AGENDA
MIDDLESEX-LONDON BOARD OF HEALTH
Finance and Facilities Committee

50 King Street, London
Middlesex-London Health Unit – Room 3A
Thursday, October 6, 2016 9:00 a.m.

1. **DISCLOSURE OF CONFLICTS OF INTEREST**

2. **APPROVAL OF AGENDA**

3. **APPROVAL OF MINUTES –** September 15, 2016

4. **NEW BUSINESS**

   4.1. 2016 Budget – MOHLTC Approved Grants **(Report No. 036-16FFC)**
   4.2. 2016 PBMA Process Update Report **(Report No. 037-16FFC)**
   4.3. 2016 Public Health Financial & Accountability Agreement Indicators **(Report No. 038-16FFC)**
   4.4. 2017 Revised Budget Parameters **(Report No. 039-16FFC)**
   4.5. Health Unit Insurance Policy Review **(Report No. 040-16FFC)**

5. **OTHER BUSINESS**

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

6. **ADJOURNMENT**

PUBLIC MINUTES
FINANCE & FACILITIES COMMITTEE
399 Ridout Street North
MIDDLESEX-LONDON BOARD OF HEALTH
2016 September 15, 6:15 p.m.

COMMITTEE MEMBERS PRESENT:	**Ms. Trish Fulton (Committee Chair)** Mr. Marcel Meyer Mr. Ian Peer Mr. Jesse Helmer
Regrets:	Ms. Joanne Vanderheyden
OTHERS PRESENT:	Mr. Trevor Hunter, Board of Health member Dr. Christopher Mackie, Medical Officer of Health & 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 Mr. Jordan Banninga, Manager, Strategic Projects

At 6:15 p.m., Chair Fulton called the meeting to order.

1. APPROVAL OF AGENDA

It was moved by Mr Peer, seconded by Mr. Meyer *that the **AGENDA*** for the September 15, 2016 *Finance and Facilities Committee meeting be approved.*

Carried

2. CONFIDENTIAL

At 6:15 p.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. Meyer *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 6:55 p.m. it was moved by it was moved by Mr. Meyer, seconded by Mr. Peer to move out of camera.

OTHER BUSINESS

Next meeting:
October 6, 2016 @ 9:00 a.m.

DISCLOSURES OF CONFLICT(S) OF INTEREST

Chair Fulton inquired if there were any disclosures of conflict of interest in the interest of the location planning process. None were declared.

Carried

3. ADJOURNMENT

Chair Fulton invited a motion to adjourn the meeting.

It was moved by Mr. Helmer, seconded by Ms. Fulton *that the meeting be adjourned*.

Carried

At 6:56 p.m. Chair Fulton *adjourned the meeting*.

_____ _____

TRISH FULTON
Committee Chair

DR.CHRISTOPHER MACKIE
Secretary-Treasurer

MIDDLESEX-LONDON HEALTH UNIT

REPORT NO. 036-16FFC

TO: Chair and Members of the Finance & Facilities Committee

FROM: Christopher Mackie, Medical Officer of Health

DATE: 2016 October 6

2016 BUDGET – MOHLTC APPROVED GRANTS

Recommendation

It is recommended that the Finance & Facilities Committee receive and make recommendation to the Board of Health to approve the Board Chair to sign the Amending Agreement No. 5 to the Public Health Funding Accountability Agreement as appended to Report No. 036-16FFC.

Key Points

- On September 23rd the Health Unit received the provincial grant approvals for 2016 which included the full-year impact of integrating dental programs to the Health Smiles Ontario program.
- Taking into account the dental integration, Mandatory Programs will receive $9,087 more than the 2% assumption used for the 2016 budget. The increase on Mandatory Programs per se was around 1.5%.
- Also included was approval of three one-time funding grants for business cases submitted at the time of the grant request, and funding for the continued implementation of Panorama totaling $225,100.

2016 Provincial Grant Approval

The Health Unit's 2016 grant request to the Province (Appendix A) was made March 1, 2016. On September 23rd, 2016 the Health Unit received details of the Ministry of Health and Long-Term Care (MOHLTC) grants for 2016 (see funding letter and amending agreement, Appendix B).

In a communication received by Roselle Martino, Assistant Deputy Minister, Population and Public Health Division, Monday September 26th the following information was shared to all health units.

"In total for 2016, boards of health are receiving approximately $27 million in additional funding for public health programs and services. This includes 1% growth funding for Mandatory Programs, which is being allocated proportionally to 10 boards of health based on a funding formula that takes into account population and equity adjustment factors, and funding for a number of related public health programs and initiatives, such as increased investments for: the newly integrated Healthy Smiles Ontario Program, public health service delivery for First Nations communities, northern boards of health that provide public health services in unorganized territories, capital and infrastructure improvements, ongoing operations and upgrades for Panorama, delivery of diabetes prevention programming, and implementation of the Immunization of School Pupils Act regulatory amendments."

In addition, ministry staff will contact each health unit to discuss and clarify 2016 funding.

Mandatory Programs Funding

For 2016, the Board of Health approved budget ("the budget") included an estimated MOHLTC grant of $16,486,925 for Mandatory Program funding (see Table 1 below). The budget did not consider reallocating other cost-shared dental program costs of $218,573 to Health Smiles Ontario (HSO) as identified in

"Schedule A-6, Program-Based Grants" of the amending agreement. The 2016 budget took into account anticipated reductions for the integration of dental programs as it pertains to fee-for-service payments to community dentists. However, the amount adjusted during the budget process differs from the ministry calculated amount by $134,513. If the increase to HSO of $11,726 is included a total of $146,239 in additional Mandatory Program costs will be reallocated to HSO.

Table 1 – Reconciliation of Board of Health Approved Budget to MOHLTC Approved Grant

	2016 Budget
Total MOHLTC – Cost-shared programs[1]	$ 16,972,825
Less: Vector-Borne Disease Program grant	(462,000)
Less: Small Drinking Water Systems grant	(23,900)
Total MOHLTC – Mandatory Programs grant	**$ 16,486,925**
Adjustment: reallocation to HSO – MOHLTC	(218,573)
Adjustment: additional HSO reallocations	(146,239)
Adjusted BOH approved budget – MOHLTC grant	**$ 16,122,113**
Ministry Approved grant – Mandatory Programs	**16,131,200**
Increase over the adjusted BOH approved budget	**$ 9,087**

1) Amount approved by the Board of Health – Feb 18, 2016, Report No.008-16

Adjusting for dental integration, the Health Unit received $9,087 more than it planned for in regards to Mandatory Program funding in 2016.

100% Ministry Funded Programs

With the exception of Health Smiles Ontario (HSO), the health unit did not receive any base increases in other 100% ministry funded programs. A 0% change was anticipated and included in the budget. As previously mentioned the HSO program received an $11,726 increase over the adjusted 2015 base funding.

One-time Funding

The Health Unit submitted four business cases, totaling $154,731, for one-time 100% funding. The Health Unit received approval for three business cases related to the Smoke Free Ontario program in the total amount of $95,400. Also $129,700 was received for the continued implementation of Panorama. This funding is available until March 31, 2017. As previously reported the fourth business case with respect to the space needs assessment and site selection process for the Location Project of $70,000 has been referred to the new application process through the Community Health Capital Program. The budget did not include the 100% one-time funding requests. These initiatives generally start only when grants have been approved.

Amending Agreement to the Public Health Funding Accountability Agreement

To accept the 2016 MOHLTC grants, the Board Chair must sign the Amending Agreement to the Public Health Funding Accountability Agreement attached as Appendix B. The amending agreement provides the relevant changes to the terms and conditions of the Agreement signed in 2014.

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

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

2016 Program-Base Grant Budget Request Summary

Ontario

Board of Health for the Middlesex-London Health Unit

Base Funding

Program / Initiative Name	2015 Approved Allocation (Provincial Share)	2016 Budget Request (at 100%)	2016 Budget Request (Provincial Share)	Increase/ (Decrease) ($)	Increase/ (Decrease) (%)
Mandatory Programs (75%)	16,280,600	23,565,785	17,674,339	1,393,739	8.6%
Chief Nursing Officer Initiative (100%)	121,500	132,216	132,216	10,716	8.8%
Children In Need Of Treatment Expansion Program (75%)	67,500				
Electronic Cigarettes Act (100%)	39,500	39,500	39,500	-	
Enhanced Food Safety – Haines Initiative (100%)	80,000	80,000	80,000	-	
Enhanced Safe Water Initiative (100%)	35,700	35,700	35,700	-	
Healthy Smiles Ontario Program (100%)	941,600				
Infection Prevention and Control Nurses Initiative (100%)	90,100	99,880	99,880	9,780	10.9%
Infectious Diseases Control Initiative (100%)	1,166,800	1,250,711	1,250,711	83,911	7.2%
Needle Exchange Program Initiative (100%)	363,700	363,700	363,700	-	
Small Drinking Water Systems Program (75%)	23,900	47,060	35,295	11,395	47.7%
SFO: Prosecution (100%)	25,300	25,300	25,300	-	
SFO: Protection and Enforcement (100%)	367,500	371,319	371,319	3,819	1.0%
SFO: Tobacco Control Area Network - Coordination (100%)	285,800	285,800	285,800	-	
SFO: Tobacco Control Area Network - Prevention (100%)	150,700	150,700	150,700	-	
SFO: Tobacco Control Coordination (100%)	100,000	101,581	101,581	1,581	1.6%
SFO: Youth Tobacco Use Prevention (100%)	80,000	80,000	80,000	-	
Social Determinants of Health Nurses (100%)	180,500	200,679	200,679	20,179	11.2%
Unorganized Territories (100%)		-	-	-	
Vector-Borne Diseases Program (75%)	462,000	616,000	462,000	-	
Sub-Total Base Funding Request:	**20,862,700**	**27,445,931**	**21,388,720**		

One-Time Funding

Program / Initiative Name	2016 Budget Request (at 100%)	2016 Budget Request (Provincial Share)
BC1 - Health Unit's Quit Clinic - Provision of NRT to priority populations	30,000	30,000
BC2 - Electronic Cigarettes Act Vendor Education Website	35,370	35,370
BC3 - TCAN ECA related expenses	19,361	19,361
BC4 - Space Needs and Site Selection Process for Future Office	70,000	70,000
BC5 -	-	-
BC6 -	-	-
BC7 -	-	-
BC8 -	-	-
BC9 -	-	-
BC10 -	-	-
Sub-Total One-Time Funding Request:	**154,731**	**154,731**

TOTAL BASE AND ONE-TIME:	**27,600,662**	**21,543,451**

Ministry of Health and Long-Term Care

Assistant Deputy Minister's Office

Population and Public Health Division
777 Bay Street, 19th Floor
Toronto ON M7A 1S5

Telephone: (416) 212-8119
Facsimile: (416) 212-2200

Ministère de la Santé et des Soins de longue durée

Bureau du sous-ministre adjoint

Division de la santé de la population et de la santé publique
777, rue Bay, 19e étage
Toronto ON M7A 1S5

Téléphone: (416) 212-8119
Télécopieur: (416) 212-2200

Ontario

iApprove-2016-00823

SEP 2 3 2016

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") dated January 1, 2014, as amended (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 $262,430 in additional base funding and up to $225,100 in one-time funding for the 2016-17 funding year to support the provision of mandatory and related public health programs and services in your community. This will bring the total maximum funding available under the Accountability Agreement for the 2016-17 funding year up to $20,736,000 ($20,510,900 in base funding and $225,100 in one-time funding).

The ministry entered into an Accountability Agreement with the Board of Health dated January 1, 2014, as amended. I am pleased to provide you with two (2) copies of the Amending Agreement that contains the terms and conditions governing the funding referred to in the Minister's letter.

We appreciate your cooperation with the ministry in managing your funding as effectively as possible. You are expected to adhere to our reporting requirements, particularly for in-year service and financial reporting, which is expected to be 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.

.../2

Dr. Christopher Mackie

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

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

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

When all the parties have signed the Amending Agreement, the ministry will return one (1) copy to you and will begin to flow the funds reflected in Schedule A of the Amending Agreement.

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

Sincerely,

Roselle Martino
Assistant Deputy Minister
Population and Public Health Division

Enclosure

c: John Millson, Associate Director of Finance, Middlesex-London Health Unit
Laura Di Cesare, Director of Corporate Services, Middlesex-London Health Unit
Jim Yuill, Director, Financial Management Branch, MOHLTC
Phil Cooke, Director, Fiscal Oversight & Performance Branch, MOHLTC

Amending Agreement No. 5

This Amending Agreement No. 5, effective as of January 1, 2016.

Between:

Her Majesty the Queen
in right of Ontario
as represented by
the Minister of Health and Long-Term Care

(the **"Province"**)

- and -

Board of Health for the Middlesex-London Health Unit

(the **"Board of Health"**)

WHEREAS the Province and the Board of Health entered into a Public Health Funding and Accountability Agreement effective as of the first day of January, 2014 (the **"Accountability Agreement"**); and,

AND WHEREAS the Parties wish to amend the Accountability Agreement;

NOW THEREFORE IN CONSIDERATION of the mutual covenants and agreements contained in this Amending Agreement No. 5, and for other good and valuable consideration, the receipt and sufficiency of which are hereby acknowledged, the Parties hereto agree as follows:

1. This amending agreement ("Amending Agreement No. 5") shall be effective as of the first date written above.

2. Except for the amendments provided for in this Amending Agreement No. 5, all provisions in the Accountability Agreement shall remain in full force and effect.

3. Capitalized terms used but not defined in this Amending Agreement No. 5 have the meanings ascribed to them in the Accountability Agreement.

4. The Accountability Agreement is amended by:

   (a) Deleting Schedule A-5 (Program-Based Grants) and substituting Schedule A-6 (Program-Based Grants), attached to this Amending Agreement No. 5.

   (b) Deleting Schedule B-4 (Related Program Policies and Guidelines) and substituting Schedule B-5 (Related Program Policies and Guidelines), attached to this Amending Agreement No. 5.

(c) Deleting Schedule C-3 (Reporting Requirements) and substituting Schedule C-4 (Reporting Requirements), attached to this Amending Agreement No. 5.

(d) Deleting Schedule D-2 (Performance Obligations) and substituting Schedule D-3 (Performance Obligations), attached to this Amending Agreement No. 5.

(e) Deleting Schedule E-1 (Board of Health Financial Controls) and substituting Schedule E-2, attached to this Amending Agreement No. 5.

The Parties have executed the Amending Agreement No. 5 as of the date last written below.

Her Majesty the Queen in the right of Ontario as represented by the Minister of Health and Long-Term Care

_____ _____

Name: Roselle Martino Date
Title: Assistant Deputy Minister,
Population and Public Health Division

Board of Health for the Middlesex-London Health Unit

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

_____ _____

Name: Date
Title:

_____ _____

Name: Date
Title:

SCHEDULE A-6
PROGRAM-BASED GRANTS

Board of Health for the Middlesex-London Health Unit

Source	Program / Initiative Name			2015 Approved Allocation ($)	Increase / (Decrease) ($)	2016 Approved Allocation ($)
Base Funding (January 1st to December 31st, unless otherwise noted)						
Public Health & Health Promotion	Mandatory Programs (75%)[1]			15,880,496	250,704	16,131,200
Public Health	Chief Nursing Officer Initiative (100%)	# of FTEs	1.00	121,500	-	121,500
	Enhanced Food Safety – Haines Initiative (100%)			80,000	-	80,000
	Enhanced Safe Water Initiative (100%)			35,700	-	35,700
	Healthy Smiles Ontario Program (100%)[2]			680,974	11,726	692,700
	Infection Prevention and Control Nurses Initiative (100%)	# of FTEs	1.00	90,100	-	90,100
	Infectious Diseases Control Initiative (100%)	# of FTEs	10.50	1,166,800	-	1,166,800
	MOH / AMOH Compensation Initiative (100%)[3]			114,000	-	114,000
	Needle Exchange Program Initiative (100%)			363,700	-	363,700
	Small Drinking Water Systems Program (75%)			23,900	-	23,900
	Social Determinants of Health Nurses Initiative (100%)	# of FTEs	2.00	180,500	-	180,500
	Vector-Borne Diseases Program (75%)			462,000	-	462,000
Health Promotion	Children in Need of Treatment (CINOT) Expansion Program (75%)[4]			-	-	-
	Electronic Cigarettes Act: Protection and Enforcement (100%)			39,500	-	39,500
	Smoke-Free Ontario Strategy: Prosecution (100%)			25,300	-	25,300
	Smoke-Free Ontario Strategy: Protection and Enforcement (100%)			367,500	-	367,500
	Smoke-Free Ontario Strategy: Tobacco Control Area Network - Coordination (100%)			285,800	-	285,800
	Smoke-Free Ontario Strategy: Tobacco Control Area Network - Prevention (100%)			150,700	-	150,700
	Smoke-Free Ontario Strategy: Tobacco Control Coordination (100%)			100,000	-	100,000
	Smoke-Free Ontario Strategy: Youth Tobacco Use Prevention (100%)			80,000	-	80,000
Sub-Total Base Funding				**20,248,470**	**262,430**	**20,510,900**

SCHEDULE A-6
PROGRAM-BASED GRANTS

Board of Health for the Middlesex-London Health Unit

Source	Program / Initiative Name	2016 Approved Allocation ($)
One-Time Funding (April 1, 2016 to March 31, 2017, unless otherwise noted)		
Public Health	Panorama (100%)[5]	129,700
Health Promotion	*Electronic Cigarettes Act:* Tobacco Control Area Network (100%)	30,000
	Electronic Cigarettes Act: Vendor Education Website (100%)	35,400
	Smoke-Free Ontario Strategy: Expanded Smoking Cessation Programming for Priority Populations (100%)	30,000
Sub-Total One-Time Funding		**225,100**

Total	**20,736,000**

(1) 2015 base funding for mandatory programs has been adjusted by ($400,104) for dental integration; ($218,573) was reallocated to Healthy Smiles Ontario and ($181,531) was removed in its entirety (relates to fee-for-service costs which is now being administered through a 3rd party).
(2) 2015 base funding for Healthy Smiles Ontario has been adjusted by ($260,626) for dental integration; $218,573 was reallocated from mandatory programs and ($479,199) was removed in its entirety (relates to fee-for-service costs which are now being administered through a 3rd party).
(3) Cash flow will be adjusted to reflect the actual status of current MOH and AMOH positions.
(4) 2015 base funding for CINOT Expansion has been adjusted by ($67,500) for dental integration; amount was removed in its entirety (relates to fee-for-service costs which are now being administered through a 3rd party).
(5) One-time funding is jointly funded by the Population and Public Health Division and the Health Services I&IT Cluster.

Payment Schedule

Base and one-time funding is flowed on a mid and end of month basis. Cash flow will be adjusted when both Parties have signed the Agreement.

SCHEDULE B-5

RELATED PROGRAM POLICIES AND GUIDELINES

Type of Funding	***Base***
Source	***Public Health***

Chief Nursing Officer Initiative (100%)

Under the Organizational Standards, the Board of Health is required to designate a Chief Nursing Officer. The Chief Nursing Officer role must be implemented at a management level within the Board of Health reporting directly to the Medical Officer of Health (MOH) or Chief Executive Officer, preferably at a senior management level, and in that context will contribute to organizational effectiveness. Should the role not be implemented at the senior management level as per the recommendations of the 'Public Health Chief Nursing Officer Report (2011)', the Chief Nursing Officer should nonetheless participate in senior management meetings in the Chief Nursing Officer role as per the intent of the recommendation.

The presence of a Chief Nursing Officer in the Board of Health will enhance the health outcomes of the community at individual, group, and population levels:

- Through contributions to organizational strategic planning and decision making;
- By facilitating recruitment and retention of qualified, competent public health nursing staff; and,
- By enabling quality public health nursing practice.

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

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

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

Base funding for this initiative must be used for Chief Nursing Officer related activities (described above) of up to or greater than 1.0 Full-Time Equivalent (FTE). These activities may be undertaken by the designated Chief Nursing Officer and/or a nursing practice lead. Base funding is for nursing salaries and benefits only and cannot be used to support operating or education costs.

SCHEDULE B-5

RELATED PROGRAM POLICIES AND GUIDELINES

Type of Funding	***Base***
Source	***Public Health***

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

Enhanced Food Safety – Haines Initiative (100%)

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

Base funding for this initiative must be used for the sole purpose of implementing the Food Safety Program Standard under the Ontario Public Health Standards (OPHS). Eligible expenses include such activities as: hiring staff, delivering additional food-handler training courses, providing public education materials, and program evaluation.

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

As part of the annual Program-Based Grants budget submission process, the Board of Health is required to provide an implementation plan which should detail the objectives of the activities proposed, how the funding will be applied to meet requirements of the Food Safety Program, and how the success of the activities will be evaluated.

The Board of Health is also required to submit an annual activity report, detailing the results achieved and the allocation of the funding based on the implementation plan, on the date specified in Schedule C of the Agreement.

Enhanced Safe Water Initiative (100%)

Base funding for this initiative must be used for the sole purpose of increasing the Board of Health's capacity to meet the requirements of the Safe Water Program Standard under the OPHS.

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

As part of the annual Program-Based Grants budget submission process, the Board of Health is required to provide an implementation plan which should detail the objectives of the activities proposed, how the funding will be applied to meet requirements of the Safe Water Program, and how the success of the activities will be evaluated.

SCHEDULE B-5

RELATED PROGRAM POLICIES AND GUIDELINES

Type of Funding	***Base***
Source	***Public Health***

The Board of Health is also required to submit an annual activity report, detailing the results achieved and the allocation of the funding based on the implementation plan, on the date specified in Schedule C of the Agreement.

Healthy Smiles Ontario Program (100%)

The newly integrated Healthy Smiles Ontario (HSO) Program provides preventive, routine, and emergency and essential dental treatment for children and youth, from low-income families, who are 17 years of age or under. HSO integrates the previous HSO Program; Children in Need of Treatment (CINOT) and CINOT Expansion Programs; delivery of preventive oral health services; as well as dental benefits previously provided to children and youth under the Ontario Disability Support Program, Assistance for Children with Severe Disabilities, and Ontario Works.

The goal of the HSO Program is to enable access to improved oral health outcomes for children and youth in low-income families. HSO builds upon and links with existing public health dental infrastructure to expand access to dental services for eligible children and youth.

The core objectives of the HSO Program are to:

- Improve program awareness for clients, providers, and community partners;
- Improve access to oral health services for eligible clients;
- Streamline administration, adjudication, and enrolment processes for clients and providers;
- Improve the oral health outcomes of eligible clients;
- Improve oral health awareness in the eligible client population;
- Ensure effective and efficient use of resources by providers; and,
- Improve the client and provider experience.

The HSO Program has the following three (3) streams (age of ≤ 17 years of age and Ontario residency are common eligibility requirements for all streams):

1. Preventive Services Only Stream (HSO-PSO):

- Eligibility comprised of clinical need and attestation of financial hardship.
- Eligibility assessment and enrolment undertaken by boards of health.
- Clinical preventive service delivery in publicly-funded dental clinics and through fee-for-service providers in areas where publicly-funded dental clinics do not exist.

SCHEDULE B-5

RELATED PROGRAM POLICIES AND GUIDELINES

Type of Funding	***Base***
Source	***Public Health***

2. Core Stream (HSO-Core):

- Eligibility correlates to the level at which a family/youth's Adjusted Net Family Income (AFNI) is at or below the level at which they are/would be eligible for 90% of the Ontario Child Benefit (OCB).
- Eligibility assessment undertaken by the Ministry of Finance; enrolment undertaken by the program administrator, with client support provided by boards of health as needed.
- Clinical service delivery takes place in publicly-funded dental clinics and through fee-for-service providers.

3. Emergency and Essential Services Stream (HSO-EESS):

- Eligibility comprised of clinical need and attestation of financial hardship.
- Eligibility assessment undertaken by boards of health and fee-for-service providers, with enrolment undertaken by the program administrator.
- Clinical service delivery takes place in publicly-funded dental clinics and through fee-for-service providers.

Base funding for this program must be used for the ongoing, day-to-day requirements associated with delivering services (both prevention and basic treatment) under the HSO Program to eligible children and youth in low-income families. It is within the purview of the Board of Health to allocate funding from the overall base funding amount across the program expense categories.

HSO Program expense categories include:

- **Clinic costs**, which are comprised of:
  - Salaries, wages, and benefits of full-time, part-time, or contracted staff that provide clinical dental services for HSO;
  - Salaries, wages, and benefits of full-time, part-time, or contracted staff that undertake the following ancillary/support activities for HSO: management of the clinic(s); financial and programmatic reporting for the clinic(s); and, general administration (i.e., receptionist) at the clinic(s); and,
  - Overhead costs associated with HSO clinic services such as: clinical materials and supplies; building occupancy costs; staff travel associated with portable and mobile clinics; staff training and professional development associated with clinical staff and ancillary/support staff, if applicable; office equipment, communication, and I & IT.

- **Oral health navigation costs**, which are comprised of:
  - Salaries, wages, and benefits of full-time, part-time, or contracted staff that are engaged in:

SCHEDULE B-5

RELATED PROGRAM POLICIES AND GUIDELINES

Type of Funding	***Base***
Source	***Public Health***

        - Client enrolment for HSO-PSO and HSO-EESS clients (i.e., helping clients during the enrolment process for those two (2) streams);
        - Promotion of the HSO Program (i.e., local level efforts at promoting and advertising the HSO program to the target population);
        - Referral to services (i.e., referring HSO clients to fee-for-service providers for service delivery where needed);
        - Case management of HSO clients; and,
        - Oral health promotion and education for HSO clients.
    - Salaries, wages, and benefits of full-time, part-time, or contracted staff that undertake the following ancillary/support activities related to oral health navigation: management, financial and programmatic reporting, and general administration (if applicable).
    - Overhead costs associated with oral health navigation such as: materials and supplies; building occupancy costs incurred for components of oral health navigation; staff travel associated oral health navigation where applicable; staff training and professional development associated with oral health navigation staff and ancillary/support staff, if applicable; office equipment, communication, and I & IT costs associated with oral health navigation.

The Board of Health is responsible for ensuring promotional/marketing activities have a direct and positive impact on meeting the objectives of the HSO Program.

The Board of Health is reminded that HSO promotional/marketing materials approved by the Province and developed provincially are available for use by the Board of Health in promoting the HSO Program.

The overarching HSO brand and provincial marketing materials were developed by the Province to promote consistency of messaging, and "look and feel" across the province. When promoting the HSO Program locally, the Board of Health is requested to align local promotional products with the provincial HSO brand. When the Board of Health uses the HSO brand, it is required to liaise with the ministry's Communications and Marketing Division (CMD) to ensure use of the brand aligns with provincial standards.

Operational expenses not covered within this program include: staff recruitment incentives, billing incentives, and client transportation. Other expenses not included within this program include other oral health activities required under the OPHS including the Oral Health Assessment and Surveillance Protocol.

Other requirements of the HSO Program include:

- The Board of Health is required to bill back relevant programs for services provided to non-HSO clients using HSO resources. All revenues collected under the HSO Program, including revenues collected for the provision of services to non-HSO

Type of Funding	***Base***
Source	***Public Health***

clients such as Ontario Works adults, Ontario Disability Support Program adults, municipal clients, etc., with HSO resources must be reported as income in the quarterly financial reports, annual reconciliation reports, and Program-Based Grants budget submissions. Revenues must be used to offset expenditures of the HSO Program.

- For the purposes of reporting and monitoring for the HSO Program, the Board of Health must use provincial approved systems or mechanisms.
    - Aggregate screening, enrolment, and utilization data for any given month must be submitted by the 15th of the following month to the Province in the ministry-issued template titled Dental Clinic Services Monthly Reporting Template.
    - Client-specific clinical data must be recorded in either dental management software (e.g., ClearDent, AbelDent, etc.) or in the template titled 'HSO Clinic Treatment Workbook' that has been issued by the Province for the purposes of recording such data.
- The Board of Health must enter into Service Level Agreements with any partner organization (e.g., Community Health Centre, Aboriginal Health Access Centre, etc.) delivering services as part of the HSO Program. The Service Level Agreement must set out clear performance expectations, clearly state funding and reporting requirements between the Board of Health and local partner, and ensure accountability for public funds.
- Any significant change to previously approved HSO business models, including changes to plans, partnerships, or processes, must be approved by the Province before being implemented.
- Any contract or subcontract entered into by the Board of Health for the purposes of implementing the HSO Program must be conducted according to relevant municipal procurement guidelines.
- The Board of Health is responsible for ensuring value-for-money and accountability for public funds.
- The Board of Health must ensure that funds are used to meet the objectives of the HSO Program with a priority to deliver clinical dental services to HSO clients.

The Board of Health is also required to submit an annual activity report, detailing the operationalization of the HSO Program, on the date specified in Schedule C of the Agreement.

SCHEDULE B-5

RELATED PROGRAM POLICIES AND GUIDELINES

Type of Funding	***Base***
Source	***Public Health***

Infection Prevention and Control Nurses Initiative (100%)

The Infection Prevention and Control Nurses Initiative was established to support additional FTE infection prevention and control nursing services for every board of health in the province.

Base funding for this initiative must be used for nursing activities of up to or greater than one (1) FTE related to infection prevention and control activities. Base funding is for nursing salaries and benefits only and cannot be used to support operating or education costs.
Qualifications required for these positions are:

1. A nursing designation (Registered Nurse, Registered Practical Nurse, or Registered Nurse in the Extended Class); and,
2. Certification in Infection Control (CIC), or a commitment to obtaining CIC within three (3) years of beginning of employment.

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

Infectious Diseases Control Initiative (180 FTEs) (100%)

Base funding for this initiative must be used solely for the purpose of hiring and supporting staff (e.g., recruitment, salaries/benefits, accommodations, program management, supplies and equipment, other directly related costs) to monitor and control infectious diseases, and enhance the Board of Health's ability to handle and coordinate increased activities related to outbreak management, including providing support to other boards of health during infectious disease outbreaks. Positions eligible for base funding under this initiative include physicians, inspectors, nurses, epidemiologists, and support staff.

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

Staff funded through this initiative are required to be available for redeployment when requested by the Province, to assist other boards of health with managing outbreaks and to increase the system's surge capacity.

The Board of Health may be required to submit an annual activity report related to the initiative confirming the FTE level attained and highlighting infectious diseases control

Type of Funding	***Base***
Source	***Public Health***

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

MOH / AMOH Compensation Initiative (100%)

The Province committed to provide boards of health with 100% of the additional base funding required to fund eligible MOH and Associate Medical Officer of Health (AMOH) positions within salary ranges initially established as part of the 2008 Physician Services Agreement and continued under subsequent agreements.

Base funding must be used for costs associated with top up for salaries and benefits, and for applicable stipends to eligible MOH and AMOH positions at the Board of Health and cannot be used to support other physicians or staffing costs. Base funding for this initiative continues to be separate from cost-shared base salaries and benefits. The Board of Health must comply and adhere to the MOH/AMOH Compensation Initiative Guidelines.

In order to improve the timeliness of future adjustments to cash flow resulting from potential changes to MOH and AMOH positions (e.g., new hires, leave periods, movement on the salary grid, changes in base salary and benefits and/or FTE), a maximum base allocation has been approved for the Board of Health. This maximum base allocation includes criteria such as: additional salary and benefits for 1.0 FTE MOH position and 1.0 FTE or more AMOH position where applicable, placement at the top of the MOH/AMOH Salary Grid, inclusion of the after-hours availability stipend, and FRCPSC-CM/PHPM stipend per position (some exceptions will apply to these criteria).

Please note that the maximum base allocation in Schedule A of the Agreement will not necessarily reflect the cash flow that the Board of Health will receive. Cash flow will be adjusted by the Province on an ongoing basis to reflect the actual amount the MOH and AMOH positions at the Board of Health are eligible for based on most recent data. The Board of Health is required to notify the Province if there is any change in the eligible MOH and/or AMOH(s) base salary, benefits, FTE and/or position status as this may impact the eligibility amount for top-up.

The Board of Health is also required to provide an annual application for this funding for eligible MOH (and AMOHs if applicable), detailing updated information on these positions, on the date specified in Schedule C of the Agreement.

Needle Exchange Program Initiative (100%)

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

SCHEDULE B-5

RELATED PROGRAM POLICIES AND GUIDELINES

Type of Funding	***Base***
Source	***Public Health***

The Board of Health is required to submit an annual activity report on the date specified in Schedule C of the Agreement.

Small Drinking Water Systems Program (75%)

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

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

Social Determinants of Health Nurses Initiative (100%)

Base funding for this initiative must be used solely for the purpose of nursing activities of up to or greater than two (2) FTE public health nurses with specific knowledge and expertise in social determinants of health and health inequities issues, and to provide enhanced supports internally and externally to the Board of Health to address the needs of priority populations impacted most negatively by the social determinants of health.

Base funding for this initiative is for public health nursing salaries and benefits only and cannot be used to support operating or education costs.

As these are public health nursing positions, required qualifications for these positions are:

1. To be a registered nurse; and,
2. To have or be committed to obtaining the qualifications of a public health nurse as specified in section 71(3) of the *Health Protection and Promotion Act* (HPPA) and section 6 of Ontario Regulation 566 under the HPPA.

The Board of Health may be required to submit an annual activity report related to the initiative confirming the FTE level attained and highlight social determinants of health nursing activities for the previous funding period. Other reports, as specified from time to time, may also be requested by the Province upon prior written notice.

SCHEDULE B-5

RELATED PROGRAM POLICIES AND GUIDELINES

Type of Funding	***Base***
Source	***Public Health***

Vector-Borne Diseases Program (75%)

Base funding for this program must be used for the ongoing surveillance, public education, prevention and control of all reportable and communicable vector-borne diseases and outbreaks of vector-borne diseases, which include, but are not limited to, West Nile virus and Lyme Disease.

The Board of Health is required to submit an annual activity report on the date specified in Schedule C of the Agreement.

SCHEDULE B-5

RELATED PROGRAM POLICIES AND GUIDELINES

Type of Funding	***Base***
Source	***Health Promotion***

Electronic Cigarettes Act – Protection and Enforcement (100%)

The government has a plan, Patients First: Ontario's Action Plan for Health Care (February 2015), for Ontario that supports people and patients – providing the education, information and transparency they need to make the right decisions about their health. The plan encourages the people of Ontario to take charge and improve their health by making healthier choices, and living a healthy lifestyle by preventing chronic diseases and reducing tobacco use. Part of this plan includes taking a precautionary approach to protect children and youth by regulating electronic cigarettes (e-cigarettes) through the *Electronic Cigarettes Act, 2015*.

Base funding for this initiative must be used for implementation of the *Electronic Cigarettes Act* and enforcement activities.

The Board of Health must comply and adhere to the *Electronic Cigarettes Act*: Public Health Unit Guidelines and Directives: Enforcement of the *Electronic Cigarettes Act*.

The Board of Health is also required to submit an annual work plan and interim and final activity reports on dates specified in Schedule C of the Agreement.

<u>Communications and Issues Management Protocol</u>

1. The Board of Health shall:

(a) Act as the media focus for the Project;
(b) Respond to public inquiries, complaints and concerns with respect to the Project;
(c) Report any potential or foreseeable issues to the CMD of the Ministry of Health and Long-Term Care;
(d) Prior to issuing any news release or other planned communications, notify the CMD as follows:
    i. News Releases – identify 5 business days prior to release and provide materials 2 business days prior to release;
    ii. Web Designs – 10 business days prior to launch;
    iii. New Marketing Communications Materials (including, but not limited to, print materials such as pamphlets and posters) – 10 business days prior to production and 20 business days prior to release;
    iv. Public Relations Plan for Project – 15 business days prior to launch;
    v. Digital Marketing Strategy – 10 business days prior to launch;
    vi. Final advertising creative – 10 business days to final production; and,
    vii. Recommended media buying plan – 15 business days prior to launch and any media expenditures have been undertaken.
(e) Advise the CMD prior to embarking on planned public communication strategies, major provider outreach activities and the release of any publications related to the Project;

Type of Funding	***Base***
Source	***Health Promotion***

(f) Ensure that any new products, and where possible, existing products related to the Project use the Ontario Logo or other Ontario identifier in compliance with the Visual Identity Directive, September 2006; and,
(g) Despite the time frames set out above for specific types of communications, all public announcements and media communications related to urgent and/or emerging Project issues shall require the Board of Health to provide the CMD with notice of such announcement or communication as soon as possible prior to release.

2. Despite the Notice provision in Article 16 of the Agreement, the Board of Health shall provide any Notice required to be given under this Schedule to the following address:

Ministry of Health & Long-Term Care
Communications & Marketing Division
Strategic Communications Counsel and Planning Branch
10th Floor, Hepburn Block, Toronto, ON M7A 1R3
Email: healthcommunications@ontario.ca

Smoke-Free Ontario Strategy (100%)

The government released a plan for Ontario in February 2015 that supports people and patients – providing the education, information and transparency they need to make the right decisions about their health. The plan encourages people of Ontario to take charge and improve their health by making healthier choices, and living a healthy lifestyle by preventing chronic diseases and reducing tobacco use.

The plan identifies the Smoke-Free Ontario Strategy as a priority for keeping Ontario healthy. It articulates Ontario's goal to have the lowest smoking rates in Canada.

The Smoke-Free Ontario Strategy is a multi-level comprehensive tobacco control strategy aiming to eliminate tobacco-related illness and death by: preventing experimentation and escalation of tobacco use among children, youth and young adults; increasing and supporting cessation by motivating and assisting people to quit tobacco use; and, protecting the health of Ontarians by eliminating involuntary exposure to second-hand smoke. These objectives are supported by crosscutting health promotion approaches, capacity building, collaboration, systemic monitoring and evaluation.

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

Base funding for the Smoke-Free Ontario Strategy must be used in the planning and implementation of comprehensive tobacco control activities across prevention, cessation, prosecution, and protection and enforcement at the local and regional levels.

SCHEDULE B-5

RELATED PROGRAM POLICIES AND GUIDELINES

Type of Funding	***Base***
Source	***Health Promotion***

The Board of Health must comply and adhere to the Smoke-Free Ontario Strategy: Public Health Unit Tobacco Control Program Guidelines and the Directives: Enforcement of the *Smoke-Free Ontario Act*.

The Board of Health is required to submit a Smoke-Free Ontario annual work plan and interim and final program activity reports on dates specified in Schedule C of the Agreement.

Communications and Issues Management Protocol

1. The Board of Health shall:

(a) Act as the media focus for the Project;
(b) Respond to public inquiries, complaints and concerns with respect to the Project;
(c) Report any potential or foreseeable issues to CMD of the Ministry of Health and Long-Term Care;
(d) Prior to issuing any news release or other planned communications, notify the CMD as follows:
    i. News Releases – identify 5 business days prior to release and provide materials 2 business days prior to release;
    ii. Web Designs – 10 business days prior to launch;
    iii. New Marketing Communications Materials (including, but not limited to, print materials such as pamphlets and posters) – 10 business days prior to production and 20 business days prior to release;
    iv. Public Relations Plan for Project – 15 business days prior to launch;
    v. Digital Marketing Strategy – 10 business days prior to launch;
    vi. Final advertising creative – 10 business days to final production; and,
    vii. Recommended media buying plan – 15 business days prior to launch and any media expenditures have been undertaken.
(e) Advise the CMD prior to embarking on planned public communication strategies, major provider outreach activities and the release of any publications related to the Project;
(f) Ensure that any new products, and where possible, existing products related to the Project use the Ontario Logo or other Ontario identifier in compliance with the Visual Identity Directive, September 2006; and,
(g) Despite the time frames set out above for specific types of communications, all public announcements and media communications related to urgent and/or emerging Project issues shall require the Board of Health to provide the CMD with notice of such announcement or communication as soon as possible prior to release.

SCHEDULE B-5

RELATED PROGRAM POLICIES AND GUIDELINES

Type of Funding	***Base***
Source	***Health Promotion***

2. Despite the Notice provision in Article 16 of the Agreement, the Board of Health shall provide any Notice required to be given under this Schedule to the following address:

   Ministry of Health & Long-Term Care
   Communications & Marketing Division
   Strategic Communications Counsel and Planning Branch
   10th Floor, Hepburn Block, Toronto, ON M7A 1R3
   Email: healthcommunications@ontario.ca

SCHEDULE B-5

RELATED PROGRAM POLICIES AND GUIDELINES

Type of Funding	***One-Time***
Source	***Public Health***

Panorama (100%) (Jointly funded by the Population and Public Health Division and the Health Services I&IT Cluster)

The Panorama System includes:

- Panorama's Immunization and Inventory Modules;
- Student Information Exchange tool (STIX);
- Public Health Information Exchange (PHIX);
- m-IMMS (Mobile Disconnected Tool);
- Immunization Reconciliation Tool (IRT);
- Panorama's Operational Reports;
- Panorama Enhanced Analytical Reporting (PEAR); and,
- Other applications or tools developed to support the Panorama System such as m-IMMS (Mobile Connected Tool), Immunization Reporting and Validation Web Portals, Bar Coding, EMR Integration 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.

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

- 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 and implement plans to address the data collection, transformation, entry and validation from all immunization reporting sources and methods to the Panorama System;
- Conduct upload of all school lists using STIX;
- Maintain local training materials and programs;

SCHEDULE B-5

RELATED PROGRAM POLICIES AND GUIDELINES

Type of Funding	***One-Time***
Source	***Public Health***

- 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.

SCHEDULE B-5

RELATED PROGRAM POLICIES AND GUIDELINES

Type of Funding	***One-Time***
Source	***Public Health***

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;
- 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/data integration, validate data migration/data integration results, and address duplicate record resolution and data transformation and 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) as communicated by the Ministry and the use of encrypted drives, devices 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.

SCHEDULE B-5

RELATED PROGRAM POLICIES AND GUIDELINES

Type of Funding	***One-Time***
Source	***Public Health***

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.

The Board of Health is also required to submit an annual activity report on the date specified in Schedule C outlining the results of the activities noted above. Information regarding the report requirements and a template will be provided for the Board of Health at a later date.

SCHEDULE B-5

RELATED PROGRAM POLICIES AND GUIDELINES

Type of Funding	***One-Time***
Source	***Health Promotion***

Electronic Cigarettes Act: Tobacco Control Area Network (100%)

One-time funding must be used for activities that support the sharing of information and best practices related to the enforcement of the *Electronic Cigarettes Act*, 2015. The one-time funding will also support regional collaboration on activities to support local Board of Health efforts to ensure consistent enforcement approaches are implemented within and across Tobacco Control Area Networks (TCANs) with respect to the *Electronic Cigarettes Act*, 2015.

Communications and Issues Management Protocol

1. The Board of Health shall:

(a) Act as the media focus for the Project;
(b) Respond to public inquiries, complaints and concerns with respect to the Project;
(c) Report any potential or foreseeable issues to the CMD of the Ministry of Health and Long-Term Care;
(d) Prior to issuing any news release or other planned communications, notify the CMD as follows:
    i. News Releases – identify 5 business days prior to release and provide materials 2 business days prior to release;
    ii. Web Designs – 10 business days prior to launch;
    iii. Marketing Communications Materials (including, but not limited to, print materials such as pamphlets and posters) – 10 business days prior to production and 20 business days prior to release;
    iv. Public Relations Plan for Project – 15 business days prior to launch;
    v. Digital Marketing Strategy – 10 business days prior to launch;
    vi. Final advertising creative – 10 business days to final production; and,
    vii. Recommended media buying plan – 15 business days prior to launch and any media expenditures have been undertaken.
(e) Advise the CMD prior to embarking on planned public communication strategies, major provider outreach activities and the release of any publications related to the Project;
(f) Ensure that any new products, and where possible, existing products related to the Project use the Ontario Logo or other Ontario identifier in compliance with the Visual Identity Directive, September 2006; and,
(g) Despite the time frames set out above for specific types of communications, all public announcements and media communications related to urgent and/or emerging Project issues shall require the Board of Health to provide the CMD with notice of such announcement or communication as soon as possible prior to release.

SCHEDULE B-5

RELATED PROGRAM POLICIES AND GUIDELINES

Type of Funding	***One-Time***
Source	***Health Promotion***

2. Despite the Notice provision in Article 16 of the Agreement, the Board of Health shall provide any Notice required to be given under this Schedule to the following address:

   Ministry of Health & Long-Term Care
   Communications & Marketing Division
   Strategic Communications Counsel and Planning Branch
   10th Floor, Hepburn Block, Toronto, ON M7A 1R3
   Email: healthcommunications@ontario.ca

Electronic Cigarettes Act: Vendor Education Website (100%)

One-time funding must be used to develop and implement an electronic cigarette vendor education website to support vendor awareness of, and compliance with, the *Electronic Cigarettes Act, 2015*. The website will be available to view and use on a range of devices (e.g., cell phone, tablet, and desktop computers), will follow AODA requirements, and will be accessible in both English and French. The website will be made available to all electronic cigarette vendors across Ontario. Eligible costs include meeting expenses; web developer time; website development; content management system and analytics setup and customization; website copy writing, test design and editing; AODA compliance testing and review; translation and, domain and website hosting.

Smoke-Free Ontario Expanded Smoking Cessation Programming for Priority Populations (100%)

One-time funding must be used for the purchase and provision of nicotine replacement therapy (NRT) to complement smoking cessation interventions (counseling and follow-up support) for priority populations.
The one-time funding will expand cessation services offered to priority populations identified at a higher risk of tobacco-use and help reach more Ontario smokers in quitting. One-time funding is for the purchase and provision of NRT and cannot be used to support staffing costs such as salaries and benefits.

The Board of Health is required to submit interim and final program activity reports for this project on dates specified in Schedule C of the Agreement.

SCHEDULE B-5

RELATED PROGRAM POLICIES AND GUIDELINES

Type of Funding	***Other***
Source	***Public Health***

Vaccine Programs

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

Influenza
The Province will continue to pay $5.00/dose for the administration of the influenza vaccine.

Meningococcal
The Province will continue to pay $8.50/dose for the administration of the meningococcal vaccine.

Human Papilloma Virus (HPV)
The Province will continue to pay $8.50/dose for the administration of the HPV vaccine.

In order to claim the vaccine administration fees, the Board of Health is required to submit, as part of the quarterly financial reports, the number of doses administered. Reimbursement by the Province will be made on a quarterly basis based on the information. The Board of Health is required to ensure that the vaccine information submitted on the quarterly financial reports accurately reflects the vaccines administered and reported on the Vaccine Utilization database.

SCHEDULE C-4

REPORTING REQUIREMENTS

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

FINANCIAL AND PROGRAM REPORTING REQUIREMENTS	
Name of Report	**Due Date**
1. 2016 Program-Based Grants (PBG) Budget Request and Supporting Documentation[1]	March 1, 2016
2. 2016 PBG 1st Quarter Financial Report (*for the period of January 1, 2016 to March 31, 2016*)	April 29, 2016
3. 2016 PBG 2nd Quarter Financial Report (*for the period of January 1, 2016 to June 30, 2016*)	July 29, 2016
4. *Electronic Cigarettes Act* – Protection and Enforcement 2nd Quarter (Interim) Program Activity Report (*for the period of January 1, 2016 to June 30, 2016*)	July 29, 2016
5. Smoke-Free Ontario Strategy 2nd Quarter (Interim) Program Activity Report (*for the period of January 1, 2016 to June 30, 2016*)	July 29, 2016
6. 2016 MOH / AMOH Compensation Initiative Application	September 9, 2016
7. 2016 PBG 3rd Quarter Financial Report (*for the period of January 1, 2016 to September 30, 2016*)	October 31, 2016
8. Smoke Free Ontario Strategy: Expanded Smoking Cessation Programming for Priority Populations 2nd Quarter (Interim) Program Activity Report *(for the period of April 1, 2016 to September 30, 2016)*	October 31, 2016
9. *Electronic Cigarettes Act* – Protection and Enforcement 2017 Work Plan	November 10, 2016
10. Smoke-Free Ontario Strategy 2017 Work Plan	November 10, 2016
11. 2016 PBG 4th Quarter Financial Report (*for the period of January 1, 2016 to December 31, 2016*)	January 31, 2017
12. 2016 Board of Health Financial Controls Checklist (*for the period of January 1, 2016 to December 31, 2016*)	January 31, 2017
13. Enhanced Food Safety – Haines Initiative Annual Activity Report (*for the period of January 1, 2016 to December 31, 2016*)	January 31, 2017

FINANCIAL AND PROGRAM REPORTING REQUIREMENTS	
Name of Report	**Due Date**
14. Enhanced Safe Water Initiative Annual Activity Report (*for the period of January 1, 2016 to December 31, 2016*)	January 31, 2017
15. Healthy Smiles Ontario Program Annual Activity Report (*for the period of January 1, 2016 to December 31, 2016*)	January 31, 2017
16. *Electronic Cigarettes Act* – Protection and Enforcement 4th Quarter (Final) Program Activity Report *(for the period of January 1, 2016 to December 31, 2016)*	February 17, 2017
17. Smoke-Free Ontario Strategy 4th Quarter (Final) Program Activity Report (*for the period of January 1, 2016 to December 31, 2016*)	February 17, 2017
18. Needle Exchange Program Initiative Annual Activity Report (*for the period of January 1, 2016 to December 31, 2016*)	March 31, 2017
19. Vector-Borne Diseases Program Annual Activity Report (*for the period of January 1, 2016 to December 31, 2016*)	March 31, 2017
20. Panorama Annual Activity Report *(for the period of April 1, 2016 to March 31, 2017)*	April 28, 2017
21. Smoke-Free Ontario Strategy: Expanded Smoking Cessation Programming for Priority Populations 4th Quarter (Final) Program Activity Report (*for the period of April 1, 2016 to March 31, 2017*)	April 28, 2017
22. 2016 PBG Annual Reconciliation Report [2, 3, 4, 5]	April 28, 2017
23. 2016 Mandatory Programs Activity Report *(for the period of January 1, 2016 to December 31, 2016)*	To Be Confirmed
24. Other Base and One-Time Funding Activity Reports	As Requested

PERFORMANCE IMPROVEMENT REPORTING REQUIREMENTS	
Name of Report	**Due Date**
1. 2015-16 Vaccine Coverage and ISPA Performance and Monitoring[6] Indicators (*as of June 30, 2016*)	June 30, 2016 or As Required
2. Mid-year Reporting on Achievement of Performance Indicators for current year	July 29, 2016 or As Required

PERFORMANCE IMPROVEMENT REPORTING REQUIREMENTS	
Name of Report	**Due Date**
3. 2015-16 Vaccine Wastage Performance and Monitoring[6] Indicators (*for the period of September 1, 2015 to August 31, 2016*)	September 30, 2016 or As Required
4. Year-end Reporting on Achievement of Performance and Monitoring[6] Indicators (*for the period of January 1, 2016 to December 31, 2016*)	January 31, 2017 or As Required
5. Compliance Reporting (as per a Compliance Variance in section 5.4)	As Required
6. Performance Reporting (as per an Performance Variance in section 5.5)	As Requested

Notes:

1. Please refer to the PBG User Guide for further details on the supporting documentation required.

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

3. The Annual Reconciliation Report must contain: Audited Financial Statements; Auditor's Attestation report in the Province's prescribed format; Annual Reconciliation (Certificate of Settlement) Report Forms; and, other supporting documentation. Detailed instruction and templates will be provided by the Province.

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

5. For a one-time project(s) approved for the period up to March 31, 2017, the Board of Health is required to confirm and report expenditures related to the project(s) as part of the: 2016 PBG Annual Reconciliation Package, for the period up to December 31, 2016; 2017 PBG 1st Quarter Financial Report for the period up to December 31, 2016 and the period of January 1, 2017 to March 31, 2017; and, 2017 PBG Annual Reconciliation Package for the period of January 1, 2017 to March 31, 2017. In addition to the 2017 PBG Annual Reconciliation requirements, the Province requires a certification from a licensed auditor that the expenses were incurred no later than March 31, 2017 through a disclosure in the notes to the 2017 Audited Financial Statements.

6. Monitoring Indicator means a measure of performance used to: (a) ensure that high levels of achievement are sustained; or (b) monitor risks related to program delivery.

SCHEDULE D-3

PERFORMANCE OBLIGATIONS

PART A

PURPOSE OF SCHEDULE

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

PART B

Definitions

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

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

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

FUNDING YEAR 2016

1. The **Province** will:

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

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

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

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

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

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

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

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

(vi) % of food premises changing risk category; and

(vii) Adverse Events Following Immunization (AEFIs) Education and Reporting.

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

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

(b) Use best efforts to sustain or improve results for the Monitoring Indicators set out in Table B.

3. **Both Parties** will,

(a) By December 2016 (or by such later date as mutually agreed to by the Parties), establish appropriate Board of Health Baselines for all Performance Indicators as required and available.

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

Table A: Performance Indicators				
#	Indicator		Year	Value
1.4	% of tobacco vendors in compliance with youth access legislation at the time of last inspection	Baseline	2011	96.0%
		Target	2016	≥90%
1.5	% of secondary schools inspected once per year for compliance with section 10 of the *Smoke-Free Ontario Act* (SFOA)	Baseline	2014	100.0%
		Target	2016	100.0%
1.6	% of tobacco retailers inspected for compliance with section 3 of the *Smoke-Free Ontario Act* (SFOA)	Non-Seasonal Baseline	2013	92.6%
		Non-Seasonal Target	2016	100.0%
		Seasonal Baseline	2015	0.0%
		Seasonal Target	2016	100.0%
1.7	% of tobacco retailers inspected once per year for compliance with display, handling and promotion sections of the *Smoke-Free Ontario Act* (SFOA)	Baseline	2013	97.2%
		Target	2016	100.0%
1.8	Oral Health Assessment and Surveillance: % of schools screened	Baseline	July 2013-June 2014	100.0%
		Target	July 2015-June 2016	100.0%
	Oral Health Assessment and Surveillance: % of all JK, SK and Grade 2 students screened in all publicly funded schools	Baseline	July 2013-June 2014	92.9%
		Target	July 2015-June 2016	100.0%
1.9	Implementation status of NutriSTEP® Preschool Screen	Baseline	2013	Initiation
		Target	2016	Advanced
1.10	Baby-Friendly Initiative (BFI) Status	Baseline	2011	Preliminary
		Target	2016	Designated

Table A: Performance Indicators				
#	Indicator		Year	Value
2.4	% of high-risk Small Drinking Water Systems (SDWS) inspections completed for those that are due for re-inspection	Baseline	2015	100.0%
		Target	2016	100.0%
3.2	% of suspected rabies exposures reported with investigation initiated within one day of public health unit notification	Baseline	2015	99.2%
		Target	2016	100.0%
3.5	% of salmonellosis cases where one or more risk factor(s) other than "Unknown" was entered into iPHIS	Baseline	2015	95.0%
		Target	2016	95.0%
4.2	% of influenza vaccine wasted that is stored/administered by the public health unit	Baseline	2014/15	0.7%
		Target	2015/16	0.2%
		Target	2016/17	0.7%
4.3	% of refrigerators storing publicly funded vaccines that have received a completed routine annual cold chain inspection	Baseline	2015	100.0%
		Target	2016	100.0%
4.8	% of 7 or 8 year old students in compliance with ISPA*	Baseline	2016	TBD
4.9	% of 16 or 17 year old students in compliance with ISPA*	Baseline	2016	TBD

#	Table B: Monitoring Indicators
1.1	% of population (19+) that exceeds the Low-Risk Alcohol Drinking Guidelines
1.2	Fall-related emergency visits in older adults aged 65+
1.3	% of youth (ages 12-18) who have never smoked a whole cigarette
2.1	% of high-risk food premises inspected once every 4 months while in operation
2.2	% of moderate-risk food premises inspected once every 6 months while in operation
2.3	% of Class A pools inspected while in operation

#	Table B: Monitoring Indicators
2.5	% of public spas inspected while in operation
2.6	% of restaurants with a Certified Food Handler (CFH) on site at time of routine inspection*
3.1	% of personal services settings inspected annually
3.3	% of confirmed gonorrhea cases where initiation of follow-up occurred within two business days
3.4	% of confirmed iGAS cases where initiation of follow-up occurred on the same day as receipt of lab confirmation of a positive case
3.6	% of confirmed gonorrhea cases treated according to recommended Ontario treatment guidelines
4.1	% of HPV vaccine wasted that is stored/administered by the public health unit
4.4	% of school-aged children who have completed immunizations for hepatitis B
4.5	% of school-aged children who have completed immunizations for HPV
4.6	% of school-aged children who have completed immunizations for meningococcus
4.7	% of MMR vaccine wastage*

* 2016 will be used as the baseline year for this indicator

SCHEDULE E-2

BOARD OF HEALTH FINANCIAL CONTROLS

Financial controls support the integrity of the Board of Health's financial statements, support the safeguarding of assets, and assist with the prevention and/or detection of significant errors including fraud. Effective financial controls provide reasonable assurance that financial transactions will include the following attributes:

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

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

1. **Controls are in place to ensure that financial information is accurately and completely collected, recorded, and reported.**

   Examples of potential controls to support this objective include, but are not limited to:
   - Documented policies and procedures to provide a sense of the organization's direction and address its objectives.
   - Define approval limits to authorize appropriate individuals to perform appropriate activities.
   - Segregation of duties (e.g., ensure the same person is not responsible for ordering, recording, and paying for purchases).
   - An authorized chart of accounts.
   - All accounts reconciled on a regular and timely basis.
   - Access to accounts is appropriately restricted.
   - Regular comparison of budgeted versus actual dollar spending and variance analysis.
   - Exception reports and the timeliness to clear transactions.
   - Electronic system controls, such as access authorization, valid date range test, dollar value limits, and batch totals, are in place to ensure data integrity.

- Use of a capital asset ledger.
- Delegate appropriate staff with authority to approve journal entries and credits.
- Trial balances including all asset accounts that are prepared and reviewed by supervisors on a monthly basis.

2. Controls are in place to ensure that revenue receipts are collected and recorded on a timely basis.

Examples of potential controls to support this objective include, but are not limited to:

- Independent review of an aging accounts receivable report to ensure timely clearance of accounts receivable balances.
- Separate accounts receivable function from the cash receipts function.
- Accounts receivable sub-ledger is reconciled to the general ledger control account on a regular and timely basis.
- Original source documents are maintained and secured to support all receipts and expenditures.

3. Controls are in place to ensure that goods and services procurement, payroll and employee expenses are processed correctly and in accordance with applicable policies and directives.

Examples of potential controls to support this objective include, but are not limited to:

- Policies are implemented to govern procurement of goods and services and expense reimbursement for employees and board members.
- Use appropriate procurement method to acquire goods and services in accordance with applicable policies and directives.
- Segregation of duties is used to apply the three (3) way matching process (i.e., matching 1) purchase orders, with 2) packing slips, and with 3) invoices).
- Separate roles for setting up a vendor, approving payment, and receiving goods.
- Separate roles for approving purchases and approving payment for purchases.
- Processes in place to take advantage of offered discounts.
- Monitoring of breaking down large dollar purchases into smaller invoices in an attempt to bypass approval limits.
- Accounts payable sub-ledger is reconciled to the general ledger control account on a regular and timely basis.
- Employee and Board member expenses are approved by appropriate individuals for reimbursement and are supported by itemized receipts.
- Original source documents are maintained and secured to support all receipts and expenditures.
- Regular monitoring to ensure compliance with applicable directives.
- Establish controls to prevent and detect duplicate payments.
- Policies are in place to govern the issue and use of credit cards, such as corporate, purchasing or travel cards, to employees and board members.
- All credit card expenses are supported by original receipts, reviewed and approved by appropriate individuals in a timely manner.
- Separate payroll preparation, disbursement and distribution functions.

4. **Controls are in place in the fund disbursement process to prevent and detect errors, omissions or fraud.**

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

MIDDLESEX-LONDON HEALTH UNIT

REPORT NO. 037-16FFC

TO: Chair and Members of the Finance & Facilities Committee

FROM: Christopher Mackie, Medical Officer of Health

DATE: 2016 October 06

2016 PBMA PROCESS – UPDATE REPORT

Recommendation

It is recommended that the Finance and Facilities Committee receive Report No. 037-16FFC, re: "2016 PBMA Process – Update Report" for information.

Key Points

- It is important that intended outcomes from the approved PBMA proposals are realized following implementation.
- The 2016 PBMA process resulted in 32 proposals being approved with investments totaling $734,242 and disinvestments totaling $291,597.
- Of the 32 proposals that were implemented, 24 have been completed, seven (7) are on track and one (1) is pending as at the end of July 2016.

Background

Program Budgeting and Marginal Analysis (PBMA) is an integral part of the Middlesex-London Health Unit's annual budget and planning process. Over the past three years of its use, MLHU has been able to reallocate over 3% of its total budget from areas of low impact to those areas with high impact. Like any decision-making process, it is important to follow-up on each proposal to ensure that intended outcomes are being realized. This report highlights each of the 2016 proposals (ongoing investments, one-time investments and disinvestments) and the milestones that have been reached.

Data Collection Process

Proposal sponsors were asked to complete a PBMA proposal status report template that asked whether proposal were complete, on-track, pending or behind schedule. Templates were completed between June and July of 2016.

On-going Investments

There were 14 on-going investment proposals approved for 2016 totaling $527,289. Of these 14 proposals, eight (8) have been completed, five (5) are on track for completion, and one (1) is pending launch in October of 2016. Milestones for these proposals are attached as Appendix A.

One-time Investments

There were five (5) one-time investment proposals approved for 2016 totaling $206,953. Of these five (5) proposals, three (3) have been completed, and two (2) are on track for completion. Milestones for these proposals are attached as Appendix B.

Disinvestments

There were 13 disinvestment proposals approved for 2016 totaling $291,597. Of these 13 proposals, all have been completed. Milestones for these proposals are attached as Appendix C.

Next Steps

Staff will continue to monitor those proposals that are on-track, pending or behind schedule. Proposals for the 2017 PBMA process will be recommended for Finance and Facilities Committee approval in November and December.

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

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

2016 PBMA Investments Progress Report

Complete	On Track	Pending	Behind Schedule

Status	No.	Proposal	Value	FTE	Milestones
On-track	1-0005	MLHU Wellbeing	$55,000	0.00	• Implementation of new EFAP Provider • Logo and branding • Soft launch to all staff
Complete	1-0006	Data Analyst Enhancement	$30,548	0.40	• Data analyst position posted & recruited. • Incumbent in place as of January 11, 2016
On-track	1-0008	Data-enabled Cell Phones for MLHU Staff	$25,000	0.00	• New provider/contract selection • Migration to new plans • Migration to new hardware • Additional $25,000 is required in 2016 to cover smartphone hardware costs (variance funding
On-track	1-0048	Living Wage Employer	$31,835	0.00	• Negotiate new janitorial (Oct 31) and security contracts (Sept 30)
Pending	1-0003	In Motion Physical Activity Community Challenge	$10,000	0.00	• Promotion and advertising for in Motion Community Challenge in October 2016

On-track	1-0022	Nicotine Replacement Therapy Supply and Distribution for Priority Populations	$54,000	0.00	• Health Unit policies for integration of BCI into daily practice by those staff with direct client interactions drafted but not yet approved by SLT • New referral path established with the Health Unit's TB program • Quit Clinic RAC Review scheduled for mid-August • RAC Review for the Youth Smoking Cessation Program scheduled for mid-August with intention to provide counselling and NRT (where appropriate) in schools starting in the September • 6 new referral partners established in 2016 to date • Initiation of home visits for clients with mobility/accessibility issues
Complete	1-0050	Smoke-Free Ontario Inflationary Pressures Enhancement	$5,400	0.00	• New wage rate effective April 1st, and benefit rates effective May 1st
Complete	1-0010	Program Planning and Evaluation Support	$89,822	1.00	• Program evaluator position posted & recruited. • Incumbent in place as of January 11, 2016
On-track	1-0019	Healthy Babies Health Children Infant Hearing Screen at London Health Sciences Centre	$39,693	1.30	• Post, interview and hire weekend screeners • Orient and Train all 4 screeners • Meet with screeners and PAAs to make modifications during implementation stage • Monitor performance of screeners and retrain as necessary
Complete	1-0051	Healthy Babies Healthy Children Inflationary Pressures Enhancement	$37,500	0.00	• New wage rate effective April 1st, and benefit rates effective May 1st

Complete	1-0007	Program Assistant Support for Sexual Health Team	$6,249	0.10	• Completed as part of the implementation of OSL recommendations.
Complete	1-0025	Program Assistant Support for Oral Health Team	$31,242	0.50	• Implementation completed on April 18th
Complete	1-0040	Funding Support for Counterpoint Needle Program at Regional HIV/AIDS Connection	$75,000	1.5	• 1.0 FTE Needle Syringe Program Worker - $39,000 (currently covered by in-kind resources) + benefits • 0.6 FTE Director of Counterpoint Harm Reduction Services $33,600 (currently covered by in-kind resources) + benefits • 0.4 FTE IDU Weekend Outreach Worker $17,200 (new service) + benefits
Complete	1-0047	Associate Medical Officer of Health Enhancement	$36,000	0.20	• Increased hours for AMOH implemented January 1, 2016 • Application made to the MOHLTC for salary top-up September 9, 2016
		Total	$527,289	3.50	

Investment Descriptions

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.

1-0006 – 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.

1-0008 – 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.

1-0048 - Living Wage Employer
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.

1-0003 – 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.

1-0050 – 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.

1-0010 – 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.

1-0019 – Healthy Babies Health Children Infant Hearing Screen at London Health Sciences Centre
This proposal is requesting an investment to fund Public Health Nurses (PHNs) to complete both the Healthy Babies Healthy Children (HBHC) and the Infant Hearing Screening together with postpartum families at the London Health Sciences Centre (LHSC) on weekdays, weekends and Statutory Holidays.

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.

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.

2016 PBMA One-time Investments

Complete	On Track	Pending	Behind Schedule

Status	No.	Proposal	Value	FTE	Milestones
On Track	1-0032	Nurse Family Partnership	$35,000	0.00	• Hiring of provincial clinical lead in June 2016 • Confirmation of health units participating in CaNE project/ implementing NFP (Toronto and York) • NFP curriculum revisions and planning for education delivery and CaNE project evaluation in progress • Recruitment of MLHU PHNs to deliver NFP program • Potential risk of falling behind schedule
Complete	1-0001	Mental Health and Wellbeing Promotion Strategy	$36,953	0.50	• Hired a temporary program evaluator until end of 2016 to develop an agency wide across the life span mental health strategy
Complete	1-0012	Leadership and Management Development Program	$40,000	0.00	• Managing in a Unionized Environment training provided to staff on April 28 - 29
On Track	1-0021	Increasing Food Systems Capacity	$45,000	0.50	• Asset Mapping Exercise, Prioritization setting exercise, Community Food Assessment (CFA) completed, Meeting with key stakeholders • Media launch event to profile results of the CFA and to call for nominations for the Food Policy Council • Food Systems logic model drafted.

Complete	1-0024	Public Health Nurse for Tuberculosis	$50,000	0.50	• PHN position investment was put forward to enhance local physicians' knowledge and engagement with respect to diagnosing & treating TB (active and LTBI).
		Total	$206,953	1.50	

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 determining the impact of NFP in Ontario.

1-0001 – Mental Health and Wellbeing Promotion Strategy
This proposal requests a temporary 0.5 FTE 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 Program
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 area of concern.

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, rates of overweight/obesity and related chronic diseases.

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 Progress Report

Complete | On Track | Pending | Behind Schedule

Status	No.	Proposal	Value	FTE	Milestones
Complete	1-0027	Adjusting Vector Borne Disease Budget to Reflect Current Status	-$40,801.00	0.00	• This amount has been transferred from Safe Water & Rabies Program budget (827) to Vector Borne Disease Program budget (823) to be used for staffing and admin allocation costs.
Complete	1-0029	Proper Allocation for Program Assistant for E-Cigarette Act	-$24,824.00	0.00	• The PAs who were impacted by this disinvestment are fully functional within their new assignments. • One PA is now a 0.6 FTE for HCIP (cost-shared) and 0.4 FTE for TCAN (100% SFO TCAN budget) • One PA is now a 1.0 FTE for the CDPTC Team (100% funded - 0.8 FTE funded by SFO Enforcement Budget and 0.2 FTE funded by the ECA budget)
Complete	1-0034	Health Connection and Early Years Team Program Assistant Reduction	-$30,000.00	-0.50	• 0.5 Program Assistant budget was reduced in January 2016.
Complete	1-0035	Decrease Operations Budget from Family Health Services Administration	-$10,000.00	0.00	• Budget reduction implemented January 1, 2016
Complete	1-0036	Decrease Casual Public Health Nurse Budget	-$15,000.00	-0.15	• Budget reduction implemented January 1, 2016
Complete	1-0037	Reproductive Health Team Program Assistant Reduction	-$30,659.00	-0.50	• Disinvestment occurred in January 2016. Reshuffling of responsibilities and roles has occurred with minimal disruption.
Complete	1-0038	Breast Pump Loan Program	-$5,000.00	0.00	• Beginning January 1st, manual breast pumps were provided only to HBHC breastfeeding clients who

					were returning to work or school. New guidelines and processes were fully implemented by March 31st.
Complete	1-0039	Let's Grow Reduction	-$23,000.00	-0.40	• Reduction implemented January 1, 2016
Complete	1-0041	Community Mobilization of Developmental Assets	-$50,986.00	-0.50	• Reduction implemented January 1, 2016
Complete	1-0043	Reduction of Casual Reception Administration Budget	-$10,000.00	0.00	• Reduction implemented January 1, 2016
Complete	1-0042	Eliminate Involvement in Dental Claims Administration	-$24,900.00	-0.15	• Reduction was implemented May 16, 2016
Complete	1-0028	Reduce Casual Public Health Nursing in the Sexual Health Clinic	-$16,427.00	-0.20	• Reduction in casual PHN hours was implemented January 2016.
Complete	1-0046	Modify Executive Assistant to the Board of Health and Program Assistant to Communications	-$10,000.00	-0.20	• Implemented late in 2015.
		Total	-$291,597.00	-2.60	

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.

1-0034 – 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.

1-0035 – 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.

1-0036 – 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.

1-0037 – 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.

1-0038 – 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.

1-0039 – 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.

1-0041 – 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.

1-0043 – 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 positions.

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 0.2 FTE 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.

MIDDLESEX-LONDON HEALTH UNIT

REPORT NO. 038-16FFC

TO: Chair and Members of the Finance & Facilities Committee

FROM: Christopher Mackie, Medical Officer of Health

DATE: 2016 October 6

2016 PUBLIC HEALTH FINANCIAL & ACCOUNTABILITY AGREEMENT INDICATORS

Recommendation

It is recommended that the Finance & Facilities Committee receive Report No. 038-16FFC 2016 Public Health Financial & Accountability Agreement Indicators for information.

Key Points

- Accountability agreement indicators are an important part of Public Health Performance Monitoring.
- The Ministry of Health and Long-Term Care (MOHLTC) has amended the accountability agreement to include 4 additional indicators, two (2) performance indicators, and two (2) monitoring indicators.
- The Health Unit has the opportunity to participate in target setting as a part of the annual target setting process.

Background

Performance indicators are intended to improve Board of Health performance, support the achievement of improved health outcomes in Ontario, and establish performance obligations for both the Middlesex-London Health Unit (MLHU) and the Ministry of Health and Long-Term Care (MOHLTC).

As part of the Accountability Agreement originally signed in 2014, the Board of Health will use their best efforts to achieve agreed upon performance targets and use their best efforts to sustain or improve results for the monitoring indicators. From time to time the MOHLTC makes amendments to the Accountability Agreement for changes in funding, program policies and guidelines, reporting requirements, etc. Under Amending Agreement No. 5 (see Report No. 036-16FFC, Appendix B), the Board Chair will be required to sign off on some additional performance indicators for 2016.

Boards of Health are also given additional opportunities to confirm or appeal performance targets each year as a part of annual Ministry target setting process.

Additional Indicator Reporting

The indicators that have been added for 2016 include both performance and monitoring indicators and can be found in the table below:

#	*Type*	*Area*	*Description*
2.6	Monitoring	Health Protection	% of restaurants with a Certified Food Handler (CFH) on site at time of routine inspection
4.7	Monitoring	Health Protection	% of MMR vaccine wastage
4.8	Performance	Health Protection	% of 7 or 8 year old students in compliance with ISPA
4.9	Performance	Health Protection	% of 16 or 17 year old students in compliance with ISPA

Next Steps

For 2016, data collected for these new indicators will be used as the baseline for collection in future years. The health unit will work with the MOHLTC to agree upon appropriate performance targets and to meet the performance obligations as set forth in this agreement.

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

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

MIDDLESEX-LONDON HEALTH UNIT

REPORT NO. 039-16FFC

TO: Chair and Members of the Finance & Facilities Committee

FROM: Christopher Mackie, Medical Officer of Health

DATE: 2016 October 6

REVISED 2017 BUDGET PARAMETERS

Recommendation

It is recommended that the Finance & Facilities Committee make recommendation to the Board of Health to revise the previously approved 2017 budget parameters for provincial funding for Mandatory Programs to 1.5%.

Key Points

- In the absence of MOHLTC approvals for 2016, it was recommended to proceed with planning the 2017 budget with a 2% increase provincial funding in Mandatory Programs.
- Based on funding approvals for 2016 received on September 23, 2016, it is recommended to revise this budget parameter to 1.5% for 2017.

Background

At the September 1st meeting the Committee received Report No. 029-16FFC, re: "2017 Board of Health Budget – Financial Parameters" which recommended the Board of Health approve the following assumptions for planning the 2017 budget:

1) 2% increase in provincial funding for Mandatory Programs; and
2) 0% increase in municipal funding for Mandatory Programs; and further
3) 0% grant increase for all other programs.

Subsequent to this recommendation, on September 23, 2016 the Health Unit received notification of Ministry of Health and Long-Term Care grant approvals.

2016 MOHLTC Grant Approvals

As part of the grant approvals the ministry approved an additional $250,704 or 1.58% to its adjusted 2015 Mandatory Programs allocation. The 2015 base grant was adjusted for program changes being made to the Healthy Smiles Ontario program effective January 1, 2016. The ministry adjustments related to two factors, both of which were made from 2014 actuals and not 2015 budget data. The first adjustment was a reduction to base funding for fee-for-service or amounts paid to community dentist through the former Children In Need of Treatment (CINOT) program. This program was integrated into the Health Smiles Ontario program, and administered by a 3rd party effective January 1, 2016. The second adjustment was reallocating $218,573 of dental preventative programs formerly funded through the Mandatory Programs funding to the Healthy Smiles Ontario program which is 100% funded by the MOHLTC.

The 2016 MOHTLC grant approvals included a 1% growth funding for Mandatory Programs, which was allocated proportionately to 10 boards of health based on the funding formula implemented in 2015. In contrast, in 2015 the MOHLTC grant approvals included a 2% growth funding for Mandatory Programs

which was allocated proportionately to 8 boards of health. In 2015 the Middlesex-London Board of Health received a 3.6% increase over 2014 Mandatory Program funding.

Revised 2017 Budget Parameters

Now that the 2016 Mandatory Program grant is known, and the growth in Mandatory Program funding has been reduced to 1% from 2% in 2015 it is wise to reconsider the budget parameters previously set for developing the 2017 Health Unit budget.

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

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

MIDDLESEX-LONDON HEALTH UNIT

REPORT NO. 040-16FFC

TO: Chair and Members of the Finance & Facilities Committee

FROM: Christopher Mackie, Medical Officer of Health

DATE: 2016 October 6

HEALTH UNIT INSURANCE POLICY REVIEW

Recommendation

It is recommended that the Finance & Facilities Committee receive Report No. 040-16FFC, re: "Health Unit Insurance Policy Review" for information.

Key Points

- The Finance & Facilities Committee is responsible for periodically reviewing the Health Unit's insurance policy as part of its risk management practices.
- The last time the policy was reviewed was in the Fall of 2014.
- A review will assist the Health Unit in preparing for the renewal of the policy which will take place prior to the end of the 2016 year.

In accordance to the Finance & Facilities 2016 Reporting Calendar, the Committee planned to review the Health Unit's insurance policy in the fourth quarter. The review of the current insurance policy would assist the Committee to inform and give consideration to any potential policy changes prior to the next renewal period schedule for the end of 2016.

The last review of the insurance policy was conducted in the Fall of 2014, the result of which lead the Health Unit to move from its long standing insurance policy through the City of London (OMEX) to Frank Cowan Company Ltd. The City is now considering making this change as well.

Details of the current insurance policy are attached as Appendix A. Ms. Jessica Jaremchuk, Regional Manager from Frank Cowan Company Ltd., and Mr. John Millson, Associate Director of Finance will assist the Committee in its review.

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

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

Frank Cowan Company

2016 Health Unit Insurance Program

MIDDLESEX-LONDON HEALTH UNIT

Renewal Report for the Policy Term January 1, 2016 to January 1, 2017

Prepared by:

Jessica Jaremchuk, BA, LL.B
Regional Manager

Ref 48700/ja/bm 10 December 2015

Frank Cowan Company Limited
75 Main Street North
Princeton, ON N0J 1V0

About Frank Cowan Company

Frank Cowan Company is a leader in providing specialized insurance programs, including risk management and claims services to municipalities, healthcare, education, community, children's and social service organizations across Canada. Proven industry knowledge, gained through eight decades of partnering with insurance companies and independent brokers, gives Frank Cowan Company the ability to effectively manage the necessary risk, advisory and claims services for both standard and complex issues.

Frank Cowan Company Limited is affiliated with Cowan Insurance Group Ltd., The Guarantee Company of North America and Millennium Credit Risk Management Limited through common ownership under Princeton Holdings Limited.

Frank Cowan Company is a Managing General Agent (MGA) with the authority to write and service business on behalf of strategic partners who share our commitment and dedication to protecting specialized organizations. Because our partners are long-term participants on our program, they understand the nature of fluctuating market conditions and complex claims and are prepared to stay the course.

THE ADVANTAGE OF A MANAGING GENERAL AGENT The MGA model is different than a traditional broker/insurer arrangement in that an MGA provides specialized expertise in a specific, niche area of business. As an MGA we also offer clients additional and helpful services in the area of risk management, claims and underwriting. And unlike the reciprocal model, a policy issued by an MGA is a full risk transfer vehicle not subject to retroactive assessments but rather a fixed term and premium.

We invite you to work with a partner who is focused on providing a complete insurance program specific to your organization that includes complimentary value added services that help drive down the cost of claims and innovative first to market products and enhancements. You will receive personalized service and expertise from a full-service, local and in-house team of risk management, claims, marketing and underwriting professionals.

As a trusted business partner, we believe in participating in and advocating for the causes that affect our clients. For this reason we affiliate with and support key provincial and national associations. In order for Frank Cowan Company to be effective in serving you, we, as an MGA, believe in fully understanding your needs, concerns and direction. Our support is delivered through thought leadership, financial resources, advocacy, services, education and more.

RISK MANAGEMENT SERVICES We are the leader in specialized risk management and place emphasis on helping your organization develop a solid plan to minimize exposure before potential incidents occur. Risk management is built into our offerings for all clients, fully integrated into every insurance program. Our risk management team is comprised of analysts, inspectors and engineers who use their expertise to help mitigate risk. We do everything we can to minimize your exposure before potential incidents occur. This includes providing education, road reviews, fleet reviews, contract analysis and property inspections.

CLAIMS MANAGEMENT SERVICES Our in-house team of experts have the depth of knowledge, experience and commitment to manage the complicated details of claims that your organization may experience. You deal with the public often in sensitive instances where serious accusations can be made. Your claims are often long-tail in nature and can take years to settle. Some claims aren't filed until years after the occurrence or accident. You want a team of professionals on your side who will vigorously defend your reputation. We understand your risks and your exposures and have maintained a long-term commitment to understanding the complex issues your organization may face so that we can better service your unique claims requirements.

Best in Class Value-Added Services

Frank Cowan Company offers more than just an insurance policy. As an MGA, we provide Canadian municipalities with a complete insurance program. What is the difference? A vested interest in helping you reduce your cost of claims. Every one of our best in class value added services helps to mitigate risk, which can translate into fewer claims.

RISK MANAGEMENT

Contract Reviews
Valuable feedback and insight on the suitability and effectiveness of liability provisions and insurance clauses in contracts and agreements.

Asset Valuation and Risk Inspections
Inspections review properties and operations for potential liabilities and provide extensive detail and documentation.

Educational Seminars
Seminars and training that focus on methods to reduce risk and recurring incidents.

Policy and Procedural Reviews
Audit systems and processes to reduce potential losses by focusing on documentation, reporting and consistency with accepted standards and practices.

Cyber Risk Preparedness
Cyber is a new and developing risk that many municipalities aren't prepared for. Cyber education and the implementation of specific policies and procedures can assist greatly with preparedness and mitigation. Network security assessment tools and Cyber Risk Insurance are also available.

Risk Management Centre of Excellence
Online resource library dedicated to sharing information and tools to help manage risk. **excellence.frankcowan.com**

Claims History Analysis
Identify the cause of claims and focus on trends and patterns to help eliminate risk sources.

CLAIMS

Claims Management Best Practices Framework
View the status of your open claims and claims history. Experience increased efficiency and see trends in claims data. Couple this with strong claims and risk management and your organization will be better prepared to help mitigate and manage future incidents.

Guidewire ClaimCenter® Claims Management
View the status of claims in addition to data mining capabilities for risk management purposes so as to better identify risk trends and address them with mitigation techniques.

Claims Education
Customized municipal seminars on claims related topics delivered to solve specific risk issues.

Expertise
Canadian municipal claims experience and expertise is important. Our technically proficient claims team has hundreds of years of combined experience specifically in the municipal area. We have maintained a long-term commitment to understanding municipal issues so that we can better service your unique claims requirements.

Your Insurance Coverage

Schedule of Coverage

(Coverage is provided for those item(s) indicated below)

Casualty

Coverage Description	($) Deductibles	($) Limit of Insurance
General Liability (Occurrence Form) *Broad Definition of Insured*	5,000	15,000,000 Per Claim No Aggregate
Sewer Backup	5,000	
Voluntary Medical Payments	Nil	10,000 Each Person 50,000 Each Accident
Forest Fire Expense	Nil	1,000,000 1,000,000 Aggregate
Medical Malpractice Liability (Claims Made Form) Retroactive Date January 1, 2003	5,000	15,000,000 15,000,000 Aggregate
Errors & Omissions Liability (Claims Made Form) Retroactive Date January 1, 2003	5,000	15,000,000 Aggregate
Directors' & Officers' Liability (Claims Made Form)	5,000	5,000,000 Aggregate
Non-Owned Automobile Liability		15,000,000
Legal Liability for Damage to Hired Automobiles	500	50,000
Environmental Liability (Claims Made Form)	5,000	1,000,000 2,000,000 Aggregate

Follow Form – Excess Liability

Coverage Description		($) Deductibles	($) Limit of Insurance
Underlying Policy	**($) Underlying Limit**		10,000,000
General Liability	15,000,000		
Errors & Omissions Liability	15,000,000		
Non-Owned Automobile	15,000,000		
Owned Automobile	15,000,000		

Total Limit of Liability ($) 25,000,000

Schedule of Coverage

(Coverage is provided for those item(s) indicated below)

Crime

Coverage Description	($) Deductibles	($) Limit of Insurance
Employee Dishonesty –Form A (Commercial Blanket Bond)		100,000
Loss Inside the Premises (Broad Form Money & Securities)		10,000
Loss Outside the Premises (Broad Form Money & Securities)		10,000
Audit Expense		100,000
Money Orders and Counterfeit Paper Currency		100,000
Forgery or Alteration (Depositors Forgery)		100,000

Accident

Coverage Description	($) Deductibles	($) Limit of Insurance
Board Members : Persons Insured – Eleven (11) Board Members		
Board Members Accidental Death & Dismemberment		100,000
Paralysis		200,000
Weekly Income – Total Disability		300
Weekly Income – Partial Disability		150
Accidental Death of a Spouse While Travelling on Business		Included

Conflict of Interest

Coverage Description	($) Deductibles	($) Limit of Insurance
Legal Fees Expenses		100,000 Per claim No Aggregate

Legal Expense

Coverage Description	($) Deductibles	($) Limit of Insurance
Legal Defence Cost		100,000 250,000 Aggregate

Schedule of Coverage

(Coverage is provided for those item(s) indicated below)

Property

Coverage Description	($) Deductibles	Basis	($) Limit of Insurance
Property of Every Description - Blanket	5,000	RC	4,613,175
Valuable Papers			250,000
Accounts Receivable			250,000
Extra Expense			250,000
Media			250,000
	($) Total Amount of Insurance		5,613,175
RC = Replacement Cost ACV = Actual Cash Value VAL = Valued			

Schedule of Coverage

(Coverage is provided for those item(s) indicated below)

Owned Automobile

Coverage Description	($) Deductibles	($) Limit of Insurance
Liability		
Bodily Injury		10,000,000
Property Damage		Included
Accident Benefits		As stated in Section 4 of the Policy
Uninsured Automobile		As stated in Section 5 of the Policy
Direct Compensation – Property Damage		
*This policy contains a partial payment of recovery clause for property damage if a deductible is specified for direct compensation-property damage.		
Loss or Damage**		
Specified Perils (excluding Collision or Upset)		
Comprehensive (excluding Collision or Upset)		
Collision or Upset		
All Perils	1,000	
Endorsements		
#20 - Loss of Use		$900/Occ
#44R - Family Protection Coverage		1,000,000
**** This policy contains a partial payment of loss clause. A deductible applies for each claim except as stated in your policy.**		

Automobile – Excess Liability

Coverage Description		($) Deductibles	($) Limit of Insurance
Underlying Policy	**($) Underlying Limit**		5,000,000
Owned Automobile	10,000,000		

Prior Term	*Total Annual Premium (Excluding Taxes Payable)*	$ 64,677	**Total Annual Premium** (Excluding Taxes Payable)	**$** 64,677

Please refer to the insurance contract for all limits, terms, conditions and exclusions that apply.

The premium Quoted is subject to a 15% minimum retained (unless otherwise stated).

Cost Analysis

	Expiring Program Term	Renewal Program Term
Casualty		
General Liability	$ 12,727	$ 12,727
Medical Malpractice Liability	24,931	24,931
Errors and Omissions Liability	6,193	6,193
Directors' and Officers' Liability	5,012	5,012
Non-Owned Automobile Liability	200	200
Environmental Liability	1,000	1,000
Crime	1,377	1,377
Board Members Accident	407	407
Conflict of Interest	660	660
Legal Expense	1,751	1,751
Property		
Property	2,242	2,242
Automobile		
Owned Automobile	1,087	1,087
Excess		
Excess Automobile	200	200
Follow Form	6,890	6,890
Total Annual Premium (Excluding Taxes Payable)	$ 64,677	$ 64,677

Changes to Your Insurance Program

Please be advised of the following changes to your insurance program that now apply:

Please note the change of Insurer(s), participation percentage and/or policy number(s).

Accidental Death of a Spouse While Travelling on Business

- Coverage provides for Accidental Death of a spouse when the spouse is travelling with an Insured Person on business. Coverage applies while travelling to or from such an event and/or if the loss of life occurs within one year of the accident. This coverage has been added at no additional premium.

PROGRAM OPTIONS

1. Liability

Coverage is available for sexual abuse therapy and counselling expenses for members qualifying under the Regulated Health Professions Act 1991 (Ontario) or an equivalent Act or Regulation of another Province or Territory.

2. Volunteers' Accident

Volunteer Accident coverage is available. See attached Highlight Sheet for details.

A quote is available on request (based on the total # of volunteers).

3. Equipment Breakdown Protection - EBP

We have available an Equipment Breakdown Protection Form. We set out below the coverage which would be provided. Should this be required, the annual cost would be $ 600., subject to a $ 5,000. Deductible.

- Insures for sudden and accidental breakdown of insured equipment.
- Insures both damage to equipment and to other property, resulting from these types of breakdowns. Separate Equipment Breakdown insurance is necessary, because Property policies normally exclude these types of loss.
- The basis of recovery from an insured loss is repair or replacement cost. This eliminates the depreciation factor.

NOTE: Laptop Computers away from the premises are not covered. Laptops are only covered while on insured premises.

Description of Coverages

Frank Cowan Company offers a Comprehensive Insurance Program to meet your needs.

"Your Insurance Coverage" provides a summary of current coverages, limits and deductibles included in this proposal.

Highlights of coverage follow providing a summary of coverage. Highlight pages may include description of optional coverages.

The information in this notice is intended for informational purposes only. For full details with respect to coverage, exclusions, conditions and limitations refer to the policy wordings. While coverage may be quoted, once a policy is issued coverage is only applicable if shown on Declaration Page or Schedule of Coverage.

General Liability Coverage Highlights

- Insures against liability imposed by law for damages because of bodily injury or death to any person resulting from the operations of the insured and for damages to or destruction of property of others caused by an accident.
- Insures against liability imposed by law for damages because of Personal Injury sustained by any person caused by false arrest, detention or imprisonment, malicious prosecution, libel, slander, defamation of character, humiliation, invasion of privacy, wrongful eviction, wrongful entry and discrimination.
- Included as Insured's are Trustees, Directors, Executive Officers, Board Members, Commission or Committee Members Employees and Volunteers while performing their duties as such.
- Bodily Injury, Property Damage, Products & Completed Operations Liability.
- Professional Liability (Malpractice) included
- Blanket Tenants' Legal Liability included
- Advertisers Liability included
- Employers Liability included
- Forest Fire Expense
- Medical Payments
- Deductible and Reimbursement Agreement
- Sewer backup (per claimant deductible reimbursement)
- If applicable, refer to the attached Additional Insured(s) form.

The information in this notice is intended for informational purposes only. For full details with respect to coverage, exclusions, conditions and limitations refer to the policy wordings. While coverage may be quoted, once a policy is issued coverage is only applicable if shown on Declaration Page or Schedule of Coverage.

Hospital Medical Malpractice Liability Insurance (Claims Made Form)

- Insures Medical Malpractice Liability imposed by law on a claims made basis for damages because of bodily injury, sickness, disease, mental anguish, mental suffering, mental injury, shock, disability or death sustained by any person arising out of the rendering of or failure to render any professional treatment or service which is rendered on or to the person of an individual in or under the auspices of a hospital or in connection with the dispensing of any prescription, remedy, drugs or medical, surgical or dental supplies or appliances or the handling of or performing post mortem examinations on human bodies.

- Third Party Claims Deductible including all expenses (including Adjusting Expenses) applies on all claims arising out of any one accident or occurrence.

- Claims made policy to cover claims FIRST made during the term of the policy arising from Medical Malpractice, which occurred on or after the retroactive date stated on the schedule of coverage.

- Bodily Injury, Property Damage and Personal Injury.

- Other Extensions

    - Broad Definition of Insured

    - 90 days automatic extended reporting period.

    - Punitive Damages

Please refer to the insurance contract for all limits, terms, conditions and exclusions that apply

Errors and Omissions Liability Coverage Highlights

- Insures against liability imposed upon it by a court of Civil Law for compensatory damages because of an error, omission or negligent act arising from professional services.

- Covers claims made during the Policy period arising from an error, omission or negligent act occurring during that policy period. It also covers claims made during the term of the Policy arising from errors, omissions or negligent acts occurring after the retroactive date shown in the Declarations, provided the Corporation had no knowledge of such error, omission or negligent act when the policy was taken out.

- Retroactive Date as shown the Highlights of Coverage summary.

The information in this notice is intended for informational purposes only. For full details with respect to coverage, exclusions, conditions and limitations refer to the policy wordings. While coverage may be quoted, once a policy is issued coverage is only applicable if shown on Declaration Page or Schedule of Coverage.

Not-For-Profit Entity, Directors' and Officers' Liability Coverage Highlights

Overview

Directors and Officers can be held personally liable for their role in an organization. Coverage is provided for wrongful acts of the Organization or Entity itself but also extends:

- To an Insured Person (Director or Officer) when they are not indemnified by the Organization for a loss; or
- To the Insured Organization when they indemnify an Insured Person for a loss

As coverage is a **claims made** Form, coverage is extended to wrongful acts of former directors, officers or trustees.

Features

- Defence costs are in addition to the limit of liability and respond even if the allegations are groundless or false
- Coverage extends to a spouse of an Insured Person
- Provisions for directors and officers when they serve on other non-profit boards (with consent of the Insured Organization)
- Directors and Officers are protected for Occupational Health and Safety Violations
- Provides Employment Practices or errors in administering a Benefit Plan coverage
- World-wide coverage
- Extended reporting period of one year is available and can be purchased when the policy is not being renewed. Standard reporting period after the policy is cancelled or non-renewed is 30 days
- Coverage is subject to an Aggregate Limit

Additional Information

We provide broad coverage as noted in our definitions below:

Benefit Plan	Includes: employee pension plans, welfare benefits plans, medical, life and accident, dental and employee profit sharing plans.
Claim	Includes: A demand for monetary or non-monetary relief, civil or criminal proceedings, arbitration, mediation, or alternative dispute resolution proceedings.
Employment Practices Wrongful Act	Includes: libel, slander, humiliation, defamation and emotional distress, wrongful demotion, employment misrepresentation, failure to promote, deprivation of career opportunity, failure to adopt workplace policies.

Certain Limitations Apply such as:

- If an offer is not accepted by the Insured coverage is limited to 75% of the loss plus defence costs
- Outside directorship losses reduce the Limit of Insurance
- Limited defence costs which are to be reimbursed when wrongful acts are for illegal profits or financial advantage

The information in this notice is intended for informational purposes only. For full details with respect to coverage, exclusions, conditions and limitations refer to the policy wordings. While coverage may be quoted, once a policy is issued coverage is only applicable if shown on Declaration Page or Schedule of Coverage.

Non-Owned Automobile Coverage Highlights

Overview

Non-Owned and hired automobile liability insurance covers bodily injury and property damage caused by a vehicle not owned by the Insured (including rented or borrowed vehicles). Coverage is provided for Third Party Liability arising from the use or operation of any automobile not owned or licensed in the name of the Insured if it results in bodily injury (including death), property damage (if the property was not in possession of the Insured) to a third party.

Features

SEF No. 96 Contractual Liability

- When renting a vehicle you engage in a contractual relationship with the rental company where you assume liability for the operation of the automobile. It is therefore important that contractual coverage is added to the policy by way of an endorsement known as SEF (Standard Endorsement Form) No. 96. Contractual Liability coverage is automatically provided for all written contractual agreements with our Non-Owned Automobile coverage.

SEF No. 99 Long Term Lease Exclusion

- When Contractual Liability is provided under the policy there is also an exclusion for Long Term Leased vehicles SEF No. 99. This excludes coverage for vehicles hired or leased for longer than a certain period such as 30 days.

Territory

- The Non-Owned Automobile policy provides coverage while in Canada and United States.

Termination Clause

- The standard termination clause has been amended in that the Insured may still provide notice of cancellation at any time, however, the Insurer must provide ninety days notice of cancellation to the Insured rather than the standard 15 or 30 days.

SEF No. 94 Legal Liability (Physical Damage) to a Hired/Rented Automobile

- We automatically provide coverage for damage to a vehicle that you have hired or rented. Coverage is provided via endorsement SEF No. 94. We automatically provide 'All Perils' coverage. The limit of coverage will vary per client.

Additional Information

Courts have repeatedly held that when an automobile is used on a person's behalf or under a person's direction, that person (or entity) has a responsibility for the operation of the automobile and may be held liable for damages in the event of an accident even though he or she is not the owner or driver of the vehicle. This common law principle has been supported by a number of court decisions making an employer responsible for the use and operation of an automobile when an employee is operating an automobile (not owned by the employer) while being used for the employer's business.

The information in this notice is intended for informational purposes only. For full details with respect to coverage, exclusions, conditions and limitations refer to the policy wordings. While coverage may be quoted, once a policy is issued coverage is only applicable if shown on Declaration Page or Schedule of Coverage.

Environmental Liability Coverage Highlights

- This policy protects the Insured against liability caused by Environmental Impairment arising out of their operations for claims because of bodily injury, property damage or Environmental Impairment.
    - Health Units may be exposed to third party claims for environmental damages arising from, but not limited to, such risks as the ownership and/or operation of:
    - Sewage systems
    - Water systems
    - Underground fuel tanks
- The Environmental Liability policy is written on a Claims-Made form which means that the policy will respond to a claim first made against the Insured during the policy period.
- The Environmental policy is a Liability contract which provides protection for third party claims and, therefore, some expenses are excluded, including, but not limited to the following:
    - Expenses incurred to clean-up, or repair, the Insured's own property or property rented to the Insured;
    - Fines, penalties and punitive damages;
    - Liability assumed by the Insured under any contract or agreement, except any agreement with Her Majesty the Queen as represented by the Minister of the Environment.

Crime Coverage Highlights

Overview

Our Crime Coverage is flexible in that the Insured may elect to purchase any or all of the crime coverage we have available.

Features

Below is a brief description of each coverage:

Employee Dishonesty – Form A Commercial Blanket Bond

- Covers loss of money, securities or other property from fraudulent or dishonest acts of the Insured's Employees.

Loss Inside and Loss Outside the Premises (Broad Form Money and Securities)

- Loss of Money and Securities caused by destruction, disappearance or wrongful abstraction.

Money Orders and Counterfeit Paper Currency

- Covers acceptance of false money orders or counterfeit Canadian or U.S. currency.

Forgery and Alteration

- Covers forgery or alteration to a financial instrument (cheque, draft or promissory note).

Credit Card Forgery

- Coverage protects the Insured (a corporate entity) from losses arising from its employees being defrauded on their corporate credit cards.

Computer and Transfer Fraud (Including Voice Computer Toll Fraud)

- Theft of money, securities or property when a computer is used to transfer money from an Insured to another person or place is provided.
- Voice computer toll fraud – the cost of long distance calls is covered if caused by the fraudulent use of an account code or a system password.

Extortion (Threats to Persons and Threats to Property)

- Threats to Person: Provides coverage when a threat is communicated to the Insured to do bodily harm to a director, officer or partner of the Insured (or a relative) when these persons are being held captive and the captivity has taken place within Canada or the U.S.A.
- Threats to Property: Provides coverage when a threat is communicated to the Insured to do damage to the premises or to property of the Insured located in Canada or the U.S.A.

Pension or Employee Benefit Plan Coverage

- Loss from a pension or employee benefit plan resulting directly from a dishonest or fraudulent act committed by a fiduciary.

Loss Sustained by a Client (Third Party Bond Coverage)

- Coverage is extended to a third party or client of an Insured for the loss of money, securities or other property caused by fraudulent or dishonest acts of an employee.

Audit Expense

- Coverage for the expenses that are incurred by the Insured to external auditors to review their books in order to prove a loss. This is a separate limit of insurance.

Board Members' (Including Councillors')
Accidental Death and Dismemberment Coverage Highlights

AD&D and Paralysis Limits	Option 1	Option 2
Accidental Death or Dismemberment (including loss of life and heart attack coverage)	$100,000	$250,000
Paralysis Coverage – 200% of Accidental Death and Dismemberment Limit		
Permanent Total Disability - Accidental Death and Dismemberment Limit		

Weekly Indemnity	Option 1	Option 2
Total Loss of Time	$300	$500
Partial Loss of Time	$150	$300

Accident Reimbursement - $15,000

Chiropractor	Crutches†
Podiatrist/Chiropodist	Splints†
Osteopath	Trusses†
Physiotherapist	Braces (excludes dental braces)†
Psychologist	Casts†
Registered or Practical Nurse	Oxygen Equipment – Iron Lung
Trained Attendant or Nursing Assistant‡	
Transportation to nearest hospital†	Rental of Wheelchair
Prescription drugs or Pharmaceutical supplies‡	Rental of Hospital Bed
Services of Physician or Surgeon outside of the province	Blood or Blood Plasma‡
†Maximum $1,000 per accident. ‡If prescribed by physician.	Semi Private or Private hospital room‡

Dental Expenses	
Dental Expenses	$5,000

Occupational Retraining – Rehabilitation	
Retraining – Rehabilitation for the Named Insured	$15,000
Spousal Occupational Training	$15,000

Repatriation	
Repatriation Benefit (expenses to prepare and transport body home)	$15,000

Dependent Children – per child	
Dependent Children's Education (limit is per year- maximum 4 years)	$10,000
Dependent Children's Daycare (limit is per year- maximum 4 years)	$10,000

Transportation/Accommodation (When treatment is over 100km from residence.)	
Transportation costs for the Insured when treatment is over 100km from home	$1,500
Transportation and accommodation costs when Insured is being treated over 100km from home.	$15,000

Home Alternation and Vehicle Modification	
Expenses to modify the Insured's home and/or vehicle after an accident	$15,000

Seatbelt Dividend	
10% of Principal Sum	$25,000

Funeral Expense	
Benefit for loss of life	$10,000
Identification Benefit	
Benefit for loss of life	$5,000
Eyeglass, Contact Lenses and Hearing Aids	
When Insured requires these items due to an accident	$3,000
Convalescence Benefit – Per day	
Insured Coverage	$100
One Family Member Coverage	$50
Workplace Modification Benefits	
Specialized equipment for the workplace	$5,000

Elective Benefits

Complete Fractures		**Dislocation**	
Skull	$ 5,200	Shoulder	$ 2,200
Lower Jaw	$ 2,800	Elbow	$ 2,200
Collar Bone	$ 2,800	Wrist	$ 2,500
Shoulder Blade	$ 3,500	Hip	$ 4,600
Shoulder Blade complications	$ 3,700	Knee	$ 3,500
Thigh	$ 4,600	Bones of Foot or Toe	$ 2,500
Thigh/hip joints	$ 4,600	Ankle	$ 2,800
Leg	$ 3,500	Forearm (between wrist & elbow)	$ 2,800
Kneecap	$ 3,500	Foot & Toes	$ 2,200
Knee/joint complications	$ 4,000	Two or More Ribs	$ 1,900
Hand/Fingers	$ 2,200	Colles' fracture	$ 2,800
Arm (between shoulder & elbow)	$ 4,600	Potts' fracture	$ 3,400

Aggregate Limit	
Aggregate Limit only applicable when 2 or more board members are injured in same accident.	$ 2,500,000

Coverage Extensions

- Standard coverage is applicable while the Insured is 'On Duty'. Coverage for Accidents that may occur 24/7 may be purchased.
- Accidental Death of a Spouse While Travelling on Business is automatically included when this coverage is purchased. This endorsement provides for Accidental Death of a spouse when the spouse is travelling with an Insured Person on business. Coverage applies while travelling to or from such an event and /or if the loss of life occurs within one year of the accident.
- When Board Members' Accidental Death and Dismemberment Coverage is purchased, the Insured also has the option to purchase Critical Illness Coverage.

Additional Information

- Loss of life payments up to 365 days from date of Accident or if permanently disabled up to 5 years.
- Weekly Indemnity coverage pays in addition to Elective Benefits.
- Weekly Indemnity payments take other income sources into consideration (e.g. automobile, CPP, group plans).
- Coverage is applicable to Insured 80 years of age or under.

The information in this notice is intended for informational purposes only. For full details with respect to coverage, exclusions, conditions and limitations refer to the policy wordings. While coverage may be quoted, once a policy is issued coverage is only applicable if shown on Declaration Page or Schedule of Coverage.

Conflict of Interest Coverage Highlights

Overview

Conflict of Interest can be described as a situation in which public servants have an actual or potential interest that may influence or appear to influence the conduct of their official duties or rather divided loyalties between private interests and public duties.

Conflict of Interest coverage provides protection for the cost of legal fees and disbursements in defending a charge under the Municipal Conflict of Interest Act (or other similar Provincial Legislation in the respective province of the Insured).

Features

Coverage is offered as a stand-alone coverage providing the client a separate limit of insurance that is not combined with any other coverage such as legal expense coverage.

- Per Claim Limit only – No Annual Aggregate
- Coverage provided on a Reimbursement Basis

Coverage Description

Coverage is provided for legal costs an Insured incurs in defending a charge under the Provincial Conflict of Interest Act if a court finds that:

- There was no breach by the Insured; or
- The contravention occurred because of true negligence or true error in judgment; or
- The interest was so remote or insignificant that it would not have had any influence in the matter.

Additional Information

Coverage is provided for elected or appointed members of the Named Insured including any Member of its Boards, Commissions or Committees as defined in the 'Conflict of Interest Act' while performing duties related to the conduct of the Named Insured's business.

Conflict of Interest coverage is applicable to only those classes of businesses that are subject to the Municipal Conflict of Interest Act (or other similar Provincial legislation in the respective province of the Insured).

Legal Expense Coverage Highlights

Coverage Features

We offer comprehensive Legal Expense Coverage to protect an Insured against the cost of potential legal disputes arising out of your operations.

- Will pay as costs are incurred.
- Broad Core Coverage.
- Optional Coverage.
- Coverage for Appeals for Legal Defence Costs and any Optional Coverage purchased.
- Unlimited Telephone Legal Advice and access to Specialized Legal Representation in event of legal disputes.
- Additional Optional Coverage available.

Broad Core Coverage

The core coverage provides Legal Defence Costs for:

- Provincial statute or regulation;
- Criminal Code Coverage when being investigated or prosecuted. Coverage is applicable whether pleading guilty or a verdict of guilt is declared;
- Civil action for failure to comply under privacy legislation;
- Civil action when an Insured is a trustee of a pension fund for the Named Insured's employees.

Optional Coverage

In addition to the Core Coverage an Insured can mix and match any of the following Optional Coverage.

- Contract Disputes and Debt Recovery.
- Statutory License Protection.
- Property Protection.
- Tax Protection.

Limits and Deductibles

- Coverage is subject to an Occurrence and an Aggregate Limit.
- The Core Coverage is typically written with no deductible however a deductible may be applied to Optional Coverage.

Exclusions

- Each Insuring Agreement is subject to Specific Exclusions and Policy Exclusions.
- Municipal Conflict of Interest Act (or other similar provisions of other Provincial legislation) is excluded.

  * Conflict of Interest Coverage may be provided under a separate policy for eligible classes of business.

Telephone Legal Advice and Specialized Legal Representation

- General Advice (available from 8 am until 12 am (local time), 7 days a week).
- Emergency access to a Lawyer 24 hours a day, 7 days a week.
- Services now automatically include the option of using an appointed representative from a panel of Lawyers with expertise in a variety of areas.

The information in this notice is intended for informational purposes only. For full details with respect to coverage, exclusions, conditions and limitations refer to the policy wordings. While coverage may be quoted, once a policy is issued coverage is only applicable if shown on Declaration Page or Schedule of Coverage.

Property Coverage Highlights

This policy provides “All Risk” coverage to protect the Insured's assets from direct physical loss or damage.

- Property of Every Description - No Co-Insurance
- Blanket Amount on Insured Property (if specified on the Highlights of Coverage)

  Insured will not be jeopardized should the value of an asset be undervalued in the schedule and suffer a total loss. Rather, the Insured will enjoy the protection of the blanket limit of all assets combined.
- Insured is not required to provide a signed statement of values and policy does not contain a stated amount clause
- Debris Removal includes First Party Pollution Clean-up on site
- Flood and Earthquake (if specified on the Highlights of Coverage)
- By Laws - Increased Cost of Construction
- By Laws - Removal of Undamaged Portion
- Replacement Cost (if specified on the Highlights of Coverage)
- Replacement On Same Site not required
- Automatic Coverage for newly acquired property
- Professional and Auditors Fees
- Expediting Expense
- Transit included
- Worldwide coverage
- Permission is granted to make additions, alterations and repairs, for property to remain vacant, for unrestricted use of the property and to keep and use such materials as are usual to the Insured's business
- If a single loss involves both the Automobile and Property Insurance policies, the Property policy deductible is waived only on any insured property attached to the automobile.
- Sewer back-up coverage is included.

Owned Automobile Coverage Highlights

Overview

We can provide mandatory automobile coverage for all licensed vehicles owned and/or leased by the Insured.

Features

Third-Party Liability Coverage

- Coverage is provided for Third Party Liability (bodily injury and property damage) protecting you if someone else is killed or injured, or their property is damaged. It will pay for claims as a result of lawsuits against you up to the limit of your coverage, and will pay the costs of settling the claims. Coverage is for licensed vehicles you own and/or leased vehicles.

Standard Statutory Accident Benefits Coverage:

- We automatically provide standard benefits if you are injured in an automobile accident, regardless of who caused the accident. Optional Increased Accident Benefits Coverage is available upon written request.

Optional Statutory Accident Benefits Coverage - Available upon request

- Including coverage for: Income Replacement; Caregiver, Housekeeping & Home Maintenance; Medical & Rehabilitation; Attendant Care; Enhanced Medical Rehabilitation & Attendant Care; Death & Funeral; Dependent Care; Indexation Benefit (Consumer Price Index) – Ontario

Direct Compensation Property Damage

- Covers damage to your vehicle or its contents, and for loss of use of your vehicle or its contents, to the extent that another person was at fault for the accident as per statute.

Physical Damage Coverage:

- Various basis of settlement including: Replacement Cost, Valued Basis and Actual Cash Value
  Replacement Cost – No deduction for depreciation for repairs or replacement
  - Available for specified vehicles (up to 25 years of age).
  - Total Loss: the Insured has the option of purchasing a new vehicle, or accepting a cash settlement for the amount it would cost to purchase a new vehicle.
  - Partial Loss: repair estimates are calculated by using all new parts to repair damage.

  Valued Basis
  - Can be provided on specified vehicles, usually those that are obsolete, would not be replaced, or would be replaced with a used vehicle.

  Actual Cash Value
  - Actual Cash Value (ACV) coverage is automatically provided for specified vehicles.

Additional Information

Blanket Fleet Endorsement

- Coverage is provided on a blanket basis under the 21B – Blanket Fleet Endorsement. Premium adjustment is done on renewal. Adjustment is made on a 50/50 or pro rata basis as specified in the endorsement. Mid-term endorsements are not processed on policies with this blanket cover.

Single Loss

- If a single loss involves both the Automobile and Property Insurance policies, the Property policy deductible is waived only on any insured property attached to the automobile.

Vehicle Insured

- **2007 Dodge Caravan S/N 1D4GP24R47B145655 ACV**

The information in this notice is intended for informational purposes only. For full details with respect to coverage, exclusions, conditions and limitations refer to the policy wordings. While coverage may be quoted, once a policy is issued coverage is only applicable if shown on Declaration Page or Schedule of Coverage.

Program Options – Highlights of Coverage

Frank Cowan Company offers a Comprehensive Insurance Program to meet your needs.

In addition to "Your Insurance Coverage", enhancements to your coverage are available as outlined under the Program Options page.

Highlights of coverage follow providing a brief description of these options.

The information in this notice is intended for informational purposes only. For full details with respect to coverage, exclusions, conditions and limitations refer to the policy wordings. While coverage may be quoted, once a policy is issued coverage is only applicable if shown on Declaration Page or Schedule of Coverage.

Volunteers' Accidental Death and Dismemberment Coverage Highlights

AD&D and Paralysis Limits	
Accidental Death or Dismemberment	$50,000
Paralysis Coverage – 200% of Accidental Death and Dismemberment Limit	$100,000

Weekly Indemnity	
Total Loss of Time	$500
Partial Loss of Time	$250

† Volunteer must be gainfully employed immediately prior to an accident for weekly indemnity benefits

Accident Reimbursement - $15,000

Chiropractor	Crutches†
Podiatrist/Chiropodist	Splints†
Osteopath	Trusses†
Physiotherapist	Braces (excludes dental braces)†
Psychologist	Casts†
Registered or Practical Nurse	Oxygen Equipment – Iron Lung
Trained Attendant or Nursing Assistant‡	Rental of Wheelchair
Transportation to nearest hospital†	Rental of Hospital Bed
Prescription drugs or Pharmaceutical supplies‡	Blood or Blood Plasma‡
Services of Physician or Surgeon outside of the province	Semi Private or Private hospital room‡

†Maximum $1,000 per accident. ‡If prescribed by physician.

Dental Expenses	
Dental Expenses.	$5,000

Occupational Retraining – Rehabilitation	
Retraining – Rehabilitation for the Volunteer.	$15,000
Spousal Occupational Training.	$15,000

Repatriation	
Repatriation Benefit (expenses to prepare and transport body home).	$15,000

Dependent Children – per child	
Dependent Children's Education (limit per year- maximum 4 years).	$10,000
Dependent Children's Daycare (limit per year- maximum 4 years).	$10,000

Transportation/Accommodation (When treatment is over 100km from residence.)	
Insured Coverage.	$1,500
Family Member.	$15,000

Home Alteration and Vehicle Modification	
Expenses to modify the Insured's home and/or vehicle after an accident.	$15,000

Seatbelt Dividend	
10% of Principal Sum when proof of wearing a seatbelt.	$5,000

Funeral Expense	
Benefit for loss of life.	$10,000
Identification Benefit	
Transportation and accommodation costs for family member to identify Insured's remains.	$5,000
Eyeglass, Contact Lenses and Hearing Aids	
When Insured requires these items due to an accident.	$3,000
Convalescence Benefit – Per day	
Confined to hospital.	$100
Out patient.	$ 50
Workplace Modification Benefits	
Specialized equipment for the workplace.	$5,000
Aggregate Limit	
Aggregate Limit only applicable when 2 or more volunteers are injured in same accident.	$ 1,000,000

Additional Information

- Loss of life payments up to 365 days from date of Accident Weekly Indemnity payments take other income sources into consideration (e.g. automobile, CPP, group plans).
- Coverage is applicable to Insured 80 years of age or under.
- Coverage is afforded to the Volunteer only when they are 'On Duty'.

The information in this notice is intended for informational purposes only. For full details with respect to coverage, exclusions, conditions and limitations refer to the policy wordings. While coverage may be quoted, once a policy is issued coverage is only applicable if shown on Declaration Page or Schedule of Coverage.