts receivable); processes in place to take advantage of offered discounts.
   - Trial balance of accounts payable is reconciled to the general ledger control account on a regular and timely basis.
   - Evidence is on file to support the proper reimbursement of expenses (i.e. they've been submitted properly along with receipts with approval for payment and fall within internal policies and procedures).
   - Original source documents are maintained and secured to support all receipts and expenditures.
   - Regular monitoring to ensure compliance with applicable directives.
   - Monitoring for duplicate payments (e.g., invoice stamped as paid and matched with cheque copy, system controls or manual controls to ensure that duplicate invoices cannot be processed as well as proper and diligent review of invoices by authorized approver – oversight role).
   - Credit card expenses are monitored and authorized before payment is made.
   - Monitoring of breaking down large dollar purchases into smaller invoices in an attempt to bypass approval limits.

5. **Policy and procedures that prevent the event of potential errors, omissions or fraud through disbursement of funds including payroll.**

   Examples of potential controls include, but are not limited to:
   - General policies defining dollar limit for paying cash versus cheque.
   - Separate roles to approve purchases versus paying for purchases along with authorized dollar limits.
   - Cheques are sequentially numbered and access is restricted to those with authorization to issue payments.
   - All cancelled or void cheques are accounted for along with explanation for the cancellation.
   - A process is in place for accruing liabilities.
   - Stale-dated cheques are followed up on and cleared on a timely basis.
   - Bank statements and cancelled cheques are reviewed on a regular and timely basis by a person other than the person processing the cheques / payments.
   - Bank reconciliations occur monthly for all accounts and are independently reviewed by someone other than the person authorized to sign cheques.
   - Separate payroll preparation, disbursement and distribution functions.

6. **Accounting functions including authorizing and processing a financial transaction, recording and holding assets are segregated to substantially reduce the risk of misappropriation of funds.**

   Examples of potential controls include, but are not limited to:
   - Separating responsibilities between:
     - The person who records transactions and the person who is responsible for purchasing;
     - The person who handles accounts payable and the individual(s) who signs cheques;
     - The person who records invoices and accounts receivable and the person who opens the mail and makes bank deposits;
     - Record keeping is separate from operations and/or the handling and custody of assets; and,
     - Bookkeeper’s duties exclude receiving cash or cheques, preparing bank deposits, signing cheques, and opening incoming mail.
   - Audit trails support the monitoring of transactions including those with override capabilities and the opportunity to spot-check for unauthorized activity.
   - Audit trails of recorded overrides are monitored by individuals who do not hold override capability and are responsible for overseeing the financial activities of the Board of Health.

MIDDLESEX-LONDON HEALTH UNIT

REPORT NO. 067-14

TO: Chair and Members of the Board of Health

FROM: Christopher Mackie, Medical Officer of Health

DATE: 2014 November 20

REVISED RESERVE / RESERVE FUND POLICY

Recommendation

It is recommended that the Board of Health approve the revised Policy 4-015 – "Reserve / Reserve Fund Policy" as appended to Report No. 067-14.

Background

Staff are recommending revisions to the Health Unit policy for establishing and maintaining Reserve / Reserve Funds. Attached as Appendix A are the proposed changes. Further details will be provided at the November 20th Board of Health meeting.

This report was prepared by Mr. John Millson, Director, Finance & Operations.

Christopher Mackie, MD, MHSc, CCFP, FRCPC
Medical Officer of Health

MIDDLESEX-LONDON HEALTH UNIT

ADMINISTRATION MANUAL

SUBJECT: **RESERVE / RESERVE FUNDS** **POLICY NUMBER:** 4-015
SECTION: Financial Management

IMPLEMENTATION DATE: November 20, 2014 **APPROVED BY:** Board of Health
REVISION DATE: N/A **SIGNATURE:**

PURPOSE

The purpose of this policy is to provide a process for establishing, maintaining, and using reserves and reserve funds.

The maintenance of a reserve and reserve funds is an acceptable business practice, and will help protect the Health Unit and its funders from future funding liabilities. In order for the Health Unit to address one-time or short-term expenditures, either planned or unplanned, which arises, it is necessary to maintain reserve and/or reserve funds.

POLICY

The Health Unit will attempt to offset any unexpected expenditures within the annual operating budget for all Heath Unit programs where possible without jeopardizing programs.

The Health Unit will, where possible, leverage the use of reserve and reserve funds for requesting funding grans from provincial funders or other sources.

Establishment of Reserves and Reserve Funds

Any reserve and reserve fund will be established by resolution of the Board of Health which will provide the purpose or use, maximum contributions, and expected timelines for contributions and drawdowns.

Any reserve or reserve fund is to be held in an interest-bearing account at a Canadian Chartered Bank with the same signing officers as other Health Unit bank accounts.

Contributions / Drawdowns

Any planned contributions and drawdowns to the reserve or reserve funds will be included in the annual operating budget approved by the Board of Health. Any audited unexpended municipal funds are eligible for transfer to a reserve or reserve fund by resolution of the Board of Health subject to consultation with municipal councils.

Any unplanned withdrawals from the reserve or reserve funds will be approved by resolution of the Board of Health.

Any contributions to or drawdowns from reserve or reserve funds that include funding from municipal sources will be made using the same municipal apportionment used for funding public health programs.

Limits

The maximum contributions to a reserve fund shall be the amount required to fulfill the specific requirement.

The maximum contributions to reserves for any particular operating year shall be 2% of gross revenues found on the annual statement of operations of the audited financial statements.

The maximum cumulative reserves shall be 10% of gross revenues found on the annual statement of operations of the audited financial statements.

Annual Reporting

An annual report will be provided to the obligated municipalities outlining the transactions of the reserve and reserve funds during the previous year. Where possible, planned or future contributions and drawdowns will be included.

DEFINITIONS

Reserves: are amounts set aside by resolution of the Board of Health that are carried year to year mainly as contingencies against unforeseen events or emergencies.

Reserve Funds: are amounts set aside for specific purposes by resolution of the Board of Health. They are carried from year to year unless consumed or formally closed.

DRAFT: September 8, 2014
Memorandum of Agreement

Between

Middlesex-London Health Unit
(Hereinafter Referred to as the "Health Unit")

And

The Corporation of the City of London

It is recognized that the maintenance of a reserve and reserve funds is an acceptable business practice, and will help protect the Health Unit and its funders from future funding liabilities. In order for the Health Unit to address one-time or short-term expenditures, either planned or unplanned, which arise, it is necessary to maintain reserves and/or reserve funds.

In accordance to Health Unit Policy #4-015 any reserve and/or reserve funds will be established by resolution of the Board of Health which will provide the purpose or use, maximum contributions, and expected timelines for contributions and withdrawals. As of the date of this agreement, the following reserve and reserve funds are currently being maintained:

- Funding Stabilization Reserve
- Sick Leave Reserve Fund
- Dental Treatment Reserve Fund
- Environmental Reserve Fund
- Technology & Infrastructure Reserve Fund
- Wage Stability Reserve Fund

It is understood that the Health Unit will attempt to offset any unexpected expenditures within their annual operating budget for all Health Unit programs, where possible without jeopardizing programs.

It is further understood that the Health Unit will, where possible, leverage the use of reserve and reserve funds by requesting funding grants from provincial funders or other sources.

Any planned contributions and drawdowns to the reserve or reserve funds will be included in the annual operating budget approved by the Board of Health. Any audited unexpended municipal funds are eligible for transfer to a reserve or reserve fund by resolution of the Board of Health subject to consultation with municipal councils.

Any contributions to reserve or reserve funds that include funding from municipal sources will be made using the same municipal apportionment used for funding public health programs. The current apportionment used is the percentage of population method.

It is agreed that the reserve which is presented in the audited financial statements will be capped at 10% of the Health Unit's total gross revenues found on the statement of operations of the audited financial statements. It is further agreed that annual contributions will be capped to 2% of the Health Unit's total gross revenues found on the statement of operations of the audited financial statements.

It is agreed that in the case of reserve funds, there is no cap on annual contributions; however, the maximum contributions shall equal the estimated amount of the commitment or requirement specified.

Any excess unexpended municipal funds above the amount transferred annually to a reserve and/or reserve funds will be returned to the obligated municipality at their respective rate following the approval of the annual financial statements.

In accordance to Health Unit Policy #4-015 any withdrawal from a reserve or reserve fund will be made by a Board of Health resolution.

The Health Unit will provide an annual report to the obligated municipalities outlining the transactions of the reserve and reserve funds during the previous year. Where possible, planned or future contributions and drawdowns will be described in the annual report.

In the event that municipal funding obligations terminate under the Health Protection & Promotion Act, the Health Unit will return all remaining municipal reserves / reserve funds at their respective rate.

IN WITNESS THEREOF, the parties have executed this Agreement, dated at,______________________, Ontario this _____ day of _______________, 2014.

The Corporation of the City of London:	**Middlesex-London Health Unit:**
1) ______________________	1) ______________________
Signature	Signature
______________________	Mr. Marcel Meyer, Chair – Board of Health
Name, Title	Name, Title
2) ______________________	2) ______________________
Signature	Signature
______________________	Dr. Christopher Mackie, Secretary-Treasurer
Name, Title	Name, Title

MIDDLESEX-LONDON HEALTH UNIT

REPORT NO. 069-14

TO: Chair and Members of the Board of Health

FROM: Christopher Mackie, Medical Officer of Health and CEO

DATE: 2014 November 20

PROVINCIAL GOVERNMENT AMENDMENTS TO *SMOKE-FREE ONTARIO ACT*

Recommendation

It is recommended that Report No. 069-14 re Provincial Government Amendments to Smoke-Free Ontario Act be received for information.

Key Points

- Effective January 1st, 2015, it will be illegal to: smoke on bar and restaurant patios; smoke within 20 meters of recreational amenities, sports fields and spectator areas on publicly-owned land; and sell tobacco on post-secondary educational campuses, in elementary and secondary schools, and in day nurseries.
- The regulatory amendments ensure that all Ontario communities have the benefit of the same level of protection from exposure to second-hand smoke and tobacco use.
- Over the next few months, the Health Unit will work together with our municipal and provincial partners to support the smooth implementation of the new requirements under the *Act.*

Background

Tobacco use remains the leading cause of preventable disease and death in Canada. Tobacco-related disease costs Ontario's healthcare system an estimated $2.2 billion in direct health care costs and an additional $5.3 billion in indirect costs such as lost productivity. To reduce the burden of illness from tobacco use and to meet the Ontario Government's goal of achieving the lowest smoking rate in Canada, smoking rates need to continue to decline, tobacco prevention efforts need to be sustained and people need to be protected from exposure to tobacco product use and tobacco smoke. Based on recent research about the harmful effects of outdoor exposure to second-hand smoke and the impact that social exposure to tobacco use has on initiation of tobacco use among youth, young adults and those individuals who have recently quit, the current level of protection provided by the *Smoke-Free Ontario Act (SFOA)* is inadequate. Ontario residents are ready for more comprehensive and consistent levels of protection from exposure to second-hand smoke and tobacco use.

Summary of Amendments to Ontario Regulation 48/06 under the *SFOA*

Outdoor Smoking Restrictions – Effective January 15th, 2015

Smoking is restricted on all bar and restaurant patios. Uncovered patios owned or occupied by a Royal Canadian Legion branch in Ontario as of November 18, 2013 would be exempt from the legislation. Smoking is banned within 20 metres of playground equipment and the perimeter of sports fields, sport surfaces and spectator areas adjacent to sports fields. The prohibition would not apply to privately owned sports fields or sports surfaces, or to publicly- or privately-owned golf courses.

Additional Prohibition on the Sale of Tobacco Products – Effective January 15th, 2015
Tobacco sales are banned on post-secondary education campuses, in elementary and secondary schools, and in day nurseries.

The Impact on Middlesex-London and Next Steps

Parks, Playgrounds and Sports Fields
Under the City of London's *Smoking Near Recreation Amenities and Entrances Bylaw*, smoking is prohibited within 9 meters of recreational amenities within city parks and entrances to city-owned buildings. Under Section 6 of the Bylaw, if a provision conflicts with an *Act* or a regulation or another bylaw, the provision that is the most protective of health prevails. This means that the amendments to Ontario Regulation 48/06 under the *SFOA* provide greater protection for Londoners by increasing the set back from recreational amenities, sports fields and spectator areas from 9 meters to 20 meters. Since entrance-ways to municipally-owned buildings are not included in Ontario Regulation 48/06, London's Bylaw will remain in effect and the Health Unit will continue to enforce the restriction on smoking within 9 meters of entranceways to arenas, community centres, libraries, City Hall and other city-owned buildings.

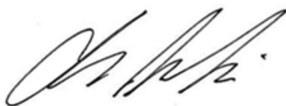
The Ministry of Health and Long-Term Care is providing prescribed signage for installation within parks, playgrounds and sports fields; however, municipalities are responsible for the installation of the signs, including covering the costs of installation. The Health Unit will be reaching out to our municipal partners to work with them to ensure that their obligations under the law are understood to support the smooth implementation and promotion of the new restrictions on tobacco use.

Bar and Restaurant Patios
The majority of Middlesex-London residents (73%) support a smoking ban on bar and restaurant patios. Smoke-free patios will help to limit hospitality workers' exposure to second-hand smoke and reduce social role modelling of tobacco use to children, youth and young adults as a "normal" and "routine" part of socializing over food and drinks. Tobacco Enforcement Officers will be reaching out to proprietors of bars and restaurants across Middlesex-London to ensure that they understand their obligations under the law. Over 100 studies have found no impact on restaurant and bars sales resulting from indoor smoking bans in these venues and many did not have outdoor patios where smokers could go outside to smoke. Furthermore, in Canada, four provinces, seven large cities, and many smaller communities have implemented smoking bans in outdoor venues between 1996 and 2012 and none have reported economic harm.

Next Steps

Over the next few months, the Health Unit will work together with our municipal and provincial partners to support the implementation of the new requirements under the *Act.* Preventing tobacco use and ensuring a consistent level of protection from the harmful effects of tobacco use and second-hand smoke across Ontario will help us to reduce the burden of disease from a product that has no safe level of use and that kills half of its long-term users.

This report was prepared by Ms. Linda Stobo, Manager, Chronic Disease Prevention and Tobacco Control Team.



Christopher Mackie, MD, MHSc, CCFP, FRCPC
Medical Officer of Health

This report addresses the following requirement(s) of the Ontario Public Health Standards:
Foundations: Principles 1, 2; Comprehensive Tobacco Control: 1, 5, 7, 11, and 13.

MIDDLESEX-LONDON HEALTH UNIT

REPORT NO. 070-14

TO: Chair and Members of the Board of Health

FROM: Christopher Mackie, Medical Officer of Health

DATE: 2014 November 20

MEDICAL OFFICER OF HEALTH ACTIVITY REPORT – NOVEMBER

Recommendation

It is recommended that Report No. 070-14 re Medical Officer of Health Activity Report – November be received for information.

The following report highlights activities of the Medical Officer of Health (MOH) from the October Medical Officer of Health Activity Report to November 6, 2014.

On October 16th the MOH delivered opening remarks at the Infection Prevention and Control (IPAC) Education Day. This event was held at the BMO Centre in London and hosted by the Infectious Disease Control Team. Among the many speakers was Dr. Bryna Warshawsky, Public Health Ontario Public Health Physician who gave an update on the Ebola Virus as well as an update on the 2014-2015 Flu. Also on the agenda was Dr. Maria vanHarten, Middlesex-London Health Unit (MLHU) Dental Consultant who discussed oral care for seniors, and Public Health Nurse Lil Marinko who discussed the harmful effects of tobacco.

The past month has seen an increase in teleconference calls that the MOH has had to participate in regards to Ebola readiness. The Health Unit hosted a 2 hour information session to discuss Ebola and Point of Entry possibilities for Middlesex-London on October 24th. Staff from hospitals, clinics, Long-Term Care Homes and key partners were invited to attend. Unfortunately the MOH was unable to present at the last minute, but his portion of the meeting was delivered by Dr. Gayane Hovhannisyan, Associate Medical Officer of Health (AMOH) and Ms. Patricia Simone, Manager Emergency Planning. The session was facilitated by Heather Lokko, Associate Director of Oral Health, Communicable Disease and Sexual Health. After the session, attendees had an opportunity to share comments and ask questions.

On October 29th the MOH delivered welcome remarks at the Launch of the Public Health Agency of Canada's FoodNet Canada New Ontario Site. MLHU has been approved to be one of five sentinel sites across Canada for the FoodNet Canada program. This program is an enhanced integrated surveillance program for food- and water-borne illness. MLHU will focus on gathering enhanced case and risk factor information, and retail sampling. Amy Pavletic, Public Health Inspector will be the Site Coordinator and responsible for the implementation of FoodNet Canada at this health unit.

The MOH, along with the Nursing Practice Council, hosted a Lunch and Learn information session on the Ebola virus, what is being done to prevent the spread of the disease, the implications for Middlesex-London and ways that the MLHU will be preparing for the potential spread of the virus.

November 3rd was the kickoff for the London Abused Women's Centre's (LAWC) *Shine The Light On Women Abuse* Campaign. The Health Unit is a proud sponsor of this annual event and the MOH along with several staff attended the lighting of the purple lights at Victoria Park . The primary goal of the campaign is to raise awareness of men's violence against women. A former employee of the Health Unit, Ms. Sonia El Birani was murdered by her husband. LAWC will be honouring Sonia this year by creating a life size red silhouette of her that will be included as part of the The London Silent Witness Project. Health Unit staff will help to raise awareness and funds for this campaign by donating loonies and toonies

on casual Fridays, wearing purple, decorating their work areas in purple, attending some of the events and donating funds directly to LAWC.

The Medical Officer of Health and CEO also attended the following teleconferences and events:

October 9	Attended the Child and Youth Network announcement of the Healthy Kids Community Grant for the City of London
October 20	Initial meeting with Jane Lucas – Ms. Lucas is a high school teacher with the Thames valley District School Board and for 11 years has been assigned to helping high risk teens re-engage in school after dropping out.
October 21	Participated in the London Police Services Community Consultation for developing their 2016-2018 Business Plan.
October 22	Co-chaired the South West LHIN Health System Leadership Council meeting at the Stratford General Hospital
November 5	Welcomed Grade 9 students to the Health Unit for the annual Take Your Kids to Work event.
November 6	Presented to the United Way Poverty Impact Council, introducing Code Red. Did an interview with CBC Ontario Morning Wei Chen on immunizations Attended the London CEO Dinner and Tour of the UWO Advanced Manufacturing Park

Christopher Mackie, MD, MHSc, CCFP, FRCPC
Medical Officer of Health

This report addresses Ontario Public Health Organizational Standard 2.9 Reporting relationship of the medical officer of health to the board of health