

AGENDA
MIDDLESEX-LONDON BOARD OF HEALTH
Finance and Facilities Committee

50 King Street, London
Middlesex-London Health Unit – Room 3A
Thursday, November 5, 2015 9:00 a.m.

1. DISCLOSURE OF CONFLICTS OF INTEREST

2. APPROVAL OF AGENDA

3. APPROVAL OF MINUTES – [October 1, 2015](#)

4. NEW BUSINESS

- 4.1. Draft Factual Certificate (Report No. 25-15FFC)
- 4.2. Third Quarter Financial Update (Report No. 26-15FFC)
- 4.3. Proposed Resource Reallocation for the 2016 Budget (Report No. 27-15FFC)
- 4.4. Funding for Panorama Implementation (Report No. 28-15FFC)

5. CONFIDENTIAL

The Finance and Facilities Committee will move in camera to discuss matters concerning the following:

- 5.1 A proposed or pending acquisition of land by the Middlesex-London Board of Health, and
- 5.2 Personal matters about an identifiable individual

6. OTHER BUSINESS

- 6.1. Appointments to the Finance and Facilities Committee for 2016
- 6.2. Proposed Meeting Dates 2016
- 6.3. Next FFC Meeting –Thursday, December 3, 2015 9:00 a.m.

7. ADJOURNMENT



PUBLIC MINUTES
Finance and Facilities Committee
50 King Street, Room 3A
MIDDLESEX-LONDON BOARD OF HEALTH
2015 October 1 9:00 a.m.

COMMITTEE

MEMBERS PRESENT: Ms. Trish Fulton (Committee Chair)
Mr. Marcel Meyer
Mr. Ian Peer
Ms. Joanne Vanderheyden

REGRETS: Mr. Jesse Helmer

OTHERS PRESENT: Dr. Christopher Mackie, Medical Officer of Health and CEO
Ms. Laura Di Cesare, Director, Human Resources and Corporate Strategy
Mr. John Millson, Director, Finance and Operations
Ms. Sherri Sanders, Executive Assistant to the Board of Health (Recorder)

At 9:00 a.m., Ms. Trish Fulton, Committee Chair, welcomed everyone to the meeting.

1. DISCLOSURES OF CONFLICT(S) OF INTEREST

Ms. Fulton inquired if there were any disclosures of conflict of interest to be declared. None were declared.

2. APPROVAL OF AGENDA

It was moved by Mr. Peer, seconded by Ms. Vanderheyden *that the [AGENDA](#) of the October 1, 2015 Finance and Facilities meeting be approved.*

Carried

3. APPROVAL OF MINUTES

It was moved by Ms. Vanderheyden, seconded by Mr. Peer *that the [MINUTES](#) from the September 3, 2015 Finance and Facilities Committee Meeting be approved.*

Carried

4. NEW BUSINESS

4.1. 2016 Budget Parameters ([No. 23-15FFC](#))

It was moved by Mr. Peer, seconded by Ms. Vanderheyden *that the Finance & Facilities Committee make recommendation to the Board of Health for an assumption of a 2% provincial increase on cost-shared funding and a 0% change to the municipal request for the 2016 Board of Health budget.*

Carried

Mr. Meyer arrived at 9:17 a.m.

4.2. 2015 Budget Adjustments ([No. 24-15FFC](#))

Mr. Millson reviewed the report and its appendix A with the Committee which outlines additional investments for the 2015 Board of Health budget. Discussion ensued about the additional investments provided in the report.

It was moved by Mr. Peer, seconded by Mr. Meyer *that the Finance & Facilities Committee review and make recommendation to the Board of Health to approve \$201,000 in additional 2015 expenditures as outlined in Appendix A to Report No. 24-15FFC.*

Carried

5. CONFIDENTIAL

At 9:35 a.m., it was moved by Ms. Vanderheyden, seconded by Mr. Meyer *that the Finance and Facilities Committee move in camera to discuss a matter concerning an identifiable individual.*

Carried

At 9:40 am, it was moved by Mr. Peer, seconded by Ms. Vanderheyden *that the Finance and Facilities Committee return to public forum and report that a matter was discussed concerning an identifiable individual.*

Carried

6. OTHER BUSINESS

The next scheduled meeting of the FFC is Thursday, November 5, 2015 at 9:00 a.m. in Room 3A.

7. ADJOURNMENT

At 9:42 a.m., it was moved by Ms. Vanderheyden, seconded by Mr. Meyer *that the meeting be adjourned.*

Carried

TRISH FULTON
Committee Chair

CHRISTOPHER MACKIE
Secretary-Treasurer

TO: Chair and Members of the Finance & Facilities Committee

FROM: Christopher Mackie, Medical Officer of Health

DATE: 2015 November 5

DRAFT FACTUAL CERTIFICATE

Recommendations

It is recommended that the Finance & Facilities Committee:

- 1) Recommend that the Board of Health approve the draft Factual Certificate template as appended to Report No. 25-15FFC ; and*
- 2) Recommend to the Board of Health approval of the process outlined below.*

Key Points

- The Finance & Facilities Committee wishes to implement a Factual Certificate process to enhance their oversight and to ensure they perform their due diligence in key areas of financial and risk management.
- This report provides a recommend process and draft certificate for the Committee's review and approval.

Background

At the September 3rd meeting, the Committee discussed having Health Unit Management complete a factual certificate to increase oversight in key areas of financial and risk management. The certificate process would ensure that the Committee has done its due diligence. It was agreed that members of the Senior Leadership Team review a draft certificate and then bring the certificate to a future Committee meeting for approval.

Recommended Process

Attached as [Appendix A](#) is the draft factual certificate template. This certificate is based on an example provided by KPMG, the Health Unit's auditors. The certificate would be signed by both of the Medical Officer of Health & Chief Executive Officer and the Director of Finance & Operations certifying that certain key financial and risk management functions are being performed to the best of their knowledge. The certificate would be revised as appropriate on a quarterly basis and submitted with the financial update or variance report and again annually as part of the approval of the audited financial statements.

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



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

Middlesex-London Health Unit
FACTUAL CERTIFICATE

To: Members of the Board of Health, Middlesex-London Health Unit

The undersigned hereby certify that, to the best of their knowledge, information and belief after due inquiry, as at September 30, 2015:

1. The Middlesex-London Health Unit is in compliance, as required by law, with all statutes and regulations relating to the withholding and/or payment of governmental remittances, including, without limiting the generality of the foregoing, the following:
 - All payroll deductions at source, including Employment Insurance, Canada Pension Plan and Income Tax;
 - Ontario Employer Health Tax;
 - Federal Harmonized Sales Tax (HST)

And, they believe that all necessary policies and procedures are in place to ensure that all future payments of such amounts will be made in a timely manner.

2. The Middlesex-London Health Unit has remitted to the Ontario Municipal Employees Retirement System (OMERS) all funds deducted from employees along with all employer contributions for these purposes.
3. The Middlesex-London Health Unit is in compliance with all applicable Health and Safety legislation.
4. The Middlesex-London Health Unit is in the final stages in becoming compliant with applicable Pay Equity legislation.
5. The Middlesex-London Health Unit has not changed its accounting policies or principles since January 1, 2015.
6. The Middlesex-London Health Unit reconciles its bank accounts regularly and no unexpected activity has been found.
7. The Middlesex-London Health Unit has filed all required financial information reports to funders within appropriate deadlines.
8. The Middlesex-London Health Unit is in compliance with the requirements of the Charities Act, and the return for 2014 has been filled.
9. The Middlesex-London Health Unit has been named in a complaint to the Human Rights Tribunal of Ontario by a former student. The hearing has been set for March 2016.

10. The Middlesex-London Health Unit is fulfilling its obligations by providing services in accordance with our funding agreements, the Health Protection & Promotion Act, the Ontario Public Health Standards, the Ontario Public Health Organizational Standards and as reported to the Board of Health through reports including but not limited to:

- Quarterly Financial Updates
- Annual Audited Financial Statements
- Annual Reporting on the Accountability Indicators
- Annual Planning and Budget Templates
- Information and Information Summary Reports

Dated at London, Ontario this 5th day of November, 2015

Medical Officer of Health & CEO

Director of Finance & Operations



TO: Chair and Members of the Finance & Facilities Committee

FROM: Christopher Mackie, Medical Officer of Health

DATE: 2015 November 5

THIRD QUARTER FINANCIAL UPDATE

Recommendation

It is recommended that the Finance & Facilities Committee receive Report No. 26-15FFC re Third Quarter Financial Update for information.

Key Points

- The 2015 operating budget was revised by the Board of Health as a result of receiving additional Ministry of Health and Long-Term Care (MOHLTC) funding for Mandatory Programs.
- Overall the Health Unit is expected to realize a modest operating surplus of approximately \$68,000

Background

The 2015 operating budget was revised by the Board of Health as a result of receiving additional Ministry of Health and Long-Term Care (MOHLTC) funding for Mandatory Programs. On October 15th the Board of Health received [Report No. 024-15FFC](#) which provided details of the various budget adjustments.

Financial Review to September 30th

The 2015 Budget Variance Summary is attached as [Appendix A](#). The summary provides actual and budgeted expenditures for the first nine months and provides management's best estimates to the end of the operating year.

The Senior Leadership Team met to review financial results and to discuss year end projections. Overall the Health Unit is expected to meet its financial plans by year end and realize a modest surplus of approximately \$68,000 due to the unexpected increase in Mandatory Programs grant from the MOHLTC.

Included in the year-end estimates are the following noteworthy items since the last financial update:

- Receipt of a \$147,000 funding request being made to the MOHLTC for 100% costs of dental claims under the Children In Need of Treatment (CINOT) program for the period of August 1st to December 31st
- \$25,000 for additional Nicotine Replacement Therapy to meet growing demands in the smoking cessation program delivery.
- \$76,000 in additional IT related software and hardware requirements to reduce expected drawdowns in the Technology & Infrastructure Reserve Fund.
- \$30,000 to fund the expected Dental Treatment operating deficit in 2015.

Conclusion

Health Unit staff performed a financial analysis to the end of September and have provided estimates to the end of the year. Based on this analysis it is expected that the Health Unit will complete the year with a modest operating surplus.

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

A handwritten signature in black ink, appearing to read 'C. Mackie', is positioned above the printed name.

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

**MIDDLESEX-LONDON HEALTH UNIT
BUDGET VARIANCE SUMMARY**

As at September 30, 2015

APPENDIX A

	2015 YTD ACTUAL (NET)	2015 YTD BUDGET (NET)	VARIANCE (OVER) / UNDER	% VARIANCE	DECEMBER FORECAST	2015 ANNUAL NET BUDGET	DECEMBER SURPLUS / (DEFICIT)	% VARIANCE	Comment / Explanation
<i>Oral Health, Communicable Disease & Sexual Health Services</i>									
Office of the Associate Medical Officer of Health	\$ 680,968	\$ 709,632	\$ 28,664	4.0%	\$ 825,058	\$ 832,058	\$ 7,000	0.8%	\$35,000 favourable variance due to Program Evaluator vacancy and resources shifted to Panorama and Food Net implementation, partially offset by lower than anticipated OHIP billings and lecture revenue (\$20,000), and (\$6,000) in professional development and other program costs .
Vaccine Preventable Diseases	1,070,019	1,083,969	13,950	1.3%	1,433,315	1,497,215	63,900	4.3%	\$47,900 favourable variance is due to fewer Zostavax immunizations and TB skin tests, \$10,000 for clinical supplies and public awareness activities, and \$6,000 for program travel and professional development.
Infectious Disease Control	1,054,517	1,024,109	(30,408)	-3.0%	1,436,229	1,396,229	(40,000)	-2.9%	Increased costs associated with complex Tuberculosis case management.
The Clinic & Sexual Health Promotion	1,562,289	1,680,148	117,859	7.0%	2,209,305	2,264,305	55,000	2.4%	\$44,000 favourable variance due RHAC (needle exchange) contract as a result of receiving additional 100% funding, \$24,000 relates to a vacant Health Promoter, and a PHN position on medical leave, partially offset by (\$13,000) for additional condoms to meet community agency needs.
Oral Health	1,487,170	1,602,793	115,623	7.2%	1,915,414	2,158,414	243,000	11.3%	\$91,000 in wages and benefits due to delay in implementing PBMA proposal for Dental Hygienist and Health Promoter positions. \$147,000 in CINOT claims due to program integration to Healthy Smiles Ontario 2.0 and claims from Aug 1st being funded 100%, \$25,000 for program supplies, and \$10,000 relating to equipment and public awareness activities, partially offset by (\$30,000) for the anticipated shortfall in Dental Treatment Clinic revenue.
<i>Total Oral Health, Comm. Disease & Sexual Health Services</i>	\$ 5,854,963	\$ 6,100,651	\$ 245,688	4.0%	\$ 7,819,321	\$ 8,148,221	\$ 328,900	4.0%	
<i>Environmental Health & Chronic Disease & Injury Prevention</i>									
Office of the Director	\$ 349,057	\$ 413,645	\$ 64,588	15.6%	\$ 499,843	\$ 572,561	\$ 72,718	12.7%	Vacant Program Evaluator and Epidemiologist positions and corresponding surpluses due to less administrative expenses associated with these vacant positions.
Chronic Disease Prevention and Tobacco Control	939,947	928,717	(11,230)	-1.2%	1,234,645	1,254,379	19,734	1.6%	\$ 44,734 as a result in the delay in hiring new Dietitian resources partially offset by (\$25,000) in additional NRT to meet growing demands.
Food Safety	976,979	977,747	768	0.1%	1,307,703	1,324,953	17,250	1.3%	Additional food handler training revenue expected as a result of delayed disinvestment.
Healthy Communities and Injury Prevention	822,246	885,162	62,916	7.1%	1,190,141	1,197,141	7,000	0.6%	Favourable variance in PHN resources due to expected maternity leaves.
Health Hazard Prevention and Management/Vector Borne Disease	956,693	994,119	37,426	3.8%	1,219,891	1,276,891	57,000	4.5%	PHI vacancies and 0.2 FTE Manager assigned to the Vector-Borne Disease program.
Safe Water and Rabies Team	607,914	601,417	(6,497)	-1.1%	814,212	814,212	-	0.0%	No significant variance is expected
Southwest Tobacco Control Area Network	264,849	324,776	59,927	18.5%	436,500	436,500	-	0.0%	No significant variance is expected
<i>Total Environmental Health & Chronic Disease & Injury Prev</i>	\$ 4,917,685	\$ 5,125,583	\$ 207,898	4.1%	\$ 6,702,935	\$ 6,876,637	\$ 173,702	2.5%	

	2015 YTD ACTUAL (NET)	2015 YTD BUDGET (NET)	VARIANCE (OVER) / UNDER	% VARIANCE	DECEMBER FORECAST	2015 ANNUAL NET BUDGET	DECEMBER SURPLUS / (DEFICIT)	% VARIANCE	Comment / Explanation
Family Health Services									
Office of the Director - Epidemiology & Program Evaluation	\$ 457,628	\$ 528,076	\$ 70,448	13.3%	\$ 645,926	\$ 752,980	\$ 107,054	14.2%	Staffing changes - delay in hiring a PE and lower position on salary grid. Lower Acting Director on salary grid. Underspent in operations due to temporary acting director and fewer service area initiatives
Early Years Team	1,130,184	1,169,276	39,092	3.3%	1,522,674	1,582,731	60,057	3.8%	Delay in hiring PBMA proposal for .5 CYN coordinator & .5 breastfeeding position, delay in hiring staff into position (3 weeks), 2 casuals covering a full time leave, decreased travel due to staff leaves and decreased WBCC over the summer
Reproductive Health Team	1,047,701	1,110,320	62,619	5.6%	1,453,773	1,500,752	46,979	3.1%	Delay in hiring a health promoter and PHN (PBMA) and three Maternity leaves.
Best Beginnings Team	2,339,141	2,436,627	97,486	4.0%	3,248,639	3,338,294	89,655	2.7%	FHV vacancies, LOAs, longterm employees being replaced by lower salaried PHNs
Young Adult Team	788,894	862,988	74,094	8.6%	1,087,290	1,171,990	84,700	7.2%	3 month manager gap, MLOA with replacement at lower salary, .5 PHN for 31/2 months vacancy
Child Health Team	1,077,512	1,161,179	83,667	7.2%	1,558,614	1,582,814	24,200	1.5%	Delay in implementation of PBMA proposal for 0.5 FTE Dietitian, and Program Mgr. gapping, delay in replacement of a maternity leave and another lower salary grid. An additional 6 weeks of a Health Promoter to cover for a vacation leave. Decreased operations due to work action at TVDSB
Screening Assessment and Intervention (SAI)	1,166,674	1,411,481	244,807	17.3%	2,822,962	2,822,962	-	0.0%	
Total Family Health Services	\$ 8,007,734	\$ 8,679,947	\$ 672,213	7.7%	\$ 12,339,878	\$ 12,752,523	\$ 412,645	3.2%	
Office of the Medical Officer of Health									
Office of the Medical Officer of Health & Travel Clinic	\$ 352,178	\$ 367,602	\$ 15,424	4.2%	\$ 498,133	\$ 498,133	\$ -	0.0%	No significant variance is expected
Communications	256,030	269,082	13,052	4.9%	363,397	363,397	-	0.0%	No significant variance is expected
Emergency Preparedness	129,976	122,870	(7,106)	-5.8%	166,922	166,922	-	0.0%	No significant variance is expected
Total Office of the Medical Officer of Health	\$ 738,184	\$ 759,554	\$ 21,370	2.8%	\$ 1,028,452	\$ 1,028,452	\$ -	0.0%	
Finance & Operations									
	\$ 520,953	\$ 530,053	\$ 9,100	2.2%	\$ 734,884	\$ 749,884	\$ 15,000	2.0%	Favourable variance due to process automation (implementation of My-Time an on-line time tracking system).
Human Resources & Corporate Strategy									
Human Resources & Labour Relations	\$ 650,473	\$ 711,130	\$ 60,657	8.5%	\$ 997,430	\$ 997,430	\$ -	0.0%	No significant variance is expected
Privacy/Occupational Health & Safety	129,977	134,237	4,260	3.2%	181,497	181,497	-	0.0%	No significant variance is expected
Strategic Projects	85,163	100,041	14,878	14.9%	121,287	135,287	14,000	10.3%	\$14,000 wages and benefits related to having a newly hired employee in the Manager position.
Total Human Resources & Corporate Strategy	\$ 865,613	\$ 945,408	\$ 79,795	8.4%	\$ 1,300,214	\$ 1,314,214	\$ 14,000	1.1%	
Information Technology Services									
	\$ 716,503	\$ 794,793	\$ 78,290	9.9%	\$ 1,218,591	\$ 1,142,591	\$ (76,000)	-6.7%	Additional IT related software and hardware requirements to eliminate the need to make a drawdown from the Technology & Infrastructure Reserve Fund.
General Expenses & Revenues									
	\$ 1,895,483	\$ 1,816,582	\$ (78,901)	-4.3%	\$ 2,755,346	\$ 2,770,147	\$ 14,801	0.5%	Favourable variances of \$8,000 for general office supplies, \$11,500 additional savings in insurance costs, \$70,000 savings in one-time transition costs, \$37,301 unallocated base increase partially offset by (\$60,000) in anticipated group benefit costs, (\$20,000) in Supp. Employment Benefits, (\$17,000) for New Nurse Grade programs, (\$15,000) in additional office furniture.
Total Board of Health net Expenditures Before Gaping Budget	\$ 23,517,118	\$ 24,752,571	\$ 1,235,453	5.0%	\$ 33,899,621	\$ 34,782,669	\$ 883,048	2.5%	



TO: Chair and Members of the Board of Health

FROM: Christopher Mackie, Medical Officer of Health

DATE: 2015 November 5

PROPOSED RESOURCE REALLOCATION FOR THE 2016 BUDGET

Recommendation

It is recommended that Report No. 027-15FFC re Proposed Resource Reallocation for the 2016 Budget be received for information.

Key Points

- The use of the Program Budgeting and Marginal Analysis (PBMA) process has allowed the health unit to identify opportunities for reallocation of resources from areas of lower impact to areas of high impact.
- This report outlines the process used to identify the proposals and provides a summary of the proposed investments and disinvestments for consideration in the 2016 Health Unit budget.
- This is a preliminary report. Further internal consultations are occurring, and the final PBMA report will come to the December meeting of the Finance and Facilities Committee.

Background

Program Budgeting Marginal Analysis (PBMA) is a criteria-based budgeting process that facilitates reallocation of resources based on maximizing impact. This is done through the transparent application of pre-defined criteria and decision-making processes to prioritize where proposed funding investments and disinvestments are made. The Finance and Facilities Committee has used PBMA to inform the 2014 and 2015 Health Unit budgets.

The proposals outlined in this report will be integrated into the 2016 budget for consideration during the budget approval process in January and February.

Proposal Selection Process

The 2016 PBMA process consisted of (a) validation of the assessment criteria and weighting at the July 2nd Finance and Facilities Committee meeting, (b) proposal development to identify those investments that will have the greatest positive impact, (c) identification of disinvestments that have the least negative impact, (d) review of proposals by internal advisory committees, and (e) open proposal review sessions and recommendations by the Senior Leadership Team.

Additional consultation with internal advisory committees is ongoing with disinvestment proposals to ensure that identified proposals have the least negative impact and that mitigation strategies are considered for their implementation.

Tentatively Selected Investment and Disinvestment Opportunities

Of the 39 proposals initially considered by the Senior Leadership Team (SLT), 13 on-going investments (totaling \$487,596), 6 one-time investments (totaling \$206,953) and 13 disinvestments (totaling \$302,903) were selected for further consideration in the 2016 budget process.

Descriptions of the proposals selected for further consideration have been included for investments ([Appendix A](#)), one-time investments ([Appendix B](#)) and disinvestments ([Appendix C](#)).

Next Steps

SLT has enhanced the transparency of the PBMA process this year, and also substantially increased consultation with internal groups. This has included open meetings of SLT when PBMA decisions were being made, which were, in each case, attended by a number of staff. The 2016 process also includes an opportunity to review and provide input on PBMA proposals for four major staff committees:

- Strategic Planning
- Organizational Structure and Location
- Nursing Practice Council
- Foundational Standards

Each of these committees has reviewed investment proposals, and they are now in the process of reviewing disinvestments.

The Finance & Facilities Committee now has the opportunity to review this preliminary summary of selected proposals for investment and disinvestment, and identify any areas where they would like further information before final approval in December.

This report was prepared by Jordan Banninga, Manager of Strategic Projects.



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

2016 PBMA Investments (Proposed)

Dept.	No.	Proposal	Value	FTE	Score
Cross-MLHU	1-0008	Data-enabled Cell Phones for MLHU Staff	\$ 25,000.00	0.00	232
Cross-MLHU	1-0006	Data Analyst Enhancement	\$ 30,548.00	0.40	228
Cross-MLHU	1-0048	Living Wage Employer Certification	\$ 31,835.00	0.00	222
Cross-MLHU	1-0005	MLHU Wellbeing	\$ 55,000.00	0.00	223
EHCDP	1-0003	In Motion Physical Activity Community Challenge	\$ 10,000.00	0.00	211
EHCDP	1-0022	Nicotine Replacement Therapy Supply and Distribution for Priority Populations	\$ 54,000.00	0.00	225
FHS	1-0010	Program Planning and Evaluation Support	\$ 89,822.00	1.00	271
OHCDSH	1-0007	Program Assistant Support for Sexual Health Team	\$ 6,249.00	0.10	171
OHCDSH	1-0025	Program Assistant Support for Oral Health Team	\$ 31,242.00	0.50	206
OHCDSH	1-0040	Funding Support for Counterpoint Needle Program at Regional HIV/AIDS Connection	\$ 75,000.00	0.00	194
OMOH	1-0047	Associate Medical Officer of Health Enhancement	\$ 36,000.00	0.20	255
EHCDP	1-0050	Smoke-Free Ontario Inflationary Pressures Enhancement	\$ 5,400.00	0.00	-
FHS	1-0051	Healthy Babies Healthy Children Inflationary Pressures Enhancement	\$ 37,500.00	0.00	-
		Total	\$ 487,596.00	2.20	2438

Investment Descriptions

1-0008 – Data Enabled Cell Phones for MLHU Staff

Health Unit staff have the need and the capacity to utilize data-enabled cell phones to increase efficiency and productivity in their day-to-day work. The MLHU contract for cell phones is up for renewal in June 2016, allowing for the negotiation of data-enabled cell phones for staff. Initial support may be requested from the MLHU Information Technology (IT) department for set up and training on the use of new devices. Criteria will be developed to determine which staff will be prioritized for data-enabled devices.

1-0006 – Data Analyst Enhancement

Health status and surveillance data as well as findings from applied public health research are key sources of evidence to inform planning and evaluation. This proposal would add Data Analyst support to increase the internal organizational capability to create and process data. The expansion of this role will also help the intended outcome of supporting analysis for organization-wide strategic projects and engaging in public health applied research.

1-0048 - Living Wage Employer Certification

This proposal would allow the organization to become designated as a Living Wage Employer, increasing the health equity impact of Health Unit programs, establishing the Health Unit as a leader in this area, and enhancing the Health Unit's ability to influence others to take on Living Wage policies.

1-0005 – MLHU Wellbeing

This proposal expands the work that was started in 2015 with committed funding towards MLHU Employee Wellbeing on a permanent basis. In order to accomplish the HU mission of promoting and protecting the health of our community we need to be promoting and protecting the health of our employees who are responsible for helping the organization to achieve this mission. In addition to aligning with our organizational values, this proposal also aligns with our Strategic Plan, in particular, the Employee Engagement and Learning Quadrant with the objective of strengthening positive organizational culture.

1-0003 – In Motion Physical Activity Community Challenge

This proposal requests ongoing funding to support and promote the In Motion Physical Activity Challenge. We partner with Middlesex County and the City of London in discussions with media, confirmation and purchasing of media sites, purchasing of promotional materials, updating of the In Motion website, updating and printing of all print materials, discussion with stakeholders and Champions and recruitment of new partners to further expand the reach of the Challenge to build community capacity.

1-0022 – Nicotine Replacement Therapy Supply and Distribution for Priority Populations

This proposal intends to increase the capacity of the Health Unit to be able to purchase the required nicotine replacement therapies to meet the need of priority populations within the Middlesex-London area. We project that for 2016 we require an additional ongoing \$54,000 investment to support the agency-wide purchase and distribution of NRT to cover the shortfall due to the lack of Ministry grant funding. Other costs of cessation service delivery, and pharmacy administration across the Health Unit has been integrated into program budget operating expenses.

1-0010 – Program Planning and Evaluation Support

The proposed change is the addition of 1.0 FTE permanent program evaluator to the Family Health Service Epidemiology / Program Evaluation team. The impact will be additional support for program planning and evaluation by providing support to logic model development for programs, conducting needs assessments, evaluations and enhancing evidence-informed decision making. These resources also contribute to building capacity and a culture of program planning and evaluation in FHS.

1-0007 – Program Assistant Support for Sexual Health Team

This proposes that a Program Assistant would be available to support Sexual Health Programming at MLHU for an additional 0.1 FTE, to bring the PA support for the team to a total of 0.5 FTE. This proposed enhancement would benefit MLHU's Sexual Health Programming in a number of ways, and will result in greater effectiveness and efficiencies for the Sexual Health Promotion Team and the Sexual Health Team manager.

1-0025 – Program Assistant Support for the Oral Health Team

The Oral Health Team is requesting an investment of 0.5 FTE Program Assistant support. It is expected that this proposal will enable the team to continue to effectively and efficiently provide programs and services to our community. This position will support the Oral Health team to follow up on clients of the school-based dental screening program by completing clients' records, corresponding with parents/guardians, and preparing documentation for Children's Aid Society (CAS) referrals. The PA will support the dental clinic team to schedule appointments, oversee inventory and equipment maintenance, and maintain records (logs).

1-0040 – Funding Support for the Counterpoint Needle Exchange Program at Regional HIV/AIDS Connection

This proposal would allow the Health Unit to maintain service provision at current levels. Services specific to Counterpoint Needle Exchange Program would continue to be provided by RHAC, but would be funded by MLHU rather than by RHAC's other funding sources on an in-kind basis. Resources in this proposal would also result in an increase in service, specifically the provision of weekend needle exchange outreach services.

1-0047 – Associate Medical Officer of Health Enhancement

The Associate Medical Officer of Health (AMOH) position includes leadership roles in implementing evidence-based practices and ensuring delivery of quality programs. Currently, there is a high demand for these roles, including needs that sometimes go unmet due to limited AMOH time (0.8 FTE). This demand will be increasing with the implementation of the new strategic plan. There is also a need to have full-time backup for the MOH. This proposal would increase the AMOH role from 0.8 FTE to 1.0 FTE.

1-0050 – Smoke-Free Ontario Inflationary Pressures Enhancement

Inflationary pressures and increased costs due to negotiated wages and benefits require a budget enhancement of \$5,400 to meet program budgetary needs and to maintain current service levels.

1-0051 – Healthy Babies Healthy Children Inflationary Pressures Enhancement

Inflationary pressures and increased costs due to negotiated wages and benefits require a budget enhancement of \$37,500 to meet program budgetary needs and to maintain current service levels.

2016 PBMA One-time Investments (Proposed)

Dept.	No.	Proposal	Value	FTE	Score
Cross-MLHU	1-0032	Nurse Family Partnership	\$ 35,000.00	0.00	286
Cross-MLHU	1-0001	Mental Health and Wellbeing Promotion Strategy	\$ 36,953.00	0.50	285
Cross-MLHU	1-0012	Leadership and Management Development Program	\$ 40,000.00	0.00	201
EHCDP	1-0021	Increasing Food Systems Capacity	\$ 45,000.00	0.50	224
OHCDSH	1-0004	Panorama Funding	\$ 22,350.00	0.50	235
OHCDSH	1-0024	Public Health Nurse for Tuberculosis	\$ 50,000.00	0.50	265
		Total	\$ 229,303.00	2.0	1496

One-time Investment Descriptions**1-0032 – Nurse Family Partnership**

This PBMA investment would provide the funds necessary to allow nurses and nurse supervisors to receive the NFP training and cover associated travel costs and start up licensing fees. \$350,000 from the Local Poverty Reduction Fund has also been received to help cover the costs associated with developing a Canadian training model and researching the training and the impact of NFP in Ontario.

1-0001 – Mental Health and Wellbeing Promotion Strategy

This proposal requests a temporary 0.5FTE Program Evaluator for 2016 to conduct a literature review on evidence-based strategies to promote connectedness throughout the lifespan. This will enable the Health Unit to develop a comprehensive mental health well-being strategy with specific outcomes and indicators.

1-0012 – Leadership and Management Development

The Leadership & Management Development Program seeks to develop the skills and expertise of the Health Unit management team and provide ongoing workforce development. This initiative is aimed at directly addressing one of the top five least favourable categories as identified by employees in the 2014 engagement survey around managing performance and continues to be ongoing in 2015. This proposal requests \$40,000 to bring in Managing a Unionized Environment Training facilitated by Gary Furlong from Queens Industrial Relations Centre.

1-0021 – Increasing Food Systems Capacity

This proposal would continue a previous PBMA investment that increased the capacity of the Health Unit by 0.5 FTE Registered Dietitian/Public Health Dietitian so that MLHU is better positioned to take an ecological approach - addressing the environmental, economic, social and nutritional factors - to impact food-related issues in our communities, including food insecurity, consumption of nutrient-poor foods, and rates of overweight/obesity and related chronic diseases.

1-0004 – Panorama Funding

Funding is being requested for a 0.5 FTE Program Assistant for an eight month period to assist with backlog of data entry and reconciliation of exemption affidavits; activities which must be completed before immunization records can be assessed according to the Immunization of School Pupils Act (ISPA).

1-0024 – Public Health Nurse for Tuberculosis

Despite the Infectious Disease Control Team's workload redistribution process, further Public Health Nurse (PHN) time dedicated to tuberculosis (TB) clinics is needed. Unfortunately, the current complement within the team does not allow for further nursing time to be committed to TB without this enhancement

2016 PBMA Disinvestments (Proposed)

Dept.	No.	Proposal	Value	FTE	Score
EHCDP	1-0027	Adjusting Vector Borne Disease Budget to Reflect Current Status	-\$ 40,801.00	0.00	0
EHCDP	1-0029	Proper Allocation for Program Assistant for E-Cigarette Act	-\$ 31,030.00	0.00	0
FHS	1-0041	Community Mobilization of Developmental Assets	-\$ 50,986.00	-0.50	-75
FHS	1-0037	Reproductive Health Team Program Assistant Reduction	-\$ 30,659.00	-0.50	0
FHS	1-0034	Health Connection and Early Years Team Program Assistant Reduction	-\$ 30,000.00	-0.50	-41
FHS	1-0039	Let's Grow Reduction	-\$ 23,000.00	-0.40	-76
FHS	1-0036	Decrease Casual Public Health Nurse Budget	-\$ 15,000.00	-0.15	-86
FHS	1-0035	Decrease Operations Budget from Family Health Services Administration	-\$ 10,000.00	0.00	-21
FHS	1-0038	Breast Pump Loan Program	-\$ 5,000.00	0.00	0
HRLR	1-0043	Reduction of Casual Reception Administration Budget	-\$ 10,000.00	0.00	-16
OHCDSH	1-0042	Eliminate Involvement in Dental Claims Administration	-\$ 30,000.00	-0.20	-34
OHCDSH	1-0028	Reduce Casual Public Health Nursing in the Sexual Health Clinic	-\$ 16,427.00	-0.20	-87
OMOH	1-0046	Modify Executive Assistant to the Board of Health and Program Assistant to Communications	-\$ 10,000.00	0.20	0
		Total	-\$ 302,903.00	-2.75	-432

Disinvestment Descriptions**1-0027 - Adjusting Vector Borne Disease Budget to Reflect Current Status**

The Vector Borne Disease (VBD) program delivery has evolved and changed significantly over the last several years with no corresponding re-evaluation of the allocation of budget funds. Some aspects of the VBD program are currently being funded from other cost-shared budget lines and the budgets should be adjusted to more accurately reflect our actual program delivery and spending practices.

1-0029 – Proper Allocation for Program Assistant for E-Cigarette Act

Tobacco program requirements continue to increase in particular with the introduction of the new e-cigarette Act and the monitoring and enforcement requirements. Additional Program Assistant (PA) time will be required to manage the workload. The current number of PA staff is sufficient to manage the workload along with the addition of further tobacco monitoring, enforcement, paperwork and programming allowing 0.5 FTE cost shared salary dollars for a PA in EHCDP Service Area to be replaced by 0.5 FTE Smoke-Free Ontario 100% dollars.

1-0041 – Community Mobilization of Developmental Assets

This proposal reduces 0.5 FTE of a Public Health Nurse (PHN) assigned to the Community Mobilization component of the Search Institute's Developmental Asset Framework. Due to incompatibility between the trademarked Developmental Asset framework and MLHU's mandate, the program will not be implemented by MLHU in Middlesex-London. Evidence-informed strategies to achieve the intended outcomes will continue in its place.

1-0037 – Reproductive Health Team Program Assistant Reduction

The Reproductive Health Team is proposing to reduce the program assistant FTE allocation from 2.5 to 2.0 FTE due to a shift in graphic design work being completed by external graphic professionals, rather than by internal program assistants, communication campaigns are relying more heavily on electronic venues and presentations offered by PHN's on the team are now developed by the PHN's themselves.

1-0034 – Health Connection and Early Years Team Program Assistant Reduction

This proposal reduces Program Assistant support for Health Connection and the Early Years Team by 0.50 FTE. This would be done by redirecting calls that do not require public health nursing to free up 0.25 FTE from Health Connection and reducing general support capacity on the Early Years Team by 0.25FTE.

1-0039 – Let's Grow Reduction

This proposal eliminates 0.4 FTE of a Program Assistant which will no longer allow for registrants of the Let's Grow program to receive e-alerts. The program information will be sustained and there will be a need to find other strategies that will direct parents to the MLHU Let's Grow website newsletters to access the issues appropriate to their child's stage of development. Administrative duties over and beyond entry of registration into the database and sending emails will need to be integrated into the Early Years Team.

1-0036 – Decrease Casual Public Health Nursing Budget

This proposal decreases the casual budget by \$15,000 for prenatal teachers. There has been an efficiency gain in how prenatal classes are being delivered. An online e-learning component has been added that reduces facilitated in-class nursing time. This results in less casual and/or contract nurse time required to facilitate prenatal classes.

1-0035 – Decrease Operations Budget from Family Health Services Administration

The administrative (or central budget for FHS) will decrease the purchase of material and supplies and program resources but will have no impact on service delivery. Each team has their own budget line.

1-0038 – Breast Pump Loan Program

Based on the evidence demonstrated in the literature review, and a chart audit which demonstrated that loaning electric breast pumps was only effective in maintaining breast feeding for 14% of mothers who used Healthy Babies Healthy Children, we intend to tighten the criteria for the breast pump loan program and decrease costs by \$5,000. This will enable PHNs to provide breastfeeding support to the mothers who will benefit most from the loan of an electric breast pump, while still supporting breastfeeding mothers overall.

1-0043 – Reduction of Casual Reception Administration Budget

This budget line was initially introduced in order to fund casual staffing including but not limited to the backfilling of reception staff in the Strathroy office. Although there still exists a need to backfill reception in London on occasion (vacation, sick, in-service meetings, etc.) this budget amount can be reduced due to the elimination of the Strathroy reception.

1-0042 – Eliminate Involvement in Dental Claims Administration

There are a number of ministry changes that will impact the Oral Health team – specifically the move to 3rd party dental claims administration. With the move to HSO 2.0, health units will no longer be responsible for dental claims submission and this proposal would allow for a 0.2FTE reduction in Dental Consultation support.

1-0028 – Reduce Casual Public Health Nursing in the Sexual Health Clinic

A program review of Sexual Health Clinic Services was completed in 2015 with recommendations identified. One of the recommendations is to change the scope of the clinic to align more completely with our public health mandate. It is anticipated that this change will reduce the number of clients accessing service in our family planning clinics and as a result, there is less need for casual PHN support in the clinic.

1-0021 – Modify the Executive Assistant to the Board of Health and Program Assistant for Communications Roles

Administrative support work for the Communications program handles sensitive and confidential information, and has in the past provided ad hoc coverage to the Executive Assistant (EA) to the Medical Officer of Health (MOH). This position needs to be able to work at a high level and partner with the EA to the MOH in a more formal and deliberate way. This proposal would create a new administrative position that supports both the Board of Health and the Communications program, and eliminate the Executive Assistant to the Board of Health and Program Assistant to Communications positions. Combining these two positions would address these issues. Additional support time would be reallocated to part-time Program Assistant staff.



TO: Chair and Members of the Finance & Facilities Committee

FROM: Christopher Mackie, Medical Officer of Health

DATE: 2015 November 5

FUNDING FOR PANORAMA IMPLEMENTATION

Recommendation

It is recommended that the Finance & Facilities Committee make recommendation to the Board of Health to accept the terms and conditions to receive \$203,900 in one-time Panorama funding as detailed in the funding letter appended to Report No. 028-15FFC.

Key Points

- As identified in a March 2015 report ([Report No. 021-15](#)), Middlesex-London Health Unit was not compliant with the Standard for the 2014/15 school year because of the activities required to implement Panorama and additional screening requirements.
- On October 30, 2015, the Ministry of Health & Long-Term Care approved \$203,900 in additional one-time funding, available until March 31st, 2016 to support the planning, preparation and deployment activities of Panorama.

Background

At the March 19th meeting the Board of Health received [Report No. 021-15](#), re: “Panorama & Vaccine Preventable Disease Standard Compliance” for information. The report identified that Middlesex-London Health Unit was unable to assess students’ immunization records and comply with the Immunization of School Pupils Act (ISPA) in the 2014-2015 school year due to logistical challenges associated with Panorama implementation and the revisions to the ISPA which resulted in additional screening requirements. The Acting Chief Medical Officer of Health for Ontario has asked that compliance with the ISPA be a priority for Health Units moving forward.

Additional Panorama Funding

On October 30th, 2016 the Health Unit received notification ([Appendix A](#)) that the Ministry of Health & Long-Term Care (MOHLTC) has approved \$203,900 in additional one-time funding available until March 31st, 2016. One-time funding for this initiative must be used for costs incurred for the ongoing operations and upgrades of the components of the Panorama System already implemented, as well as, to deploy and adopt components scheduled for implementation.

Conclusion

The MOHLTC has approved additional one-time funding of \$203,900 to support the ongoing operations and upgrades to Panorama. The funding will assist the Health Unit in its efforts to comply with the ISPA and therefore it is recommended that the Board of Health to accept the funding and its conditions detailed in the funding letter dated October 30th, 2016.

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

A handwritten signature in black ink, appearing to read 'C. Mackie', is positioned above the printed name and title.

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

**Ministry of Health
and Long-Term Care**

Executive Director's Office

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

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

**Ministère de la Santé
et des Soins de longue durée**

Bureau du directeur général

Division de la santé publique
393 avenue University, 21^e étage
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OCT 30 2015

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 Public Health Funding and Accountability Agreement with the Board of Health for the Middlesex-London Health Unit (the “Board of Health”) as amended, dated January 1, 2014 (the “Accountability Agreement”)

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 of Health with up to \$203,900 in one-time funding for the 2015-16 funding year to support the planning, preparation, and deployment activities of Panorama.

Please note that funding is subject to the following terms and conditions:

- Funds must be used in accordance with the criteria and reporting requirements set out in **Appendix A** of this letter; and,
- Funding is subject to the terms and conditions of the Accountability Agreement dated January 1st, 2014, as amended.

I 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 timely and accurate. 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.

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.

Dr. Christopher Mackie

In order to accept the conditions to receive this funding, please return a signed copy of **Appendix B** attached to this letter 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

The Board of Health will receive an Amending Agreement to the Accountability Agreement, which will include the requirements for Panorama as noted in **Appendix A**, at a later date.

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

Enclosure

c: John Millson, Director, Finance and Operations, Middlesex-London Health Unit
Jim Yuill, Director (A), Financial Management Branch, MOHLTC
Michael Parzei, Director, Fiscal Oversight & Performance Branch, MOHLTC

APPENDIX A

Program-Based Grants

Program/Initiative Name	2015 Approved Allocation (\$)
One-Time Funding (April 1, 2015 to March 31, 2016)	
Panorama	\$203,900

Payment Schedule

- One-time funding is flowed as follows: 50% upon receipt of the Board of Health signed **Appendix B** (attached to this letter); and, up to 50% upon receipt of the 4th quarter financial report.

Related Program Policies and Guidelines

The Panorama System includes:

- Panorama's Immunization and Inventory Modules;
- Student Information Exchange tool (STIX);
- Immunization Reconciliation Tool (IRT);
- Panorama's Operational Reports;
- Panorama's Data Extract Enhanced Reporting;
- Public Health Business Intelligence; and,
- Other applications or tools developed to support the Panorama System such as Disconnected Mobile Mode, Portals, Bar Coding, and Mobile Apps.

One-time funding for this initiative must be used for costs incurred for the ongoing operations and upgrades of the components of the Panorama System already implemented, as well as, to deploy and adopt components of the Panorama System scheduled for implementation and the associated readiness activities and business process transformation.

Conduct Ongoing Operations and Implementation of Upgrades (releases and enhancements) for the implemented components of the Panorama System:

- Engage in continuous review of business processes to seek improvements, efficiencies, and best practices;
- Implement and support identified improvements and best practices;
- Participate in the development of use-case scenarios for enhancements and releases, as required;

- Provide Subject Matter Expert (SME) Functional Testing resources for selected enhancements or releases, as required;
- Participate in the development of operational and enhanced surveillance reports, as required;
- Implement any defined workarounds;
- Conduct duplicate record resolution;
- Prepare plans to address the data collection from licensed day nurseries;
- Conduct upload of all school lists using STIX;
- Archive IRIS data in accordance with Ministry guidelines;
- Maintain local training materials and programs;
- Maintain internal Board of Health support model including the Problem Resolution Coordinator (PRC) role and ensuring integration with the Ministry's service model;
- Implement internal Board of Health incident model including the Incident Coordinator (IC) role for privacy incident and auditing practices and ensuring integration with the Ministry's and eHealth Ontario's incident model;
- Review and adjust existing system accounts, roles, and responsibilities to ensure correct authorization and access levels are being provided to account holders;
- Assign required roles, responsibilities, and accounts to staff members and complete all necessary registration processes;
- Implement and adhere to data standards, security, audit, and privacy policies and guidelines;
- Maintain the security and technical infrastructure required for the operation of the Panorama System 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 and personal health information is involved;
- 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) and other applicable laws and local business practices and processes;
- Sign required agreements with the Ministry and eHealth Ontario prior to production use of Panorama System;
- Participate in surveys, questionnaires, and ad-hoc reviews, as required;
- Maintain communications with both internal staff and external stakeholders; and,
- Provision of human resources to provide support within at least one (1) of the following categories, as required:
 - Business Practices and Change Management,
 - Release Planning and Deployment,
 - Information Governance,
 - Audit Policies and Guidelines,
 - Data Standards and Reporting,
 - Innovations and Alignment,

- User Experience, and,
- Technical (IT) Experience.

Conduct Deployment and Adoption Activities for components of the Panorama System scheduled for implementation:

- Review of business processes and workflows and implement changes required to support adoption of new components as per specific Board of Health requirements and best practices best practices;
- Participate in the development of use-case scenarios for new components, as required;
- Provide SME Functional Testing resources for new components, as required;
- Develop local training plans, materials, and programs and complete and execute training plans for new components, as required;
- Complete data mapping and dry runs of data migration, validate migration results, and address duplicate record resolution and data cleansing, as required;
- Assign required roles, responsibilities, and accounts to staff members and complete all necessary registration processes, as required;
- Complete deployment checklists as per required activities;
- Establish and implement internal Board of Health support model including providing the PRC and ensuring integration with the Ministry's service model;
- Establish and implement internal Board of Health incident model including providing the IC and ensuring integration with the Ministry's and eHealth Ontario's incident model;
- Implement the security and technical infrastructure required for the operation of the Panorama System including the approved level(s) of the supported browser(s) and the use of encrypted drives and files;
- 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 PHIPA and other applicable laws and local business practices and processes;
- Implement required security and privacy measures including using Secure File Transmission mechanisms for transferring data, applying password protection, and encrypting devices where personal health information is involved;
- Maintain and execute a communication/information plan for both internal staff and external stakeholders;
- Sign required agreements with the Ministry and eHealth Ontario Hosting prior to production use of Panorama System; and,
- Provision of human resources to provide support within at least one (1) of the following categories, as required:
 - Business Practices and Change Management, and,
 - Deployment and Adoption.

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 System as noted below:

- Provide special field support services to the Ministry for the Panorama System to: assist with resolution of field specific issues; assess and test releases, enhancements and innovations; identify business process improvements and change management strategies; and, conduct pilots, prototyping and proof of concept activity;
- Chair/Co-Chair Working Group(s), as required;
- Provision of human resources to provide support within at least three (3) of the following categories, as required:
 - Release Planning and Deployment,
 - Information Governance,
 - Business Practices and Change Management,
 - Audit Policies and Guidelines,
 - Data Standards and Reporting,
 - Innovations and Alignment,
 - User Experience, and,
 - IT Experience.

Reporting Requirements

NAME OF REPORT	DUE DATE
1. Panorama Plan Annual Activity Report (for the period of April 1, 2015 to March 31, 2016)	April 29, 2016

APPENDIX B

Sign-Back Agreement for the Board of Health

On behalf of the Board of Health, I acknowledge that our organization has been approved a total of up to \$203,900 in one-time funding that is to be used for the 2015-16 funding year to support the planning, preparation, and deployment activities of Panorama as identified in the accompanying funding letter.

A signature from a representative who has the authority to bind the Board of Health for the Middlesex-London Health Unit is required below to indicate acceptance of the conditions as noted in this letter, including **Appendix A**. I acknowledge that this funding is being provided subject to the terms and conditions in the Accountability Agreement.

Signature: _____

Name: _____

Position: _____

Date: _____

I have authority to bind the Board of Health.

Please return a signed copy of this form to the address provided in the funding letter.