

AGENDA
MIDDLESEX-LONDON BOARD OF HEALTH
Finance and Facilities Committee

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

1. DISCLOSURE OF CONFLICTS OF INTEREST

2. APPROVAL OF AGENDA

3. APPROVAL OF MINUTES – June 8, 2016

4. CONFIDENTIAL

The Finance and Facilities Committee will move in camera to discuss items regarding identifiable individuals and a proposed or pending acquisition of land by the Middlesex-London Board of Health.

5. NEW BUSINESS

5.1. Proposed 2017 PBMA Process, Criteria & Weighting

6. OTHER BUSINESS

Next meeting Thursday, August 4, 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 June 8, 9:30 a.m.

COMMITTEE

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

OTHERS PRESENT: Ms. Elizabeth Milne, Executive Assistant to the Board of Health & Communications (Recorder)
Mr. Wally Adams, Director, Environmental Health & Infectious Diseases
Mr. Jordan Banninga, Manager, Strategic Projects
Ms. Melissa McCann, Program Evaluator, Environmental Health & Infectious Diseases
Mr. John Millson, Associate Director, Finance
Mr. Ian Jeffreys, Auditor, KPMG

At 9:28 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 Ms. Vander, seconded by Mr. Meyer *that the [AGENDA](#) for the June 8 2016 Finance and Facilities Committee meeting be approved.*

Carried

3. APPROVAL OF MINUTES

It was moved by Mr. Peer, seconded by Mr. Meyer *that the [MINUTES](#) from the May 3, 2016 Finance and Facilities Committee meeting be approved.*

Carried

Chair Fulton welcomed Mr. Ian Jeffreys, the Health Unit's Auditor from KPMG who reviewed the Health Unit's financial records and audit.

4. NEW BUSINESS

4.1 2015 Draft Financial Statements ([Report No. 016-16FFC](#))

Mr. Millson provided a revised Draft Financial Statement (Appendix A) summarized the revisions to this document. Mr. Millson provided context to this report and a high level overview of the Health Unit's revenues.

Discussion ensued about the following:

- Percentage of revenue derived from grants and clarification of the term ‘grant’.
- Items listed within Liabilities and the difference between the accrued wages and benefits listed.
- Items listed within other expenses and miscellaneous, which could be separated and set under a different category next year.

At 9:53 a.m. Chair Fulton invited a motion to move in camera to discuss a matter regarding identifiable individuals.

It was moved by Ms. Vanderheyden, seconded by Mr. Meyer *that the Finance and Facilities move in camera to discuss a matter regarding identifiable individuals.*

Carried

All Health Unit staff except Ms. Elizabeth Milne and Mr. Ian Jeffreys left the room.

It was moved by Mr. Meyer, seconded by Mr. Peer *that the Finance and Facilities Committee rise and return to public session.*

Carried

At 10:21 a.m. the Finance and Facilities Committee returned to public session.

Chair Fulton noted the overview of the KPMG Auditor’s report, and gave staff and Committee members an opportunity to discuss and ask questions.

It was moved by Mr. Helmer, seconded by Ms. Vanderheyden *that the Finance and Facilities Committee review and make recommendation to the Board of Health to approve the audited Financial Statements for the Middlesex-London Health Unit, December 31st 2015 as appended to report No. 016-16FFC.*

Carried

4.2 2015 Reserve / Reserve Fund Balance ([Report No. 017-16FFC](#))

Mr. Millson summarized and provided context to this report.

It was moved by Mr. Peer, seconded by Mr. Helmer, *that the Finance & Facilities Committee recommend to the Board of Health:*

- 1) *To approve a \$25,930 drawdown from the Sick Leave Reserve Fund to fund the 2015 sick leave payments to eligible staff; and further,*
- 2) *To receive the 2015 -2016 Reserve / Reserve Fund Overview ([Appendix A](#)) for information; and further,*
- 3) *That Report No. 017– 16FFC, “2015 Reserve / Reserve Fund Balances” be forwarded to the City of London and the County of Middlesex for information.*

Carried

4.3 Q1 Financial Update & Factual Certificate ([Report No. 018-16FFC](#))

Mr. Millson provided context to this report and answered questions.

Discussion ensued about the receipt of one-time funding grants built into the budget and Community Health Capital Planning.

It was moved by Mr. Helmer seconded by Mr. Meyer, *that the Finance and Facilities Committee review and recommend to the Board of Health to receive Report No. 018-16FFC re: “Q1 Financial Update Report & Factual Certificate” for information.*

Carried

5. CONFIDENTIAL

At 10:34 a.m. Chair Fulton invited a motion to move in camera to discuss items regarding a proposed or pending acquisition of land by the Middlesex-London Board of Health.

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

Carried

At 11:19 a.m. it was moved by Mr. Peer, seconded by Ms. Vanderheyden *that the Finance and Facilities Committee rise and return to public session to adjourn the meeting.*

Carried

At 11:19 a.m. the Finance and Facilities Committee returned to public session.

6. OTHER BUSINESS

The next Finance and Facilities Committee will be July 7, 2016 at 9:00 a.m. in Room 3A.

7. ADJOURNMENT

At 11:20 a.m. Chair Fulton *adjourned the meeting.*

TRISH FULTON
Committee Chair

JESSE HELMER
Chair, Board of Health

TO: Chair and Members of the Finance & Facilities Committee

FROM: Christopher Mackie, Medical Officer of Health

DATE: 2017 July 7

PROPOSED 2017 PBMA PROCESS, CRITERIA & WEIGHTING

Recommendation

It is recommended that the Board of Health approve the 2017 PBMA criteria and weighting that is proposed in Appendix A to Report No. 023-16FFC.

Key Points

- MLHU is preparing for its third year of the PBMA criteria-based budgeting process.
- The criteria and weights for the PBMA process were developed in 2013 through extensive consultation with staff and the Senior Leadership Team.
- The Board of Health approved revisions in the 2015 to reflect the values consultations held with staff during strategic planning and some minor language changes during the 2016 process.
- There are no changes to criteria and weightings for 2017. There are some internal process enhancements planned.

Background

Program Budgeting Marginal Analysis (PBMA) is a criteria-based budgeting process that facilitates reallocation of resources based on maximizing service. 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 considered proposals since 2014 to inform reallocations to the Middlesex-London Health Unit program budgets.

The 2017 PBMA Process

The 2017 PBMA process consists of:

- a) Validation of the assessment criteria and weighting by the Senior Leadership Team and the Non-Union Leadership Team;
- b) Approval of criteria and weighting by the Finance and Facilities Committee;
- c) Proposal development that identifies investments that will have the greatest positive impact and disinvestments that will have the least negative impact;
- d) Review of proposals by internal advisory committees;
- e) Proposal review and recommendations by the Senior Leadership Team; and
- f) Review by the Finance and Facilities Committee and approval by the Board of Health.

The 2017 Criteria & Weights

The recommended criteria and weights for the 2017 PBMA process ([Appendix A](#)) remain unchanged from 2016. Management and staff are familiar with the weightings and have endorsed their continued use. The criteria and weights will be reconsidered each year to respond to changing priorities, demands and strategic directions.

Next Steps

The criteria and weights approved by the Finance and Facilities Committee will be applied to each proposal for investment and disinvestment and used to rate the potential for positive and negative impacts on program and service delivery at the Middlesex-London Health Unit. These proposals for investment and disinvestment will be brought to the Board of Health for approval as part of the 2017 budget process.

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



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

2017 PBMA Criteria

Criteria	2017 Weight	Change	2016 Weight	Change	2015 Weight	Change*	2014 Weight
Legislative Requirement	14	-	14	-	14	-1	15
Other Requirement – Alignment	6	-	6	-	6	-	6
Health Need – Burden of Illness	7	-	7	-	7	-	7
Health Need – SDOH	8	-	8	-	8	-	8
Impact – Burden of Illness	14	-	14	-	14	-	14
Impact – SDOH	14	-	14	-	14	-	14
Impact – Customer Service	11	-	11	-	11	-	11
Community Capacity	4	-	4	-	4	-	4
Collaboration / Partnership	7	-	7	-	7	+1	6
Organizational Risks / Benefits – reputation/litigation	7	-	7	-	7	-1	8
Organizational Risks / Benefits – implementation	3	-	3	-	3	-	3
Organizational Risks / Benefits – culture	5	-	5	-	5	+1	4
TOTAL	100		100		100		100

*Changes occurred in 2015 due to the development of the 2015 – 2020 MLHU Strategic Plan

Legislative Requirement

Criteria	Weight	Ratings
Assess the impact of the proposed change on the ability of the program to meet the legislative requirements for this program / activity (if any)	14	DISINVESTMENT - Major negative impact on ability to meet the legislative requirements (-3.00) DISINVESTMENT - Moderate negative impact on ability to meet the legislative requirements (-2.00) DISINVESTMENT - Minor negative impact on ability to meet the legislative requirements (-1.00) BOTH - No impact on ability to meet the legislative requirements (0.00) INVESTMENT - Minor positive impact on ability to meet the legislative requirements (1.00) INVESTMENT - Moderate positive impact on ability to meet the legislative requirements (2.00) INVESTMENT - Major positive impact on ability to meet the legislative requirements (3.00)
<ul style="list-style-type: none"> In the rationale section, indicate whether this program / activity is specifically mandated under: (a) the Health Protection and Promotion Act via the OPHS, (b) other legislation, or (c) not mandated under legislation. Provide a hyper-link(s) (website address) where possible. If mandated under the OPHS, indicate which standard/protocol mandates the requirement/activity and quote the specific requirement for this program / activity. Indicate if there is an accountability agreement indicator associated with this program and if so, what the indicator is. If mandated by other legislation, provide a hyper-link to the requirements under the legislation. 		

Other Requirement

Criteria	Weight	Ratings
Assess the alignment of the proposed change with MLHU's Strategic Plan or other guidance documents	6	DISINVESTMENT - Considerable dis-alignment with MLHU's Strategic Plan or other documents (-3.00) DISINVESTMENT - Some dis-alignment with MLHU's Strategic Plan or other documents (-2.00) DISINVESTMENT - Little dis-alignment with MLHU's Strategic Plan or other documents (-1.00) BOTH - No alignment with MLHU's Strategic Plan or other documents (0.00) INVESTMENT - Little alignment with MLHU's Strategic Plan or other documents (1.00) INVESTMENT - Some alignment with MLHU's Strategic Plan or other documents (2.00) INVESTMENT - Considerable alignment with MLHU's Strategic Plan or other documents (3.00)
<ul style="list-style-type: none"> Consider how this proposed change aligns with the Health Unit's strategic plan and other strategic documents such as the Ontario Public Health Sector Strategic Plan, Chief Medical Officer of Health reports, etc. 		

Health Need

Criteria	Weight	Ratings
Assess the need for this program / activity in terms of the burden of illness it is intended to prevent and/or the risk factor it is intended to reduce	7	DISINVESTMENT - Major health need (high prevalence & high severity) (-3.00) DISINVESTMENT - Moderate health need (either high prevalence or high severity) (-2.00) DISINVESTMENT - Minor health need (low prevalence & low severity) (-1.00) BOTH - No health need (0.00) INVESTMENT - Minor health need (low prevalence & low severity) (1.00) INVESTMENT - Moderate health need (either high prevalence or high severity) (2.00) INVESTMENT - Major health need (high prevalence & high severity) (3.00)
<ul style="list-style-type: none"> Using local statistics if possible, consider one or more of the following related to the burden of illness or risk factor being addressed by the program / activity: (a) potential years of life lost, (b) mortality rate, (c) hospitalization rate, (d) rate of illness or rate of risk factor in our community compared to other communities or the province as a whole 		

Health Need

Criteria	Weight	Ratings
Assess the need for this program/activity in terms of the social determinant of health (SDOH) it is intended to address and/or health inequities	8	DISINVESTMENT - Major SDOH or health inequity addressed by this program/activity (-3.00) DISINVESTMENT - Moderate SDOH or health inequity addressed by this program/activity (-2.00) DISINVESTMENT - Minor SDOH or health inequity addressed by this program/activity (-1.00) BOTH - No SDOH or health inequity addressed by this program/activity (0.00) INVESTMENT - Minor SDOH or health inequity addressed by this program/activity (1.00) INVESTMENT - Moderate SDOH or health inequity addressed by this program/activity (2.00) INVESTMENT - Major SDOH or health inequity addressed by this program/activity (3.00)
<ul style="list-style-type: none"> Using local statistics if possible, consider how the issue being address by this program / activity affects the social determinants of health (SDOH) and/or health inequities 		

Impact

Criteria	Weight	Ratings
Assess the expected impact of the proposed change to the program/activity on the burden of illness it is intended to prevent and/or the risk factor it is intended to reduce	14	DISINVESTMENT - Major increase in illness/risk factors (-3.00) DISINVESTMENT - Moderate increase in illness/risk factors (-2.00) DISINVESTMENT - Minor increase in illness/risk factors (-1.00) BOTH - No reduction/prevention of illness/risk factors (0.00) INVESTMENT - Minor reduction/prevention of illness/risk factors (1.00) INVESTMENT - Moderate reduction/prevention of illness/risk factors (2.00) INVESTMENT - Major reduction/prevention of illness/risk factors (3.00)
<ul style="list-style-type: none"> Consider how the proposed change is expected to impact on the health needs (outlined above) or other indicators, such as quality adjusted life years, when compared to current service. If these are unavailable, impact on shorter term outcomes of the program / activity can be considered (e.g., impact on knowledge, skills, attitudes etc.) Sources of the information above can be published literature, evaluation reports, health status reports, surveillance data etc. 		

Impact

Criteria	Weight	Ratings
Assess the expected impact of the proposed change to the program / activity on the SDOH and/or health inequities	14	DISINVESTMENT - Major increase in health inequities / negative effect on a SDOH (-3.00) DISINVESTMENT - Moderate increase in health inequities / negative effect on a SDOH (-2.00) DISINVESTMENT - Minor increase in health inequities / negative effect on a SDOH (-1.00) BOTH - No impact on health inequities / effect on a SDOH (0.00) INVESTMENT - Minor reduction of health inequities / positive effect on a SDOH (1.00) INVESTMENT - Moderate reduction of health inequities / positive effect on a SDOH (2.00) INVESTMENT - Major reduction of health inequities / positive effect on a SDOH (3.00)
<ul style="list-style-type: none"> Using local statistics if possible, consider how the issue being address by this program / activity affects the social determinants of health and/or health inequities 		

Impact

Criteria	Weight	Ratings
Assess the expected impact of the proposed change to the program / activity on client experience	11	DISINVESTMENT - Major decline in client experience (-3.00) DISINVESTMENT - Moderate decline in client experience (-2.00) DISINVESTMENT - Minor decline in client experience (-1.00) BOTH - No impact on on client experience (0.00) INVESTMENT - Minor improvement to client experience (1.00) INVESTMENT - Moderate improvement to client experience (2.00) INVESTMENT - Major improvement to client experience (3.00)
<ul style="list-style-type: none"> Consider how the change will impact the client experience which includes: (a) the extent to which the service respects client and family needs and values, (b) client safety, (c) cultural appropriateness, and (d) how the client will perceive the experience with regard to communication, staff professionalism, and being client focused. 		

Community Capacity

Criteria	Weight	Ratings
Is there duplication of a program / activity in the community? Assess if others in the community are doing some or all of this program / activity or if it is unique to the Health Unit.	4	DISINVESTMENT - No capacity in the community (-3.00) DISINVESTMENT - Limited capacity in the community (-2.00) DISINVESTMENT - Some capacity in the community (-1.00) BOTH - Considerable capacity in the community (0.00) INVESTMENT - Some capacity in the community (1.00) INVESTMENT - Limited capacity in the community (2.00) INVESTMENT - No capacity in the community (3.00)
<ul style="list-style-type: none"> Is there duplication of a program / activity in the community? Consider if there are others in the community who are doing all or part of this program / activity. Specifically, are others likely to fill in the gap in cases of disinvestment. If proposing possible discontinuation of the program / activity, if appropriate, use the rationale section to indicate those in the community who could take on this role. 		

Collaboration / Partnership

Criteria	Weight	Ratings
How does the proposed change affect collaboration/partnerships that contribute to meeting the Health Unit's goals outside of impact?	7	DISINVESTMENT - Major negative impact on collaboration/partnerships (-3.00) DISINVESTMENT - Moderate negative impact on collaboration/partnerships (-2.00) DISINVESTMENT - Minor negative impact on collaboration/partnerships (-1.00) BOTH - No impact on collaboration/partnerships (0.00) INVESTMENT - Minor improvement to collaboration/partnerships (1.00) INVESTMENT - Moderate improvement to collaboration/partnerships (2.00) INVESTMENT - Major improvement to collaboration/partnerships (3.00)
<ul style="list-style-type: none"> Consider the community partners involved in this program / activity and how being involved in this collaboration / partnership supports the Health Unit in achieving its goal and building goodwill in the community, as well as how the proposed change will affect this collaboration/partnership. 		

Organizational Risks / Benefits

Criteria	Weight	Ratings
Assess the risks/benefits to the Health Unit of implementing the proposed change. Specifically consider organizational reputation and risk of litigation that exists separately from our legislative mandates.	7	DISINVESTMENT - Major risk to reputation / of litigation (-3.00) DISINVESTMENT - Moderate risk to reputation / of litigation (-2.00) DISINVESTMENT - Minor risk to reputation / of litigation (-1.00) BOTH - No risk/benefit to reputation / of litigation (0.00) INVESTMENT - Minor benefit to reputation / decreased risk of litigation (1.00) INVESTMENT - Moderate benefit to reputation / decreased risk of litigation (2.00) INVESTMENT - Major benefit to reputation / decreased risk of litigation (3.00)
<ul style="list-style-type: none"> Consider how this change will impact the reputation of the Health Unit and/or if this change puts the Health Unit at risk for litigation. 		

Organizational Risks / Benefits

Criteria	Weight	Ratings
ORGANIZATIONAL RISKS / BENEFITS: Assess the risks/benefits to the Health Unit of implementing the proposed change. Specifically consider implementation challenges (incl. ease of sustainment and impact on other frontline/support services)	3	DISINVESTMENT - Major implementation challenges (-3.00) DISINVESTMENT - Moderate implementation challenges (-2.00) DISINVESTMENT - Minimal implementation challenges (-1.00) DISINVESTMENT - No implementation challenges / INVESTMENT - Major implementation challenges (0.00) INVESTMENT - Minimal implementation challenges (1.00) INVESTMENT - Moderate implementation challenges (2.00) INVESTMENT - No implementation challenges (3.00)
<ul style="list-style-type: none"> Consider the following as possible implementation challenges in addressing this criteria: (a) how easy or difficult it will be to implement this change in the short-term? (b) how easy or difficult will the change be to sustain over the long-term? (c) how much impact will the change have on front line staff and/or support services? 		

Organizational Risks / Benefits

Criteria	Weight	Ratings
ORGANIZATIONAL RISKS / BENEFITS: Assess the risks/benefits to the Health Unit of implementing the proposed change. Specifically consider the impact on workplace culture and our values (e.g., morale, the ability to be innovative, internal collaboration)	5	DISINVESTMENT - Major risk to workplace culture (-3.00) DISINVESTMENT - Moderate risk to workplace culture (-2.00) DISINVESTMENT - Minor risk to workplace culture (-1.00) BOTH - No risk/benefit to workplace culture (0.00) INVESTMENT - Minor benefit to workplace culture (1.00) INVESTMENT - Moderate benefit to workplace culture (2.00) INVESTMENT - Major benefit to workplace culture (3.00)
<ul style="list-style-type: none"> Consider the impact of the change on factors such on our values, workplace morale, personal and professional growth opportunities, teamwork, the Health Unit's ability to be innovative, etc. 		