

AGENDA
MIDDLESEX-LONDON BOARD OF HEALTH
Finance and Facilities Committee

50 King Street, London
Middlesex-London Health Unit – Room 3A
Thursday, April 7, 2016 9:00 a.m.

1. DISCLOSURE OF CONFLICTS OF INTEREST

2. APPROVAL OF AGENDA

3. APPROVAL OF MINUTES – March 3, 2016

4. NEW BUSINESS

4.1. Physical Assets and Facilities Update (Report 010-16FFC)

4.2. 2016 Board Member Compensation (Report 011-16FFC)

4.3. Terms of Reference – Revisions (Report 012-16FFC)

5. CONFIDENTIAL

5.1. Approval of Confidential Minutes – March 3, 2016

6. OTHER BUSINESS

Next meeting Thursday, May 5, 2016 at 9:00 a.m. in Room 3A

7. ADJOURNMENT



PUBLIC MINUTES
Finance and Facilities Committee
50 King Street, Room 3A
MIDDLESEX-LONDON BOARD OF HEALTH
2016 March 3, 9:00 a.m.

COMMITTEE

MEMBERS PRESENT: Ms. Trish Fulton (**Committee Chair**)
Mr. Marcel Meyer
Mr. Ian Peer
Mr. Jesse Helmer

Absent Ms. Joanne Vanderheyden

OTHERS PRESENT: Dr. Christopher Mackie, Medical Officer of Health and CEO
Ms. Elizabeth Milne, Executive Assistant to the Board of Health & Communications (Recorder)
Ms. Laura Di Cesare, Director, Corporate Services
Mr. John Millson, Associate Director, Finance

At 9:00 a.m., Chair Fulton called the meeting to order.

1. DISCLOSURES OF CONFLICT(S) OF INTEREST

Chair 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 Mr. Helmer *that the [AGENDA](#) for the March 3, 2016 Finance and Facilities Committee meeting be approved.*

Carried

3. APPROVAL OF MINUTES

It was moved by Mr. Peer, seconded by Mr. Helmer *that the [MINUTES](#) from the January 28, 2016 Finance and Facilities Committee meeting be approved.*

Carried

4. NEW BUSINESS

4.1 2015 Fourth Quarter Budget Variance Report and Factual Certificate ([Report No. 07-16FFC](#))

Mr. John Millson summarized and provided context to this report, noting some issues that were built into the projections.

Discussion ensued and questions were asked about the following items:

- Any legal responsibility or accountability issues that may be associated with covering the costs for the dental treatment program from cost-shared program surplus.

- Why the reserve fund is not being used to cover this cost, including clarification of the primary purpose of the reserve fund as a risk-mitigation step in case of closing costs for the clinic.
- The circumstances that have caused the dental treatment program to go into deficit, which include decreased revenues from operational costs associated with missed appointments and no increase in revenue from reimbursement, which still draws from the 2010 fee guide.
- Clarification on approving this recommendation as a one-time use of surplus funds to cover the costs, rather than it becoming a policy.

Dr. Mackie clarified and advised that the Health Unit is able to set the budget to achieve its legislated mandate, and that the Board's direction is sought on how to use these funds or whether to access reserve funds to cover the Dental Clinic deficit. Within the budget allotment that has been set, the Health Unit is using funds to achieve this mandate. Health Unit staff continue to look at how to improve the profitability of the clinic, such as adjusting staff hours and trying to reduce missed appointments, with the hope that these measures will address the deficit over the next year.

Chair Fulton inquired about item 9 of Appendix B (Factual Certificate), and Dr. Mackie advised this question could be answered when the committee moves in camera; the matter concerns an identifiable individual.

It was moved by Mr. Helmer, seconded by Mr. Meyer *that the Finance and Facilities Committee receive Report No. 07-16FFC "Fourth Quarter Budget Variance Report & Factual Certificate" for information.*

Carried

It was moved by Mr. Peer, seconded by Mr. Helmer *that the 2015 Dental Treatment program deficit be funded by general Cost-Shared program surplus.*

Carried

4.2 2015 Vendor and Visa Payments ([Report No.08-16FFC](#))

Mr. Millson provided context to this report and answered questions about staff use of corporate cards and the cost increase in materials and supplies.

It was moved by Mr. Meyer, seconded by Mr. Peer, *that the Finance & Facilities Committee receive Report No. 08-16FFC, "2015 Vendor / Visa Payments" as information.*

Carried

5. CONFIDENTIAL

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

- A matter concerning a proposed or pending acquisition of land by the Middlesex-London Board of Health.
- A matter concerning an identifiable individual and litigation involving the Middlesex-London Health Unit.

At 9:43 a.m. Chair Fulton invited a motion to move in camera to discuss a matter concerning a proposed or pending acquisition of land by the Middlesex-London Board of Health.

It was moved by Mr. Peer, seconded by Mr. Meyer *that the Finance and Facilities Committee move in camera to discuss a matter concerning a proposed or pending acquisition of land by the Middlesex-London Board of Health.*

Carried

At 10:02 a.m. it was moved by Mr. Peer, seconded by Mr. Meyer *that the Finance and Facilities Committee rise and return to public session.*

Carried

6. OTHER BUSINESS

6.1 Next meeting: Thursday April 7, 2016 9:00 a.m. Room 3A.

7. ADJOURNMENT

It was moved by Mr. Peer, seconded by Mr. Meyer *that the Finance and Facilities Committee meeting be adjourned.*

At 10:02 a.m. Ms. Fulton *adjourned the meeting.*

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: 2016 April 7

MIDDLESEX-LONDON HEALTH UNIT RELOCATION

Recommendation

It is recommended that the Finance & Facilities Committee:

- a) Receive Report No. 010-16FFC Re: Middlesex-London Health Unit Relocation for information*
- b) Receive Appendix B re: one-time funding requests submitted to the Ministry of Health and Long-Term Care*
- c) Approve proposed Middlesex-London Health Unit Relocation Project Plan (Appendix A)*

Key Points

- The proposed Middlesex-London Health Unit Relocation Project Plan provides a step-by-step guide to manage the complexities associated with relocation of Middlesex-London Health Unit services.
- Supplemental funding has been sought for additional consulting services related to the relocation.
- Site selection criteria, informed by local data and strategic directions can be used as a site evaluation tool to assist with decision making.

Background

The Finance & Facilities Committee was provided with an update regarding our current lease arrangements at 50 King Street and 201 Queens Avenue at the March 3, 2016 meeting. The purpose of this report is provide an update in regards to the proposed Middlesex-London Health Unit (MLHU) Relocation Project Plan, the Space Needs Assessment Functional Program, Ministry of Health and Long Term Care 2016 One-time Funding Request for location analysis and a sample site selection criteria.

Relocation Project Plan

The proposed Relocation Project Plan ([Appendix A](#)) provides a step-by-step guide for managing the complexities associated with relocation. Five distinct phases define this project and include:

1. **Plan & Identify** – In this phase, the project governance and appropriate steps are determined that will guide the duration of this project. Task leads, time estimates and completion dates for key deliverables are identified to provide clear project direction and accountabilities.
2. **Assess & Define** – In this phase, data is gathered to assess current and future space needs of the Middlesex-London Health Unit and our clients, and to define the goals and objectives that a future location must meet.
3. **Select Site** – In this phase, options available to the Middlesex-London Health Unit are identified and assessed based on the previously assessed needs, goals and objectives for our future location.
4. **Develop Site** – In this phase, the selected site is developed to meet the space needs, goals and objectives for our future location.
5. **Move** – In this phase, the new location is ready for occupancy for the Middlesex-London Health Unit and steps will be taken to minimize service disruption and potential challenges.

The proposed Relocation Project Plan is a working document that is intended to be adaptive to the changing demands throughout the project.

Ministry of Health and Long Term Care 2016 One-Time Funding Request: Location Analysis

The Ministry of Health and Long Term Care allowed the Middlesex-London Health Unit to submit one-time funding requests until March 1, 2016. Components included in the funding request are essential components of location analysis that are also set forth in the Community Health Capital Program. The funding requests included:

1. **Space Needs Assessment**
2. **Cost Benefit Analysis – Lease vs. Buy vs. Build**
3. **Public Consultation**

Details of the requests can be found in [Appendix B](#). If funding is not obtained through the one-time grant process, the Middlesex-London Health Unit may request the use of reserve funds to meet these obligations.

Sample Site Selection Criteria

Site selection criteria are a tool that is used as an evaluation framework when considering potential sites for the future location. The site selection criteria for the future Middlesex-London Health Unit location will be developed to align with the long-term strategic directors of the organization and informed findings from the Organizational Structure and Location Committee data collection and analysis process. Example criteria for other health units and health care facilities have been identified and used to develop a Sample Site Selection Criteria ([Appendix C](#)).

These criteria will be subject to further analysis and are not proposed here for approval. As outlined in the proposed Project Plan, site selection criteria appropriate for the Middlesex-London Health Unit will be developed to be approved by the Finance & Facilities Committee in September.

Next Steps

The Projects Leads and Organizational Structure and Location Committee will continue working according to the Project Plan to prepare reports and analysis for the Finance & Facilities Committee to consider.

This report was prepared by John Millson, Associate Director, Finance, Jordan Banninga, Manager, Strategic Projects and Melody Couvillon, Manager, Procurement & Operations.



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

Relocation Project Plan

	<i>Key Deliverables</i>	<i>Details</i>	<i>Responsibility</i>	<i>Start Date</i>	<i>Completion</i>	<i>Comments</i>
Plan & Identify	Project Charter	The project charter outlines the key deliverables for the Organizational Structure and Location Committee.	Organizational Structure and Location Committee (OSL)	January-01-16	January-29-16	Approved by SLT - February-09-16
	Project Timeline	The project timeline outlines the date at which deliverables will be completed and the necessary steps that will need to be carried out.	OSL	January-01-16	January-29-16	Approved by SLT - February-09-16
	Data Collection Plan	The data collection plan articulates the data needs of the project and provides timelines and responsibilities for completion.	OSL Data Collection & Analysis Subcommittee (DCA)	February-12-16	February-28-16	
	Communication Planning	Communication planning describes the communication objectives, content, audience, key messages, time and method of delivery and key responsibilities.	OSL Communications and Document Review Subcommittee (CDR)	February-12-16	Ongoing	
	MOHLTC One-Time Funding Application - Location Analysis	This grant proposal seeks funding for the completion of the space needs assessment, development of a lease vs. buy vs. build analysis and public consultation.	Project Leads	February-01-16	March-01-16	Submitted by Project Leads – March-01-16 Update to be received by FFC – April-07-16
	Sample Site Selection Criteria	A site selection criteria is used as an evaluation framework and articulates the site needs of an organization.	Project Leads	February-14-16	March-22-16	To be received by FFC - April-07-16

	Key Deliverables	Details	Responsibility	Start Date	Completion	Comments
Plan & Identify	Project Plan	Outlines the schedule of project activities and subsequent progress reports and milestones.	Finance & Facilities Committee (FFC)	March-14-16	March-22-16	To be recommended to FFC - April-07-16
	Identify Lease/Build/Buy Consultant	Consultant will be selected according to MLHU procurement policies.	Project Leads	March-15-16	April-15-16	
	Identify Public Consultation Consultant	Consultant will be selected according to MLHU procurement policies.	Project Leads	March-15-16	April-15-16	
	Project Risk Management Plan	Outlines and documents risks that are identified, analyzed, planned for, monitored, controlled and reported.	OSL	April-01-16	April-19-16	To be received by FFC - May-05-16
Assess & Define	Environmental Scan	The environmental scan seeks to identify current and anticipated factors through an analysis of Ontario public health units who have recently undergone site selection and MLHU relocation.	OSL-DCA Subcommittee	March-01-16	April-19-16	To be received by FFC - May-05-16
	MLHU Space Needs Assessment - Functional Program	The functional program describes in list format the required spaces, their size, the quantity, and desired relationships between them in a new MLHU facility.	Tillman Ruth Robinson / OSL	April-14-14	May-20-16	To be received by FFC - June-02-16
	Lease/Buy/Build Analysis	This analysis will assist the FFC in making a cost/benefit decision in regards to lease vs. buy vs. build against key financial and non-financial factors.	Consultant (TBD)	April-15-16	May-20-16	To be received by FFC - June-02-16

	Key Deliverables	Details	Responsibility	Start Date	Completion	Comments
Assess & Define	Site Long List	The long list of available sites identifies all reasonable options available to MLHU for relocation the meet the high level site selection criteria.	Consultant (TBD)	April-07-16	May-20-16	
	Literature Review	The literature review provides an overview of what has been published on the topic of site selection and site selection criteria for public health.	OSL-DCA Subcommittee	March-01-16	May-16-16	To be received by FFC - June-02-16
	MLHU Space Needs Assessment - Functional Plan	The functional plan is a graphic representation of the functional program. This will illustrate in a floor plan the desired size and relationship to all program requirements and rooms listed within the functional program. This creates the backbone for future design and development.	Tillman Ruth Robinson	April-14-14	June-24-16	To be received by FFC - July-07-2016
	Public Consultation	A mixed method public consultation will seek to gather public input to improve our decision-making, enhance transparency and involve the public in the development of our site selection criteria.	Consultant (TBD)	May-01-16	June-24-16	To be received by FFC - July-07-2016
	Partner Consultation	Discussions with our funders and community partners regarding potential opportunities or challenges that could be experienced during MLHU relocation.	Project Leads	May-01-16	Ongoing	

	Key Deliverables	Details	Responsibility	Start Date	Completion	Comments
Assess & Define	Funding Options	Based on previous lease vs. buy vs. build analysis - confirmation of funding options will be determined to proceed to site selection and lease/purchase.	Project Leads	February-01-16	June-24-16	To be received by FFC - July-07-2016
	Long-Term Space Planning / Budget Considerations	Define growth parameters and contingencies for life-cycle of desired site options and determination of long-term financial performance targets.	FFC	July-07-16	August-04-16	
	Site Selection Criteria	Using the data gathered throughout the Assess & Define stage of site selection, FFC will approve MLHU's site selection criteria to use as an evaluation framework in decision-making.	FFC	April-07-16	September-01-16	Site Selection Criteria and Weighting to be approved by FFC – September-01-16
Select Site	Site Short List	Using the site selection criteria, a more thorough evaluation is done using site selection criteria and supplemental data to support decision-making. Supplemental data could include Master Plans, Transportation Plans, Demographic Data, Neighborhood Data, etc.	FFC	October-06-16	November-03-16	

<i>Key Deliverables</i>	<i>Details</i>	<i>Responsibility</i>	<i>Start Date</i>	<i>Completion</i>	<i>Comments</i>
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Select Site	Site Selection and Due Diligence	Following the thorough evaluation, the site which best meets MLHU needs is selected and due diligence is performed to ensure it meets all requirements.	FFC / Consultant	November-03-16	December-01-16
	Secure Funding	Once site has been selected and due diligence performed to ensure suitability. Funding for capital acquisitions will be confirmed and secured.	Project Leads / FFC	November-03-16	December-31-16
	Enter Lease/Purchase Negotiations	If due diligence and funding requirements are met, MLHU will enter into negotiations for site lease/purchase.	Project Leads / FFC	November-03-16	December-31-16
Develop Site	Identify Architectural Design Consultant	Consultant will be selected according to MLHU procurement policies.	Project Leads	TBD	TBD
	Identify Construction Management Consultant	Consultant will be selected according to MLHU procurement policies.	Project Leads	TBD	TBD

<i>Key Deliverables</i>	<i>Details</i>	<i>Responsibility</i>	<i>Start Date</i>	<i>Completion</i>	<i>Comments</i>
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<i>Develop Site</i>	Site Design	Using previously established functional programming and plans, an architect will provide plans and designs for a lease space, existing building or new build.	Consultant (TBD)	TBD	TBD
	Design Review	Initial designs will be reviewed by OSL with consultation from MLHU staff to determine current and future space needs, as assessed by the TRR space needs assessment and FFC growth parameters are met.	OSL	TBD	TBD
<i>Develop Site</i>	Construction	Site construction will be managed by the selected prime consultant.	Consultant (TBD)	TBD	TBD
	Capital Equipment Acquisition	MLHU relocation will require a comprehensive assessment of existing capital equipment for suitability with future site, or necessary replacement.	Project Leads	TBD	TBD
	Installation & Interior Configuration	Installation of capital acquisitions and configuration for smooth transition between 50 King St. and 201 Queens Ave. and new site.	Consultant (TBD)	TBD	TBD

<i>Key Deliverables</i>	<i>Details</i>	<i>Responsibility</i>	<i>Start Date</i>	<i>Completion</i>	<i>Comments</i>
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<i>Develop Site</i>	Site Testing	Test of new site will need to occur prior to occupancy to ensure functionality of the facility.	OSL	TBD	TBD
<i>Move</i>	Move-in Planning	Timeline will need to be established for program and service transition to new location with strong alignment to ongoing communications planning.	OSL	TBD	TBD
	Packing	Coordinated decommissioning of 50 King St. and 201 Queens Ave. sites to ensure smooth transition, integrity of information and records, and minimal disruption.	OSL	TBD	TBD
	Move-in	Transition of all staff to new location in coordinated manner.	OSL	TBD	TBD

Ministry of Health and Long Term Care – 2016 One-time Funding Request

The Office Relocation Project Leads submitted the following items to the Ministry of Health and Long Term Care on March 1, 2016 as part of the location analysis work required for a relocation project. These items have been identified in the Community Health Capital Program. The items submitted, including a description of the key deliverable, cost and timeframe are indicated below:

1. **Space Needs Assessment** – Architectural consultant has provided an assessment of current space needs to provide a resulting functional program and plan relating to the creation, consolidation or expansion of the Health Unit’s future space needs.

Key Deliverable(s):	MLHU Functional Program – Square Footage Requirements MLHU Functional Plan - High Level Floor Plans and Design
Request:	\$28,000 In 2014, the operating budget approved \$104,755 to develop a facilities plan and Tillman Ruth Robinson was chosen at an anticipated cost of \$43,700. See Report No. 028-14FFC for further details. To date, \$22,261 has been disbursed to Tillman Ruth Robinson for work completed. TRR work to complement other planning processes continues.
Timeframe:	MLHU Functional Program (to be completed by end of April) MLHU Functional Plan (to be completed by end of May)

2. **Cost Benefit Analysis** – Consultant to provide assistance in preparing a report to the Board which evaluates the space options of (i) lease, (ii) purchase, and (iii) build to suit (collectively the “Options”) against key financial and non-financial criteria. Analysis will include: gathering market information related to land inventory and values, inventory of office buildings, market rents, for comparable space in the London market and high level financial reporting of the options. Consultant will also assist the Board of Health with business decisions regarding evaluated options.

Key Deliverable(s):	Analysis and report to assist the FFC in making a cost/benefit decision in regards to lease vs. buy vs. build against key financial and non-financial factors.
Request:	\$21,000
Timeframe:	Cost Benefit Analysis (to be completed end of April)

Ministry of Health and Long Term Care – 2016 One-time Funding Request

- 3. **Public Consultation** – Consultants and Middlesex-London Health Unit staff will seek community and client input regarding potential site selection criteria. This consultation will consist of a random dialed telephone survey, web-based survey and focus groups to ensure that an appropriate representation of our clients and the community are found. This data will assist the Board of Health in the development and weighting of the site selection criteria.

Key Deliverable(s):	Telephone Survey Electronic Survey Focus Groups
Request:	\$21,000
Timeframe:	Public Consultation Report (to be completed by end of June)

Sample Criteria Rating Sheet

No.	Criteria	Definition	Weighting (1 - 10)
	Official Plan Designation	Site fits within Official Plan designation as a site suitable for the Health Unit operation	
	Zoning	Zoning for site allows for health unit operations	
	Restrictions (by-laws, right of ways, easements, etc.)	The site is free of significant restrictions	
	Parcel Size and Shape	The parcel size must plan for potential physical and site needs of the facility over 5, 10, 20, 50 and 100 year timeframe that ensures best use of significant and long term government commitment. It should provide flexibility to accommodate major changes in program delivery.	
	Flexible Site Development Options	The site should be large enough to accommodate the proposed uses as well as future buildings, structures, parking, landscaped areas, etc., including allied services.	
	Parking Potential	Parking is defined by two criteria: Municipal Zoning and anticipated use.	
	Service Catchment Area	Consideration should be given to the surrounding population (current and future) numbers as an area with a higher density would be more desirable for a number of reasons (e.g. distance of travel, services a greater number of people with a smaller area). Future population should be considered. Thought should also be given to other health services.	
	Proximity to Public Services	The Facility should locate in an area where other supporting public service institutions are within reasonable proximity.	
	Provisions for Allied Services (lab, pharmacy, etc.) On Site or Adjacent	Considerations should be given as to whether it would be desirable to bring allied facilities close to the facility to form a campus arrangement.	
	Relationship to Other Support Institutions (research, education, etc.)	The Facility should locate in an area where other supporting public service institutions are within reasonable proximity.	
	Neighbourhood Compatibility	The image of the Health Unit and the acceptance of the community are important parameters. Must welcome a welcoming public image from the point of health care access. The site must be located in an area where the health unit would be compatible with existing uses, now and within future policy directions.	
	Location Amenities (trails, parks, local businesses)	Nearby Amenities to site can enhance a person's experience. The site should have trails and walkways with the site the connect to the bigger municipal system. Nearby commercial uses add to the location for visitor and employee convenience.	
	Visibility	The Health Unit is located so as to be in a high traffic area and have a prominent exterior for public recognition.	
	Arterial/Collector Road Access	The goal should be situating the Facility in close proximity to population and therefore located with close access to major transportation corridors. Access to major roadways for connectivity to regional communities is important.	

User Access (roadway, drop-off, loading)	Access, drop off requirements and shipping and receiving are inevitably linked to site layout. It is assumed there will be reasonable access for wheelchair transportation vehicles and drop-off/ loading areas.	
Transit Stop in Close Proximity	Optimally within a 5 minute walk (400m) radius	
Located on a Proposed Rapid Transit Route	Site is located on a proposed rapid transit route as identified in the SHIFT Transportation Plan	
Walk Score	Walkability is largely a function of the proximity and connectivity between destinations, or the degree to which we can travel directly between places where we live, work and play.	
Site and Construction Costs	How the site will impact short-term costs in-terms of land acquisition and construction costs	
Operational Costs	The site will provide cost savings over the lifespan of the site and buildings	
Environmental Sustainability	Building is designed, constructed and maintained in an environmentally responsible manner (i.e. green building, LEED certification)	
Safe and Convenient Pedestrian Access	Sidewalks should be available or planned for the roads leading the to site and to the user access points. Bike routes should be safe and the preference is for dedicated on road bike lanes.	
Site Servicing (electrical, water, sewage, gas, IT, etc.)	The site should have capacity to support the Facility. Electrical, water, sewer, gas and other services should be in place now or by the time construction is scheduled to start. There are special considerations for plumbing and electrical systems in health care facilities.	
Roadway Capacity	The road network must be able to support or add capacity to support the existing average daily trips in addition to those anticipated as the population grows. Road networks currently operating at a level 'd' to greater may have long term congestion issues.	
Potential Site Hazards	Located in proximity to operational hazards (train yards, industrial plants, rivers, etc.).	
Site Remediation	Remediation of the site is necessary prior to construction and occupancy of the Health Unit.	
Proximity to Neighborhoods with Low SES	Proximity to neighborhoods with material deprivation and social deprivation. The index is geographical:based on the smallest standardized Canadian census unit, composed of one or more blocks of neighbouring houses with a population of 400 to 700 persons.	
Opportunity to share space with community partners	Through the leasing of MLHU space with other community partners.	



TO: Chair and Members of the Finance & Facilities Committee

FROM: Christopher Mackie, Medical Officer of Health

DATE: 2016 April 7

2016 BOARD MEMBER COMPENSATION

Recommendation

It is recommended that the Finance & Facilities Committee make recommendation to the Board of Health to increase the Board of Health member compensation rate for a half day meeting to \$149.25 retroactively to January 1st, 2016.

Key Points

- The current half day meeting rate for Board members who are eligible to receive remuneration is \$147.04 which was established by the Board of Health in May 2015.
- On March 22nd, County Council passed a new rate for its members' of \$149.25, which represents a 1.5% increase.

Background

Section 49 of the Health Protection & Promotion Act (HPPA) speaks to the composition, term, and remuneration of Board of Health members. Subsections (4), (5), (6), & (11) relate specifically to remuneration and expenses. They are:

Remuneration

(4) A board of health shall pay remuneration to each member of the board of health on a daily basis and all members shall be paid at the same rate. R.S.O. 1990, c. H.7, s. 49 (4).

Expenses

(5) A board of health shall pay the reasonable and actual expenses of each member of the board of health. R.S.O. 1990, c. H.7, s. 49 (5).

Rate of remuneration

(6) The rate of the remuneration paid by a board of health to a member of the board of health shall not exceed the highest rate of remuneration of a member of a standing committee of a municipality within the health unit served by the board of health, but where no remuneration is paid to members of such standing committees the rate shall not exceed the rate fixed by the Minister and the Minister has power to fix the rate. R.S.O. 1990, c. H.7, s. 49 (6).

Member of municipal council

(11) Subsections (4) and (5) do not authorize payment of remuneration or expenses to a member of a board of health, other than the chair, who is a member of the council of a municipality and is paid annual remuneration or expenses, as the case requires, by the municipality. R.S.O. 1990, c. H.7, s. 49 (11).

In relation to Section 49(6), the Board of Health's current meeting rate is \$147.04 and has been in place since January 1, 2015.

2016 Compensation Rate

At its meeting on March 22nd, 2016, Middlesex County Council passed its 2016 operating budget which included a per diem half day meeting rate of \$149.25 effective January 1, 2016 (see [Appendix A](#)) for the corresponding By-Law). Historically compensation rates passed by Middlesex County Council have been applied for remunerating Board of Health members who are eligible to receive compensation. The new County Council rate represents an increase of \$2.21 or 1.5%. If 2015 meeting costs were used, this would translate into an increase of approximately \$442 total for Board of Health compensation for 2016.

In accordance to Section 49(11) of the HPPA, Board members who are City Councilors do not receive an additional stipend for meetings, as it is deemed to be included in their annual remuneration from the City.

Conclusion

In accordance with Section 49 of the Health Protection & Promotion Act and following past practice, it is recommended that the half day per diem meeting rate for eligible Board of Health members be increased to \$149.25 retroactive to January 1, 2016.

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



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

THE CORPORATION OF THE COUNTY OF MIDDLESEX**BY- LAW #**

A BY-LAW to provide for remuneration and expenses, including convention expenses, payable to Members of Council.

WHEREAS Section 283 of The Municipal Act, S.O. 2001, c.25, provides that the council of a municipality may pay remuneration and expenses to members of Council and members of any local board of the municipality;

AND WHEREAS Council adopted a recommendation at the Middlesex County Council Budget Meeting on March 8, 2016 that a 1.5% increase be approved for the Members of Middlesex County Council and all Council Appointments for 2016 as follows:

Members of Council

That the Councillor's salary be increased by \$150 to \$10,150 commencing January 1, 2016. The Councillor's salary covers attendance at County Council meetings including the County Council Budget meeting, and Visioning Sessions.

That the per diem for Committee meetings, Board appointments and attendance at conventions, etc., shall be:

effective January 1, 2016 \$149.25

Conventions

That effective January 1, 2016 the maximum for convention reimbursement, exclusive of registration fees, shall be \$4,000.00.

THEREFORE the Council of the Corporation of the County of Middlesex enacts as follows:

1. That the travelling allowance for attendance at meetings shall be the travelling allowance rates as approved by Council from time to time.
2. That delegates to conventions shall receive expenses as outlined on Schedule A.
3. That members of Council or other persons appointed by Council to serve as members of the following local boards and other bodies shall receive the same remuneration and expenses as members of Council attending council approved committee meetings:

Middlesex County Library Board
Middlesex-London Board of Health
Western Fair Board
County/City Liaison Committee
Middlesex Accessibility Advisory Committee
London-Middlesex Housing Corporation
University of Western Ontario
and such other bodies to which Council from time to time appoints representatives.

THE CORPORATION OF THE COUNTY OF MIDDLESEX

BY- LAW # Page 2

4. Third Party Appointments
 Prior to any member of County Council accepting a third party appointment to a Board, Committee, or Standing Committee appointment that requires compensation from the County of Middlesex; the nominee will obtain approval from County Council for the appointment. Outlined in Schedule "B"
5. Council will be required to approve by resolution all appointments that arise during the council term
6. That for special meetings other than visioning sessions and budget meeting, the following per diems be adopted:
 - a) less than 30 minutes - up to 25% of the per diem
 - b) 30 minutes to 1 ½ hours - 50% of the per diem
 - c) More than 1 ½ hours - 100% of the per diem
7. That, for the purposes of Revenue Canada, one-third of the total of the remuneration, and the amount paid for travel to and from Council meetings, shall be deemed to be the expense allowance for members of Council.
8. That By-law #6705 is hereby repealed effective January 1, 2016.

PASSED IN COUNCIL this 22nd day of March, 2016.

Jim Maudsley, Warden

Kathleen Bunting, County Clerk

SCHEDULE "A"
TO BY-LAW #
COUNTY OF MIDDLESEX
POLICIES RE: ATTENDANCE AT CONVENTIONS

Expenses payable to Delegates at Conventions.

1. Registration
The registration fee for two (2) authorized conventions per year.
2. Accommodations / Parking
Accommodation costs for convention dates including one night prior, and the cost of parking, with the submission of appropriate receipts.
3. Meals
The cost of meals to a maximum of \$75.00 per day with the submission of appropriate receipts. Expenses without receipts will be paid as a non-accountable expense to the \$75.00 maximum and will be taxable.
4. Per diem
The approved per diem shall be paid for each ½ day attendance at the convention.
5. Travel
 - a) One per diem for travel before and after conventions over 300 kilometres
 - b) Mileage at the County's approved rate.
 - c) Airfare or train expense with receipts.
6. The maximum convention expenditure per member of Council per year will be \$4,000.00, exclusive of registration costs.
7. Item #6 maximum per year does not apply to the Warden (expenditure within the approved budget).
8. The registration and expenses be paid for the Warden's partner.
9. Member of Council who is a member of the Board of Directors of a municipal association.

The maximum related to attendance at Board meetings and conventions shall be \$8,000.00, exclusive of registration expenses, on the condition that the nomination to the Board was supported by a resolution from Council.
(Schedule C)

**SCHEDULE “B”
TO BY-LAW #
COUNTY OF MIDDLESEX
“THIRD PARTY APPOINTMENTS”**

Policy No. LEG – 2.01

SUBJECT: COMMITTEE APPOINTMENTS	DEPARTMENT: COUNTY COUNCIL
ISSUED: June 22, 2010	REVISED:
APPROVED: Middlesex County Council	APPROVED:
DATE: June 8, 2010	DATE:

PURPOSE: To provide direction for the appointment of County Councillors and Middlesex County Library Board Members to external Boards, Committees and Associations.

PROCEDURE:

1. At the beginning of the Council term of office, the CAO will present a report for County Council which lists all of the current and potential appointments for County Council and the Library Board
 - a. The report will invite Councillors and Library Board Members to submit their appointment requests for council approval
2. On a quarterly basis, each appointee will provide Council with a verbal report on the actions and activities of the external Board, Committee or Association they are appointed to.
3. At the conclusion of each Council term of office, Council will establish a committee to make recommendations to council on the maximum budget (per diems, travel, conferences) for each board or committee appointment for the following term of office.
4. All appointments will be concurrent with Council's term of office where applicable.
5. Prior to accepting a Board, Committee, or Standing Committee appointment that requires compensation from the County of Middlesex; the nominee will obtain approval from County Council for the appointment.
6. Council will be required to approve by resolution all appointments that arise during the council term
7. This policy will be effective December 1st, 2010.

**SCHEDULE "C"
TO BY-LAW #
COUNTY OF MIDDLESEX
"BOARD OF DIRECTORS
OF A MUNICIPAL ASSOCIATION"**

The following Councillors are member of a Board of Directors of a Municipal Association for the year 2016:

Councillor Richards	South Central Ontario Region (SCOR),
Councillor Vanderheyden	Federation of Canadian Municipalities



TO: Chair and Members of the Finance & Facilities Committee

FROM: Christopher Mackie, Medical Officer of Health

DATE: 2016 April 7

FINANCE & FACILITIES – TERMS OF REFERENCE REVISIONS

Recommendation

It is recommended that the Finance and Facilities Committee:

- 1) Receive Report No. 012-16FFC for information; and*
- 2) Make a recommendation to the Board of Health about whether or not to separate the Facilities Committee role from the Finance Committee role; and*
- 3) Recommend that the Governance Committee recommend to the Board of Health approval of the revised Terms of Reference attached as Appendix A.*

Key Points

- The Terms of Reference for the Finance & Facilities Committee is to be reviewed biannually. Review and revision of the Terms of Reference is to be approved by the Governance Committee of the Board of Health.
- Feedback from Mr. Graham Scott's board development session, changes to Middlesex-London Health Unit organizational structure and discussion at the January 28, 2016 FFC meeting were integrated into the Terms of Reference.

Background

At the November 5, 2015 Finance & Facilities meeting, Health Unit staff were directed to review the committee's Terms of Reference and report back on potential revisions. During review, items noted during Mr. Graham Scott's session regarding "Board of Health Critical Elements for Effective Governance" and recent changes to Middlesex-London Health Unit organizational structure.

Revised Terms of Reference

Feedback from the Finance & Facilities Committee (FFC) meeting on January 28, 2016 was incorporated into the revised FFC Terms of Reference ([Appendix A](#)).

Finance and Facilities Roles

There will be substantially increased Board and Committee work related to Health Unit facilities in the coming year. FFC's guidance is sought regarding whether this work should be pulled out of FFC and a separate ad hoc Facilities Committee created for the duration of this work.

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

A handwritten signature in black ink, appearing to read 'C. Mackie'.

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

FINANCE & FACILITIES COMMITTEE

PURPOSE

The committee serves to provide an advisory and monitoring role. The committee's role is to assist and advise the Board of Health, the Medical Officer of Health /Chief Executive Officer (MOH/CEO), and the Associate Director, Finance in the administration and risk management of matters related to the finances and facilities of the organization.

REPORTING RELATIONSHIP

The Finance & Facilities Committee is a committee reporting to the Board of Health of the Middlesex-London Health Unit. The Chair of the Finance & Facilities Committee, with the assistance of the MOH/CEO, the Director of Corporate Services and the Associate Director, Finance, will make reports to the Board of Health as a whole following each of the meetings of the Finance & Facilities Committee.

MEMBERSHIP

The membership of the Committee will consist of a total of five (5) voting members. The members will include the Chair and Vice-Chair of the Board of Health and in total, the membership will contain at least one Middlesex County Board Member, one City of London Board Member and two provincial Board Members.

The Secretary-Treasurer will be an ex-officio member.

Staff support:

- Associate Director, Finance
- Director, Corporate Services
- Executive Assistant to the Board of Health and Communications or the Executive Assistant to the Medical Officer of Health depending on availability.

Other Board of Health members are able to attend the Finance & Facilities Committee but are not able to vote.

CHAIR

The Finance & Facilities Committee will elect a Chair annually, for a one year term, renewable annually. Chairs are encouraged to seek reelection at least for a second year. The Chair of the Committee may be appointed for additional terms following the completion of an appointment to enhance continuity of the Committee.

TERM OF OFFICE

At the first Board of Health meeting of the year the Board will review the committee membership. At this time, if any new appointments are required, the position(s) will be filled by majority vote. The appointment will be for at least one year, and where possible, staggered

terms will be maintained to ensure a balance of new and continuing members. A member may serve on the committee as long as he or she remains a Board of Health member.

DUTIES

The Committee will seek the assistance of and consult with the MOH/CEO and the Associate Director, Finance for the purposes of making recommendations to the Board of Health on the following matters:

1. Reviewing detailed financial statements and analyses.
2. Reviewing the annual cost-shared and 100% funded program budgets, for the purposes of governing the finances of the Health Unit.
3. Reviewing the annual financial statements and auditor's report for approval by the Board.
4. Reviewing annually the types and amounts of insurance carried by the Health Unit.
5. Reviewing periodically administrative policies relating to the financial management of the organization, including but not limited to, procurement, investments, and signing authority.
6. Monitoring the Health Unit's physical assets and facilities.
7. Reviewing annually all service level agreements.
8. Reviewing all funding agreements.

FREQUENCY OF MEETINGS

The Committee will meet monthly between Board of Health meetings. If a meeting is deemed not to be required it shall be cancelled at the call of the Chair of the Committee.

AGENDA & MINUTES

1. The Chair of the committee, with input from the Director, Corporate Services, the Associate Director, Finance and the Medical Officer of Health & Chief Executive Officer (MOH/CEO), will prepare agendas for regular meetings of the committee.
2. Additional items may be added at the meeting if necessary.
3. The recorder is the Executive Assistant to the Board of Health and Communications.
4. Agenda & minutes will be made available at least 5 days prior to meetings.
5. Agenda & meeting minutes are provided to all Board of Health members.

BYLAWS:

As per Section 19.1 of Board of Health By-Law No. 3, the rules governing the proceedings of the Board shall be observed in the Committees insofar as applicable. This will include rules related to conducting of meetings; decision making; quorum and self-evaluation.

REVIEW

The terms of reference will be reviewed every 2 (two) years.

Implementation Date: June 20, 2013

Revision Date: April 7, 2016