AGENDA
MIDDLESEX-LONDON BOARD OF HEALTH
Finance and Facilities Committee

50 King Street, London
Middlesex-London Health Unit – Room 3A
Thursday, May 4, 2017 9:00 a.m.

1. DISCLOSURE OF CONFLICTS OF INTEREST

2. APPROVAL OF AGENDA

3. APPROVAL OF MINUTES – March 2, 2017

4. NEW BUSINESS

4.1 Dental Clinic – Verbal Update

4.2 Ministry of Child and Youth Services Program Funding (Report No. 014-17FFC)

4.3 Family Health Clinic: Update and Next Steps (Report No. 022-17FFC)

4.4 Shared Library Services Partnership (SLSP) 2017-18 Transfer Payment Agreement (Report No. 015-17FFC)

4.5 2016 and 2017 MOHLTC Approved One-Time Grants (Report No. 016-17FFC)

4.6 The HIV and Hepatitis C Community Action Fund-Contribution Agreement (Report No. 017-17FFC)

4.7 Great-West Life Benefits – Renewal Rates (Report No 018-17FFC)

4.8 2017 Board Member Compensation (Report No. 019-17FFC)

4.9 Q1 Financial Update and Factual Certificate (Report No. 020-17FFC)

4.10 Finance Policy Review (Report No. 021-17FFC)

5. OTHER BUSINESS

- The Finance & Facilities Committee will hold in-camera meetings on Thursday May 18 and Friday May 19 from 9:30 a.m. to 4:30 p.m. to discuss matters regarding a proposed or pending acquisition of land by the Middlesex-London Board of Health.
- Thursday, June 1, 2017 at 9:00 a.m. in Room 3A, 50 King Street.

6. CONFIDENTIAL

The Finance and Facilities Committee will move in-camera to discuss matters regarding labour relations and to consider Confidential minutes from its March 2, 2017 meeting.

7. ADJOURNMENT

PUBLIC MINUTES
FINANCE & FACILITIES COMMITTEE
MIDDLESEX-LONDON BOARD OF HEALTH
50 King Street, London
Middlesex-London Health Unit – Room 3A
2017 March 2, 9:00 a.m.

COMMITTEE MEMBERS PRESENT:	Mr. Jesse Helmer Mr. Marcel Meyer Mr. Ian Peer Ms. Joanne Vanderheyden
REGRETS:	Ms. Trish Fulton (Chair)
OTHERS PRESENT:	Ms. Lynn Guy, Executive Assistant to the Medical Officer of Health & CEO (Recorder) Ms. Laura Di Cesare, Secretary-Treasurer Mr. Jordan Banninga, Manager, Strategic Projects Dr. Gayane Hovhannisyan, Acting Medical Officer of Health Mr. John Millson, Associate Director, Finance Ms. Suzanne Vandervoort, Director, Healthy Living Mr. Chimere Okoronkwo, Manager, Dental Services

At 9:04 a.m., Chair Vanderheyden called the meeting to order.

DISCLOSURES OF CONFLICTS OF INTEREST

Chair Vanderheyden inquired if there were any conflicts of interest. None were declared.

Chair Vanderheyden noted that neither she or Marcel Meyer were involved in any of County meetings regarding the MLHU Relocation Project.

APPROVAL OF AGENDA

It was moved by Mr. Peer, seconded by Mr. Meyer, *that the AGENDA for the March 2, 2017 Finance & Facilities Committee meeting be approved.*

Carried

APPROVAL OF MINUTES

It was moved by Ms. Vanderheyden, seconded by Mr. Meyer, *that the MINUTES of the February 2, 2017 Finance & Facilities Committee meeting be approved.*

Carried

NEW BUSINESS

4.1 Financial Controls Checklist (Report No. 009-17FFC)

John Millson provided an overview of the report.

Board members noted that this report was well written and highlights the Health Unit's efforts to ensure that good financial controls are in place and that they comply with Ministry of Health and Long-Term Care regulations.

It was moved by Mr. Meyer, seconded by Mr. Helmer, *that the Finance & Facilities Committee receive Report No. 009-17FFC re: Financial Controls Checklist for information.*

Carried

4.2 Impact of Consent Process on Dental Screening Outcomes (Report No. 010-17FFC)

Mr. Okoronkwo attended the meeting to discuss the impact of consent process on dental screening outcomes. He noted that there are two processes used among the four school boards in the Middlesex-London area. Those being, passive consent and active consent. Currently the Thames Valley District School Board uses a process of active consent for its dental screening. This means that children are not screened by Health Unit staff unless the parents have directly communicated their consent to the school to have their children screened. The evidence shows that this has led to a higher rate of "Child in need of Urgent Care" cases.

Ms. Vandervoort noted that the TVDSB sought legal advice in 2007 to move away from passive consent to active consent. This was done in regards to privacy issues. The Health Unit followed up with legal advice from Lerner's Law Firm. Ms. Di Cesare added that privacy legislation has changed since 2007 therefore the Health Unit will revisit the issue.

Next steps will include bringing this FFC report as well as the report written in 2007 to the next FFC meeting for further review and input.

It was moved by Mr. Peer, seconded by Mr. Helmer, *that the Finance & Facilities Committee;*

1) *receive Report No. 010-17FFC comparing screening practices between school boards within the jurisdiction of the Health Unit and Ontario for information; and*
2) *Direct staff to bring this report and the report from 2007 forward to the next FFC meeting for review and input.*

Carried

OTHER BUSINESS

5.1 Next meeting: Thursday, April 6, 2017 @ 9:00 a.m.

5.2 Ms. Di Cesare noted that depending on what reports need to go to FFC, there may not be a need for an April meeting.

5.3 Mr. Peer discussed his attendance, on behalf of the Board of Health, at the cross country tour to discuss the legalization and regulation of cannabis. Parliamentary Secretary, Bill Blair is leading these engagement sessions. Board Members discussed potential costs for the Health Unit should this initiative not be funded, concerns regarding enforcing the regulations and the unknown factors.

CONFIDENTIAL

At 9:33 a.m., it was moved by Mr. Meyer, seconded by Mr. Helmer, *that the Finance & Facilities Committee move in-camera to discuss matters regarding identifiable individuals and a proposed or pending acquisition of land by the Middlesex-London Board of Health.*

Carried

At 10:15 a.m., it was moved by Mr. Peer, seconded by Mr. Meyer, that the Finance & Facilities Committee return to public session.

Carried

ADJOURNMENT

It was moved by Mr. Helmer, seconded by Mr. Peer, *that the Finance & Facilities Committee adjourn the meeting.*

Carried

At 10:25 a.m., Chair Vanderheyden *adjourned the meeting*.

_____ _____

JOANNE VANDERHEYDEN
Vice-Chair, Board of Health

LAURA DI CESARE
Secretary-Treasurer

MIDDLESEX-LONDON HEALTH UNIT

REPORT NO. 014-17FFC

TO: Chair and Members of the Finance & Facilities Committee

FROM: Laura Di Cesare, Acting Chief Executive Officer

DATE: 2017 May 4

MINISTRY OF CHILDREN AND YOUTH SERVICES PROGRAM FUNDING

Recommendation

It is recommended that the Finance & Facilities Committee:

1) ***Receive Report No. 014-17FFC "Ministry of Children and Youth Services Program Funding" for information; and***
2) ***Recommend that the Board of Health write a letter to Minister Michael Coteau advocating for increased Preschool Speech and Language funding to avoid reduced services and longer wait times.***

Key Points

- In March 2017, the Health Unit received $144,721 in one-time additional funding from the Ministry of Children and Youth Services (MCYS) for the Infant Hearing Program and the Blind-Low Vision program for the 2016–17 program year. (See Appendix A.)
- Also in March, the Health Unit received notification of approved 2017–18 grants for the MCYS's Preschool Speech and Language, Infant Hearing and Blind-Low Vision programs. (See Appendix B.)
- The approved 2017–18 grants for the Preschool Speech and Language Program are not adequate to maintain service levels; thus, approximately thirty to thirty-five fewer children will receive assessments and early interventions. Additionally, average wait times are expected to increase up to two weeks during a critical time in a child's speech development.

Background

The purpose of this report is to provide the Finance & Facilities Committee (FFC) with information regarding funding announcements received by the Ministry of Children and Youth Services (MCYS) for the 2016–17 operating year, and program changes that will be required to align the Middlesex-London Health Unit (MLHU) with the 2017–18 MCYS funding.

2016–17 MCYS One-Time Funding

In March 2017, MLHU received four one-time funding letters for three MCYS programs to enhance program initiatives and relieve funding pressures prior to March 31, 2017. The following programs received one-time funding:

1) Blind-Low Vision Program – $5,900 – Program resources
2) Infant Hearing Program – $101,821 – Purchase of four diagnostic hearing testing units
3) Infant Hearing Program – $25,000 – Consumables/supplies for hearing testing units
4) Preschool Speech and Language – $12,000 – assessment and intervention services/program resources

The funding letters are attached as Appendix A. To receive the funding, MLHU was required to purchase and receive the program resources, hearing testing units and consumables by March 31, 2017. For the purchase of the four diagnostic hearing testing units for $101,821, the province initiated and performed a centralized procurement process whereby each health unit or agency was required to enter into an agreement with the successful vendor, Vivosonic Inc.

2017–18 MCYS Grants

Two grant letters received from MCYS for the operating year April 1, 2017–March 31, 2018 are attached as Appendix B. The first identifies base funding for three programs: the Preschool Speech and Language Program, the Infant Hearing Program and the Blind-Low Vision Program. The funding amounts match the amounts approved in the 2017 Board of Health Budget, and are the same as the amounts in the previous operating year. The second letter increases base funding for the Preschool Speech and Language Program by $75,000, while noting that this is a realignment of funding from other agencies and does not represent an actual increase in funding.

The Infant Hearing Program and the Blind-Low Program can maintain service levels with existing funding primarily by deferring costs, thanks to the one-time funding noted above. However, after further planning and analysis with service providers, the Preschool Speech and Language Program (tykeTALK) is not able to continue the same level of service as the previous operating year, and must reduce staffing costs by $95,803. This will be accomplished by not back-filling leaves of absence (primarily maternity leaves), not funding the purchase of program materials/resources ($11,249) and eliminating the professional development budget ($1,000). This reduction in program resources means that the program will rely on receiving one-time funding from the MCYS. The reduction in staffing equates to the work of a 0.5FTE Speech and Language Pathologist, resulting in thirty to thirty-five fewer children receiving assessments and interventions. It is also expected that the average wait time for assessment will increase to six or seven weeks from the current five. As the average age at referral is twenty-nine months, a wait of seven weeks is critical and affects the program's ability to provide early intervention and to take advantage of the critical time period in brain development where language is learned (i.e., before three years of age). While the increased wait time remains within the Ministry's target assessment wait time of twelve weeks or less, this target was set as an attainable provincial average and does not reflect best practice.

If the trend of no base funding increases continues for the 2018–19 program year, we anticipate a further erosion of services due to cost-of-living increases. This financial reality conflicts with recent messaging from Darryl Sturtevant, ADM, Strategic Policy and Planning, MCYS. On March 9, 2017, it was stated in messaging to CEOs of preschool speech and language programs and related partners: "As we move forward with the next stages of implementation (of the Special Needs Strategy), it is critical that there be no reduction in service levels and that families experience continuity during this next phase of implementation."

Conclusion

As the lead agency for the Preschool Speech and Language Program for over fifteen years, MLHU is committed to providing high-quality, family-centred early intervention services. However, the gap between the funding received from MCYS and the level of services that can be provided with it increases annually. Consequently, it is critical that our base funding be increased to allow us to fulfill the objectives of the Ontario Special Needs Strategy – Integrated Rehabilitation, in order to optimize the communication and school-readiness skills of the infants, toddlers and preschool children who are at risk in our region. It is recommended that the Board of Health write a letter to the Minister of Children and Youth Services, Mr. Michael Coteau, advocating for increased preschool speech and language funding to avoid reduced services and longer wait times.

This report was prepared by the Finance Team, Corporate Services Division, and the Screening, Assessment and Intervention Team, Healthy Start Division.

Laura Di Cesare, CHRE
Acting Chief Executive Officer

Ministry of Children and Youth Services

Early Child Development Branch

Strategic Policy and Planning Division

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Ministère des Services à l'enfance et à la jeunesse

Direction du développement de la petite enfance

Division des politiques et de la planification stratégiques

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101, rue Bloor Ouest
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Ontario

March 6, 2017

Dr. Christopher Mackie
Medical Officer of Health and Chief Executive Officer
Middlesex-London Health Unit
50 King St.
London ON N6A 5L7

Dear Dr. Mackie,

I am pleased to grant your one-time funding request for the South West Region Blind-Low Vision Program (BLV) in the amount of $5,900. These funds will be used to purchase resources for the BLV program.

Please note these funds are one-time only and will not be added to your base budget. They must be spent by March 31, 2017. Expenditures should be reflected in your agency's quarterly financial reports and year-end settlement.

If you have any questions, please contact Mercedes Mompel, Program Consultant, at 416-327-7836 or mercedes.mompel@ontario.ca. Your on-going support of the province's healthy child development programs is appreciated.

Sincerely,

Stacey Weber
A/Director, Early Child Development Branch

c. Debbie Shugar, BLV Coordinator, Middlesex-London Health Unit
Heather Lokko, Director, Healthy Start, Middlesex-London Health Unit
John Millson, Financial Director, Middlesex-London Health Unit
Tammy Beaudry, Accounting and Budget Analyst, Middlesex-London Health Unit
Mercedes Mompel, Program Consultant, Early Child Development Branch
Tiziana Scrocco, Senior Financial Analyst, Early Child Development Branch
Lisa Butler, Manager, Early Child Development Branch

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GRANT LETTER

March 8, 2017

Dr. Christopher Mackie
Medical Officer of Health and Chief Executive Officer
Middlesex-London Health Unit
50 King St.
London ON N6A 5L7

Dear Dr. Mackie:

I am pleased to inform you that the Ministry of Children and Youth Services ("Ministry") is willing to provide Middlesex-London Health Unit with total funding in the amount of $101,821 for the purchase of four diagnostic Auditory Brainstem Response (ABR) testing units with respect to:

Project Name: Infant Hearing Program ABR Equipment
Detail Code: A051
IFIS Line-Subline:B078-B201
Funding Legislation: MCSS
Description of Services or Results Expected:

- Middlesex-London Health Unit will purchase ABR equipment as per the terms and conditions outlined in this Grant Letter.

The funding in respect of the above named project is provided subject to the following standard terms:

1. This Grant Letter will be in force from March 6, 2017 to March 31, 2017, or until it is terminated by either party by giving ten (10) days' written notice. In the event of termination, Middlesex-London Health Unit will refund to the Ministry any monies advanced by the Ministry and not expended in accordance with the approved terms and conditions.

.../2

2. The Ministry will pay Middlesex-London Health Unit an amount not to exceed the amount stipulated in the Grant Letter. The Ministry reserves the right to determine the amounts, times and manner of payment.

3. It is agreed and understood that the provision of funding in no way commits the Ministry to provide other or additional funding now or in the future.

4. Middlesex-London Health Unit will indemnify and save harmless Her Majesty the Queen in right of Ontario from all legal claims including all costs, losses, damages, judgements, claims, demands, suits, actions, complaints or other proceedings in any manner made against the Ministry in respect of any negligent act or omission of Middlesex-London Health Unit related to the activity in respect of which the funding is provided.

5. Middlesex-London Health Unit will obtain and maintain in force such insurance as is necessary and reasonable to meet the obligation referred to in clause 4.

6. Middlesex-London Health Unit agrees to provide services or the results expected in accordance with the project criteria, policies, guidelines and requirements of Ontario as communicated to it.

7. Middlesex-London Health Unit will maintain purchase records and submit a report annually, or at such intervals as requested by the Ministry. This report which is acceptable to Ministry staff shall include proof of purchases, receipts that indicate the amount paid, and quantities purchased and received by March 31, 2017, and any other related information as required. The Ministry reserves the right to recover funding where the specified ABR equipment has not been purchased to the level indicated in the Grant Letter.

8. Middlesex-London Health Unit will maintain financial records and books of account respecting the purchases made pursuant to the Grant Letter. Any unspent grant funds that have not been expended in accordance with the terms of this Grant Letter shall be returned to the Ministry. Please note these funds are one-time only and will not be added to your agency's IHP base budget. Funds must be spent by March 31, 2017 and reflected in your agency's quarterly financial reports and year-end settlement. Middlesex-London Health Unit will abide by Ontario's policies on the recovery of funds and the treatment of revenues and expenditures and Ontario's policies with respect to financial reporting.

9. Middlesex-London Health Unit will allow Ministry staff or such other persons authorized by Ontario to inspect and audit such books and records at all reasonable times both during the term of this Grant Letter and subsequent to its expiration or termination.

10. Ontario's rights under clause 9 of this Grant Letter are in addition to any rights provided to the Auditor General pursuant to section 9.1 (Special Audits) of the Auditor General Act. R.S.O. 1990. c. A.35.

11. Middlesex-London Health Unit agrees to ensure that both during and following the term of this Grant Letter, it shall maintain confidential and secure against release, all material and information which is the property of the Ministry and in the possession or under the control of Middlesex-London Health Unit pursuant to this Grant Letter.

12. Any information collected by the Ministry pursuant to this Grant Letter is subject to the rights and safeguards provided for in the *Freedom of Information and Protection of Privacy Act.*

13. Ontario reserves the right to publish Grant Letter information as open data. This includes Middlesex-London Health Unit contact information, financial terms, key dates, and outcomes or outputs.

14. Acceptance of funding binds Middlesex-London Health Unit to all the terms and conditions contained within this Grant Letter.

In addition, Middlesex-London Health Unit agrees to abide by the following special terms and conditions:

- Middlesex-London Health Unit will purchase four diagnostic ABR testing units, associated consumables, non-consumables and the Distortion Product Otoacoustic Emissions and Auditory Steady-State Response modules from Vivosonic Inc., the preferred supplier of ABR equipment. Please see attached spread sheet of total equipment cost and amount (Attachment #1).
- The total of four complete units with associated consumables, non-consumables and modules will cost $86,107 (plus tax).
- In addition, funding in the amount of $1,000 (plus tax) per lap top has been included in your total grant amount. You are instructed to purchase a lap top(s) from the vendor of your choice. Please see the attached document for minimum computer specifications (Attachment #2).
- The total funding available under this Grant Letter is $101,821 (inclusive of taxes).
- All equipment must be received by Middlesex-London Health Unit by March 31, 2017.
- Compliance with Schedule 3 – Adoption Agreement, within the Form of

Agreement (Attachment #3).

Yours sincerely,

Stacey Weber
A/Director, Early Child Development Branch

Effective Date: March 8, 2017

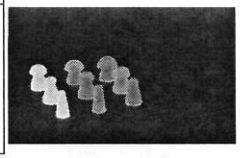
c. Debbie Shugar, IHP Coordinator, Middlesex-London Health Unit
Heather Lokko, Director
John Millson, Financial Director
Vanessa Martin, Program Consultant, Early Child Development Branch
Tiziana Scrocco, Senior Financial Analyst, Early Child Development Branch
Susan DeSousa, Senior Financial Analyst, Early Child Development Branch
Lisa Butler, Manager, Early Child Development Branch

Attachment #1
Vivosonic Inc.
Pricing - Southwest - 4 Units
March 2017

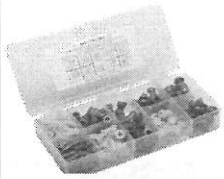
ABR Based Testing Technology							
	Reference	Item Name, make and Model	Quantity	Price per unit	Total Price	Product Description - to be used for ordering purposes, e.g. discounts packaging info, etc.)	Additional Comments
1	ABR Based Testing Technology (Make and Model)	Integrity V500	4	$14,784.00	$59,136.00	**Integrity™ V500 G2 ABR System with Two Channels with VivoAmp**	
Subtotal					**$ 59,136.00**		

Modular Options for Integration with ABR Based Testing Technology							
	Reference	Item Description	Quantity	Price	Total Price	Product Description - to be used for ordering purposes, e.g. discounts packaging info, etc.)	Additional Comments
1	Otoacoustic Emissions (OAE) – Distortion Product Otoacoustic Emissions (DPOAE)	DPOAE Integrity™ V500 Software License and Vivosonic General use OAE Probe	4	$2,520.00	$10,080.00	DPOAE Integrity™ V500 Software License and Vivosonic General use OAE Probe	1 module per 1 ABR unit
2	Otoacoustic Emissions OAE – Transient Evoked Otoacoustic Emissions (TEOAE)	TEOAE Integrity™ V500 Software License	0	$1,512.00	$0.00	TEOAE Integrity™ V500 Software License	N/A
3	Auditory Steady-State Response (ASSR)	ASSR Integrity™ V500 Software License	4	$2,100.00	$8,400.00	ASSR Integrity™ V500 Software License	1 module per 1 ABR unit
Subtotal					**$ 18,480.00**		

Consumables and Non-Consumables ABR Based Testing Technology							
	Reference	Item Description	Quantity*	Price	Total Price	Product Description - to be used for ordering purposes, e.g. discounts, packaging info, etc.)	Additional Comments
1	Non-proprietary ABR Electrodes – (standard packaging approximately 100 pieces)	Neuroline Electrodes 25/pack	20	$15.30	$306.00	720 00-S Neuroline Electrodes 25/pack	5 per 1 ABR Unit
2	Insert phones (foam tips) – (standard packaging approximately 750 pieces)	Disposable Foam Ear Tips for ER-3A Insert Earphone (baby, 10 mm - beige) - 50/pack	60	$27.05	$1,623.00	ER3-14B Disposable Foam Ear Tips for ER-3A Insert Earphone (baby, 10 mm - beige) - 50/pack	15 per 1 ABR Unit
3	OAE Probe tips - (standard packaging approximately 10-12 pieces)	Single use Ear Tips for OAE Probe 100/pack	40	$24.50	$980.00	Single use Ear Tips for OAE Probe 100/pack	10 per 1 ABR Unit Please order to have pack(s) of 100 in ths sizes of your preference. These tips can also be usded with the GSI Tympstar



4	OAE Ear tips – provide all sizes, (standard packaging approximately 100 pieces)	Vivosonic GP OAE Ear Tip Set in Clear Box - 156 assorted single-use ear tips, 3-13 mm	4	$61.20	$244.80	GRS-TS210 Vivosonic GP OAE Ear Tip Set in Clear Box - 156 assorted single-use ear tips, 3-13 mm	1 box per ABR Unit This is a plastic box with subcompartments, with one of every size including adult sizes. They also fit the GSI Tympstar.
5	Non-proprietary electrode gel - (standard packaging approximately one piece (tube))	NuPrep Abrasive Skin Prepping Gel - 1 box of 6 tubes	8	$30.60	$244.80	RA061 NuPrep Abrasive Skin Prepping Gel - 1 box of 6 tubes	2 tubes per 1 ABR Unit
6	Bone Oscillator - (standard packaging approximately one piece)	G2 Bone Conductor 10 Ohm with Stainless-Steel Headband, 72" Cord with straight plug	8	$356.00	$2,848.00	WA030 G2 Bone Conductor 10 Ohm with Stainless-Steel Headband, 72" Cord with straight plug	2 per 1 ABR Unit
7	Electrode leads - (standard packaging approximately four pieces)	VivoAmp Lead Cable (Black, Blue, Green, and Red)	8	$102.00	$816.00	WA059 VivoAmp Lead Cable (Black, Blue, Green, and Red)	2 per 1 ABR Unit
8	Other (please provide any additional items and pricing)	Battery Packs x 2	8	$178.50	$1,428.00	VIVO-BATT-PACKS Battery Packs x 2	2 per 1 ABR Unit Batteries are rechargeable. You keep one in the system for use and have an onscreen indicator to warn when it is about to die. The second battery pack is in the charger and you swap when needed. Is not problematic. The "x2" would give you two other ones, for a total of four. The replacement kit is two of the green battery packs shown here.
Subtotal					**$ 8,490.60**		



Warranty, Repair and Calibration Services							
	Reference	Item Description	Quantity	Price	Total Price	Product Description - to be used for ordering purposes, e.g. discounts, packaging info, etc.)	Additional Comments
1.1.1	Repair and Service Warranty Year One (1)		4	0.01	0.04		
1.1.2	Repair and Service Warranty Year Two (2)		4	0.01	0.04		
Subtotal					**$ 0.08**		

Other: Laptop

	Reference	Item Description	Quantity	Price	Total Price	Product Description - to be used for oering purposes, e.g. discounts, packaging info, etc.)	Additional Comments
1	1 lap top computer	1 Laptop Computer	4	$1,000	$4,000	Laptop Computer	1 per 1 ABR unit from a vendor of your choice. See Attachment #2.
Subtotal					**$4,000**		

TOTAL	$90,107
HST	$11,714
TOTAL COST	$101,821

Attachment #2: Auditory Brainstem Response Specifications

Minimum specifications for laptop to run new Auditory Brainstem Response (ABR) Testing Equipment Hardware and Software:

1. CPU – Intel i5 or higher, i7 recommended if possible
2. RAM – 8GB
3. Windows 10, Pro or Enterprise, 64bit required
4. English keyboard
5. Hard Drive – 500GB or greater
6. Screen – Minimum resolution of 1366x768
7. Built-in Bluetooth with Intel Chip
8. 3 USB ports
9. TPM chip onboard

A sample system that meets these minimum specifications is a Lenovo ThinkPad E460 20 ET, which has an i5 processor, a 14" screen, and is less than 4 lbs with battery.

Ministry of Children and Youth Services

Early Child Development Branch

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Direction du développement de la petite enfance

Division des politiques et de la planification stratégiques

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101, rue Bloor Ouest
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Ontario

March 3, 2017

Dr. Christopher Mackie
Medical Officer of Health and Chief Executive Officer
Middlesex-London Health Unit
50 King St.
London ON N6A 5L7

Dear Dr. Mackie:

I am pleased to grant your one-time funding request for the South West Region Infant Hearing Program (IHP) in the amount of $25,000. These funds will be used to purchase hearing screening consumables for IHP.

Please note these funds are one-time only and will not be added to your base budget. They must be spent by March 31, 2017. Expenditures should be reflected in your agency's quarterly financial reports and year-end settlement.

If you have any questions, please contact Vanessa Martin, Program Consultant, at 416-327-4872 or Vanessa.Martin@ontario.ca. Your on-going support of the province's healthy child development programs is appreciated.

Sincerely,

Stacey Weber
A/Director, Early Child Development Branch

c. Debbie Shugar, IHP/PSL/BLV Coordinator
Heather Lokko, Director
John Millson, Financial Director
Vanessa Martin, Program Consultant, Early Child Development Branch
Tiziana Scrocco, Senior Financial Analyst, Early Child Development Branch
Susan DeSousa, Senior Financial Analyst, Early Child Development Branch
Lisa Butler, Manager, Early Child Development Branch

Ministry of Children and Youth Services

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101, rue Bloor Ouest
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Ontario

March 7, 2017

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

Dear Dr. Mackie:

I am pleased to grant your one-time funding request for the Thames Valley Preschool Speech and Language (PSL) Program in the amount of $12,000 to support assessment and intervention services and the purchase of program supplies.

Please note these funds are one-time only and will not be added to your agency's PSL base budget. Funds must be spent by March 31, 2017 and reflected in your agency's quarterly financial reports and year-end settlement.

If you have any questions, please contact Leena Vadera, Sr. Policy Analyst at 416-212-7963 or Leena.Vadera@ontario.ca. Your ongoing support of the province's healthy child development programs is appreciated.

Sincerely,

Stacey Weber

A/Director, Early Child Development Branch

c. Debbie Shugar, PSL Coordinator
Tiziana Scrocco, Senior Financial Analyst, Early Child Development Branch
Susan DeSousa, Senior Financial Analyst, Early Child Development Branch
Leena Vadera, Sr. Policy Analyst, Early Child Development Branch
Lisa Butler, Manager, Early Child Development Branch

Appendix B to Report No. 014-17FFC

Ministry of Children and Youth Services

Early Child Development Branch

Strategic Policy and Planning Division

3rd Floor
101 Bloor St. W.
Toronto ON M5S 2Z7

Tel: 416 327-7386
Fax: 416 326-0478

Ministère des Services à l'enfance et à la jeunesse

Direction du développement de la petite enfance

Division des politiques et de la planification stratégiques

3e étage
101, rue Bloor Ouest
Toronto ON M5S 2Z7

Ontario

March 9, 2017

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

Dear Dr. Mackie,

I am writing to confirm that the 2017-18 budgets for the Thames Valley Preschool Speech and Language Program, South West Region Infant Hearing and Blind-Low Vision Early Intervention Programs have been approved as follows:

- Preschool Speech and Language Program: $1,818,374
- Infant Hearing Program: $835,886
- Blind-Low Vision: $158,702

The 2017-18 Transfer Payment budget package is available on the HCDP SharePoint website and program staff have the information to access the site.

You are required to complete all sections of each form as accurately as possible and your budget submission must have the appropriate signatures before forwarding it to the Early Child Development Branch. Once you have completed the Request for Funding Schedule, please send them as indicated in the "2017-18 Request for Funding Instructions" by **Friday, April 21, 2017**.

Please contact Tiziana Scrocco, Senior Financial Analyst at 416-326-1541 or at tiziana.scrocco@ontario.ca should you have any questions. Your ongoing support of the province's early years programs is appreciated.

Sincerely,

Stacey Weber
A/Director, Early Child Development Branch

c. Debbie Shugar, PSL, BLV, IHP Coordinator
John Millson, Associate Director of Finance
Tiziana Scrocco, Senior Financial Analyst, Early Child Development Branch
Susan DeSousa, Senior Financial Analyst, Early Child Development Branch
Lisa Butler, Manager, Early Intervention Policy and Programs Unit, ECDB

Ministry of Children and Youth Services

Early Child Development Branch

Strategic Policy and Planning Division

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Direction du développement de la petite enfance

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3e étage
101, rue Bloor Ouest
Toronto ON M5S 2Z7

Ontario

March 30, 2017

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

Dear Dr. Mackie:

Re: Additional Funding for the Thames Valley Preschool Speech and Language Program

I am pleased to inform you that the Ministry of Children and Youth Services will provide additional funding in the amount of $75,000 for the Thames Valley Preschool Speech and Language (PSL) Program beginning April 1, 2017 for the 2017/18 fiscal year, bringing the total base funding amount for PSL to $1,893,374. This funding is subject to all the requirements and expectations described in your previous funding letter dated March 9th.

Please note that this funding increase is the result of the ministry's realignment of speech and language funding previously allocated to child and youth mental health agencies as a part of historical local sub-contractual relationships with rehabilitation service provider agencies. This permanent transfer supports the children's rehabilitation system to function as a single seamless system from the perspective of parents, with a central point for accountability of funds dedicated to the PSL program.

If you have any questions, please do not hesitate to contact Tiziana Scrocco at (416) 326-1541 or by e-mail at tiziana.scrocco@ontario.ca. Your ongoing support of the province's Preschool Speech and Language Program is appreciated.

Sincerely,

Stacey Weber
A/Director

c. Debbie Shugar, PSL Coordinator
John MIllson, Associate Director of Finance
Tiziana Scrocco, Sr. Financial Analyst, Early Child Development Branch
Susan DeSousa, Sr. Financial Analyst, Early Child Development Branch
Lisa Butler, Manager, Early Child Development Branch

MIDDLESEX-LONDON HEALTH UNIT

REPORT NO.022-17FFC

TO: Chair and Members of the Finance and Facilities Committee

FROM: Laura Di Cesare, Acting Chief Executive Officer

DATE: 2017 May 04

FAMILY HEALTH CLINIC: UPDATE AND NEXT STEPS

Recommendation

It is recommended that the Finance & Facilities Committee make a recommendation to the Board of Health to close the Family Health Clinic as of June 30, 2017, as outlined in Report No. 022-17FFC.

Key Points

- It is recommended that implementation of the disinvestment proposal #1-0021, realigning the Family Health Clinic, be altered. By approving this change, budget obligations for 2017 will be met.
- In further consideration of the mandate and foundational principles of public health, the need to optimize the Middlesex-London Health Unit's (MLHU) use of resources, and after analyzing local needs and context, MLHU recommends the closure of its Family Health Clinic effective June 30th, 2017
- A transition plan is in place to ensure existing clients have access to primary care.
- A PBMA proposal for the full disinvestment of the Family Health Clinic will be submitted this year.

Background

In December 2016, the Board of Health approved disinvestment proposal #1-0021 "Realign Family Health Clinic" as presented in the Finance and Facilities Report No. 046-16FFC. This 0.5FTE disinvestment proposal was based on consideration of the Family Health Clinic's intended purpose, the current Middlesex-London primary health care context, and the need to better align MLHU's resources with its mandate.

In 2017, a number of implementation steps have been taken to realign the Family Health Clinic with its intended purpose, enhance tracking of clients accessing service, and to reach out to Primary Care Providers in the community to further determine availability of primary care.

Although the initial plan had been to fully implement disinvestment proposal #1-0021 early in 2017, a number of factors contributed to the delay of its full implementation. As a result, rather than shifting to part-time early in the year, the Nurse Practitioner will work full-time until the end of June. With this approach, budget obligations of the approved disinvestment will still be met for 2017.

Next Steps Regarding the Family Health Clinic (FHC)

In view of the mandate and foundational principles of public health and the need to maximize MLHU's use of resources, and in consideration of local needs, priorities, and contexts, MLHU recommends closing its Family Health Clinic effective June 30th, 2017.

Currently, the Family Health Clinic (FHC) has a total of 155 clients. Of these clients, 35 of them currently either have no health card or have access to care only through the Interim Federal Health Program. A total of 108 clients have a health card, but do not currently have a regular primary health care provider. Only 12 clients report having a primary health care provider, other than the FHC's Nurse Practitioner.

A transition plan has been developed to phase out the Family Health Clinic and to ensure that clients continue to have access to primary care services:

- Effective May 1, the FHC will not accept new clients and drop-in clinics will be discontinued.
- Until June 30, or until transferred to an ongoing Primary Care Provider, existing clients can continue to access Nurse Practitioner services by appointment.
- Clients with OHIP but with no regular Primary Care Provider are being encouraged to register with Health Care Connect, provided with a list of Primary Care Providers and pediatricians accepting new clients, offered support to facilitate connection with accepting Primary Care Providers or pediatricians as needed, and given information about walk-in and urgent care clinics.
- MLHU is working to transfer clients without OHIP, or with Interim Federal Health coverage only, to Health Zone for Primary Care Provider services. Should any of these clients actually have OHIP but not a health card, they will be supported, as possible, in acquiring a health card.
- Clients with significant higher-risk medical needs will be identified by the Nurse Practitioner and prioritized for "warm" transfer to accepting Primary Care Providers.

A PBMA proposal will be submitted for complete disinvestment of the Family Health Clinic through the 2018 PBMA process.

Conclusion

The implementation plan for disinvestment proposal #1-0021 has been altered; however, budget obligations for 2017 will be met. Based on further consideration of the public health mandate, community context and prudent resource allocation, it is recommended that the Family Health Clinic be closed effective June 30, 2017. A transition plan is in place to ensure that existing clients have access to primary care. A PBMA proposal for full disinvestment of the Family Health Clinic will be submitted.

This report submitted by the Nurse-Family Partnership Team, Healthy Start Division.

Laura Di Cesare, CHRE
Acting Chief Executive Officer

MIDDLESEX-LONDON HEALTH UNIT

REPORT NO. 015-17FFC

TO: Chair and Members of the Finance & Facilities Committee

FROM: Laura Di Cesare, Acting Chief Executive Officer
Dr. Gayane Hovhannisyan, Acting Medical Officer of Health

DATE: 2017 May 04

SHARED LIBRARY SERVICES PARTNERSHIP (SLSP) 2017–18 TRANSFER PAYMENT AGREEMENT

Recommendation

It is recommended that the Finance & Facilities Committee:

1) ***Review the 2017–18 Transfer Payment Agreement attached as Appendix A to Report No. 015-17FFC and make recommendation to the Board of Health to authorize the Board Chair to sign the agreement; and***
2) ***Recommend that the Board of Health increase the 2017–18 Shared Library Services Partnership (SLSP) operating budget by $4,210.75 to reflect the increased grant amount.***

Key Points

- The Shared Library Services Partnership (SLSP) was implemented in 2012 to build on the existing library capacity within Ontario's public health system.
- MLHU is the designated SLSP library hub providing shared library services to Chatham-Kent Public Health Unit, Elgin St. Thomas Public Health, Haldimand-Norfolk Health Unit, Lambton Public Health, Niagara Region Public Health and Windsor-Essex County Health Unit.
- The 2017–18 transfer payment agreement provides one-hundred-percent funding in the amount of $110,737.25 for delivery of the shared library services model, an increase of $4,210.75 over the budget amount.

Background

The Shared Library Services Partnership (SLSP) was implemented following the transfer of the provincial portion of funding from the former Public Health Research, Education, and Development (PHRED) program to Public Health Ontario (PHO) in January 2011. PHO introduced the shared library services model to support applied research and program evaluation, education and professional development, and knowledge exchange for public health.

The program was implemented in 2012 through the creation of the SLSP, which builds on the existing library capacity within Ontario's public health system. Four selected public health units with their own in-house libraries act as hubs to provide access to library services and resources for "client" health units in Ontario without in-house libraries.

The SLSP's objective is to build and maintain capacity in selected health units that host SLSP hub libraries by providing further funding for additional staff and resource acquisition. Each hub library supports several client health units, which are designated to a hub based on geographic location and number of staff (i.e., potential users) within each client health unit. Client health units supported by the MLHU's SLSP hub library include: Chatham-Kent Public Health Unit, Elgin St. Thomas Public Health, Haldimand-Norfolk Health Unit, Lambton Public Health, Niagara Region Public Health and Windsor-Essex County Health Unit.

2017–18 Transfer Payment Agreement

Appendix A shows the 2017–18 Transfer Payment Agreement between PHO and the MLHU. As in previous years, the current agreement stipulates the various obligations and requirements of each party. Schedule A provides a brief description of the program and project objectives, and identifies which library services MLHU will offer to its client health units. Schedule B presents the project budget for the fiscal year 2017–18 (April 1, 2017, to March 31, 2018) of $110,737.25, which consists of both staffing costs for one FTE librarian, collection maintenance and other operating costs. Schedule C outlines the payment schedule by which MLHU will receive funding once the transfer payment agreement is signed, and Schedule D provides the schedule for MLHU to supply PHO with activity and/or financial reports.

The budget for this project was included in the Foundational Standard operating budget in the amount of $106,526, as approved by the Board of Health on February 16, 2017. This transfer payment agreement is $4,210.75 greater than originally budgeted. The additional funds will be used for increases in wages and budgets of $1,373 and operating expenses of $2,837.75.

Conclusion

The 2017–18 transfer payment agreement provides $110,737.25 to the MLHU to deliver shared library services to client health units, as described in Schedule A of the agreement. It is recommended that the Board of Health authorize the Board Chair to sign the agreement and to increase the SLSP operating budget by $4,210.75.

This report was prepared by the Foundational Standard Division.

Laura Di Cesare, CHRE
Acting Chief Executive Officer

Dr. Gayane Hovhannisyan, MD, PhD, FRCPC
Acting Medical Officer of Health

Public Health Ontario | Santé publique Ontario

PARTNERS FOR HEALTH | PARTENAIRES POUR LA SANTÉ

March 10, 2017

Dr. Gayane Hovhannisyan
Associate Medical Officer of Health, Foundational Standard
Middlesex-London Health Unit
50 King Street
London, ON N6A 5L7

Dear Dr. Hovhannisyan:

As you are aware, the Ontario Agency for Health Protection and Promotion operating as Public Health Ontario (PHO) and Middlesex-London Health Unit are parties to a Transfer Payment Agreement dated April 1, 2015 concerning the Shared Library Services Partnership (Agreement).

As the Agreement automatically renews each year, we are taking this opportunity to confirm the terms related to the 2017-18 Funding Year.

For the 2017-18 Funding Year, the Parties agree that:

1. The Maximum Funds for the Funding Year shall be $110,737.25. This cycle's funding allocation is based on the previously approved formula which reflects the individual hub library staff salaries while providing an equal amount of operational funds for each hub. The amount listed in Schedule B (Budget) reflects an increase of $5,000.00 that PHO was able to provide to the operational allocation over previous cycles' funding, in recognition of increased staffing and operational costs experienced by the hub libraries.

2. Pursuant to sections 4.14 and 4.15 of the Agreement, the existing Schedules B, C and D of the Agreement are deleted and replaced with new Schedules B, C and D in the form attached to this letter.

Except for the changes proposed in this letter, all other terms and conditions of the Agreement shall continue in full force and effect.

Please indicate your acceptance with these terms by signing below and returning a copy of this letter to me on or before March 31, 2017.

Yours truly,

George Pasut, MD, MHSc, FRCPC, FACPM
VP, Science and Public Health

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Ontario
Agency for Health Protection and Promotion
Agence de protection et de promotion de la santé

ACKNOWLEDGED AND AGREED TO THIS ____ DAY OF _____, 2017 BY

BOARD OF HEALTH FOR THE MIDDLESEX-LONDON HEALTH UNIT

_____
I/We have authority to bind the Board

Name:
Title:

_____
I/We have authority to bind the Board

Name:
Title:

SCHEDULE "A"

PROJECT DESCRIPTION AND TIMELINES

Background

Following the transfer of the provincial share of funding for the former Public Health Research, Education and Development (PHRED) program to Public Health Ontario in January 2011, Public Health Ontario introduced a new program model to support applied research and program evaluation, education and professional development, and knowledge exchange for public health. Library services are a key area of focus under this program, which provides funding to support equitable access to library services, resources, and professionals for health units that currently do not have a library included in their business model.

This program was implemented in 2012 through the creation of the Shared Library Services Partnership that builds on the existing library capacity within the public health system in Ontario. Selected public health units in Ontario that have their own in-house libraries act as hubs to provide access to library services and resources for "client" public health units in Ontario that previously did not have in-house libraries. This model is predicated on a system that as of 2012 had 14 operational libraries with library staff that function as a community of practice through the Ontario Public Health Libraries Association (OPHLA). The existing library system will be maintained and enhanced and all health units will have access to library services.

This "library hub" model draws on previous experiences from the PHRED program and was selected by the Shared Library Services Partnership Working Group as the model that will provide the highest Return on Investment and will be beneficial to both service recipients and service providers.

The scope of services and responsibilities as outlined below are based on the strong recommendations developed by the Shared Library Services Partnership Working Group.

Project Overall Objective

The objective of this project is to build and maintain capacity in selected health units that expressed interest in becoming a hub in the Shared Library Services Partnership by providing funding for additional staff and resources acquisition. Hub libraries will support several client health units that are designated to each hub based on geographical location and the number of staff (i.e., potential clients) within each client unit. Resources are being provided for hub libraries to fund one additional FTE devoted to serving client health unit staff.

Specific Project Objectives

- As a hub library, the Recipient will provide library services as outlined below to the following Ontario public health units: Elgin-St. Thomas Public Health, Chatham-Kent Public Health Unit, Haldimand-Norfolk Health Unit, Lambton Public Health, Niagara Region Public Health, and Windsor Essex County Health Unit (collectively, "Client Health Units").

- The Recipient will enter into and/or maintain appropriate agreements with their assigned Client Health Units outlining mutual responsibilities.

- The Recipient will provide library service only to its designated Client Health Units (and staff of the Recipient health unit).

- The Recipient will collaborate with other hub libraries, Public Health Ontario and the Ontario Public Health Libraries Association (OPHLA) in the purchasing of resources, development of training sessions, and creation of processes and common/standard forms and policies related to operations of the partnership.

- The Recipient will maintain their current funding for their own library services and resources.

1.0 Library Services

1.1 Core hub library services

a) The Recipient will provide its Client Health Units with access to the following core library services:

   - Article retrieval/document delivery
   - Comprehensive literature searches conducted on behalf of Client Health Units
   - Response to reference questions
   - Library-related training for Client Health Unit staff
   - Help desk (related to technical issues when using library resources and services)
   - Book loans.

b) Additional requirements may be phased in after the evaluation of hub operations (depending on workload and funding). These services could include:
   - Current awareness service (includes table of contents services)
   - Research assistance (differentiated from training and literature searching as being more consultative in nature; part of a research team).

   Any expansion of service is at the discretion of the Recipient.

c) The Recipient will strive to provide Client Health Units with desktop access to resources, copyright and licencing permitting.

1.2 Training for Client Health Unit staff

a) The Recipient will deliver training sessions to cover the following annually:
   - How to do a basic literature search and find articles
   - How to use the Virtual Library and other online sources.

   The sessions shall include introductory information about library services (e.g., what they are, how to access them).

b) Other training sessions will be developed at the discretion of the Recipient, and will be tailored to the needs of Client Health Units whenever possible (i.e., use health unit examples for literature searching training).

c) Training schedules will be negotiated directly with Client Health Units.

d) The Recipient will deliver training sessions **in person** to each Client Health Unit, if required.

e) The Recipient will provide training to Client Health Units using the following methods:
   - In-person to Client Health Units (if required)
   - Webinars, OTN videoconferencing
   - Online modules and tools.

2.0 Library Resources

2. 1 Core hub library resources

a) Resources purchased for all health units (i.e., Virtual Library additions) will be recommended by the Ontario Public Health Libraries Association (OPHLA).

b) The Recipient will collaborate with other hub libraries on their own collection development whenever possible to take advantage of consortial pricing.

c) The Recipient will prioritize journal subscriptions for purchasing and will coordinate the development of special (subject area) journal collections with hub libraries.

2.2 Delivery of resources to clients

a) The Recipient will commit to following all guidelines and procedures developed collaboratively with other hub libraries (e.g., service delivery timelines and prioritization of service requests).

b) The Recipient will use only those methods of document delivery that fall within copyright and licencing constraints.

3.0 Library Staff

a) The recipient must have at least 1 FTE in their own health unit library, funded from the health unit budget and serving the host health unit staff, to maintain the status of the hub library.

b) The Recipient will have at least one librarian (ALA accredited Masters' degree) on staff—either as the existing staff person or hired through transfer payment funds.

c) The primary role of PHO-funded library hub personnel is to serve hub operations and will follow Shared Library Services Partnership processes and procedures (even if these procedures vary from those of the Recipient).

d) PHO-funded library hub personnel will participate in professional development and new skills enhancement opportunities provided by PHO to ensure equitable service across the hubs.

4.0 Library Processes and Procedures

a) Client Health Units will access the Recipient's library staff directly by phone or email in a barrier-free fashion (no intermediary forms or procedures).

b) The Recipient will use DOCLINE as the primary system of requesting and delivering interlibrary loans.

c) Using DOCLINE, The Recipient will first borrow from other hub libraries and OPHLA libraries in order to minimize costs of for-fee interlibrary loans.

d) The Recipient will negotiate with vendors in an effort to construct licence agreements that allow for delivery of resources to Client Health Units.

e) The Recipient, in collaboration with other hub libraries and Public Health Ontario, will coordinate the development of standard tools related to hub operations and processes.

5.0 Hub library service tracking & monitoring

a) The Recipient will be responsible for tracking, monitoring and reporting of service delivery targets and indicators.

b) The Recipient will collaborate with Public Health Ontario and OPHLA in use of a standard tool for collecting required library statistics across the system.

SCHEDULE "B"

BUDGET

April 1, 2017-March 31, 2018

1 FTE, Librarian or Library Technician (wages + benefits) And Collections and operations (may include supplies and equipment, interlibrary loan fees, acquisitions and subscriptions, travel to clients, communications)	$110,737.25

SCHEDULE "C"

PAYMENT SCHEDULE

PAYMENT DATE OR MILESTONE	AMOUNT
April 17, 2017	**$27,684.31**
July 17, 2017	**$27,684.31**
October 16, 2017	**$27,684.31**
January 15, 2018	**$27,684.31**

SCHEDULE "D"

REPORTS

Name of Report	Due Date
Interim Activity & Financial Report (April-June)	July 31, 2017
Interim Activity Report (July-September)	October 31, 2017
Interim Activity Financial Report (October-December)	January 31, 2018
Final Activity & Financial Report	April 30, 2018
Reports specified from time to time	On a date or dates specified by Public Health Ontario.

Report Details

The Recipient will follow the reporting guidelines and processes set out by Public Health Ontario and will collect the required data in order to track and monitor service provision and usage by clients.

Interim Activity Reports

- usage statistics, broken down by client health unit:
  - # of literature search requests received
  - # of literature searches completed
  - # of in-house documents delivered from Hub collection
  - # of in-house physical resources delivered from Hub Collection (books, reports, games, media)
  - # of articles delivered from the Virtual Library
  - # of ILL books / reports delivered to client health units
  - # of ILL articles delivered to client health units
  - # of reference questions answered
  - # of research consultations delivered
  - # of training sessions delivered
  - # of new acquisitions

Interim Activity & Financial Reports

- usage statistics, broken down by client health unit (as detailed above)
- summary of expenditures

Final Activity and Financial Report

- usage statistics, broken down by client health unit (as detailed above)
- summary of expenditures of the last quarter (January to March)
- summary of expenditures for the duration of the transfer payment agreement
- snapshot of services delivered to clients
- snapshot of custom tools developed
- general feedback about hub and partnership operations

MIDDLESEX-LONDON HEALTH UNIT

REPORT NO. 016-17FFC

TO: Chair and Members of the Finance & Facilities Committee

FROM: Laura Di Cesare, Acting Chief Executive Officer

DATE: 2017 May 4

2016 AND 2017 MOHLTC-APPROVED ONE-TIME GRANTS

Recommendation

It is recommended that the Finance & Facilities Committee:

1) ***Receive Report No. 016-17FFC for information; and***
2) ***Recommend that the Board of Health authorize the Board Chair to sign Amending Agreement No. 6 to the Public Health Funding and Accountability Agreement as appended.***

Key Points

- In November 2016, the Health Unit submitted three requests to the MOHLTC for one-time funding for extraordinary costs: the first, for $19,000 in additional costs associated with immunizing Syrian Newcomers; the second, for $30,000 relating to outbreak management of a multi-drug-resistant TB case in a local healthcare worker; and the third, for $60,000 in extraordinary legal costs.
- On April 21, 2017, the MOHLTC approved the first two requests for a total of $40,800.
- Additionally, a capital request of $200,000 was approved through the Community Health Capital Program application process, funding work completed to date in the site-selection process (space needs, site-selection criteria, request for proposals and site evaluation) and expected 2017 costs.

Background

As part of the 2016 Q4 Financial Update for the Finance & Facilities Committee (FFC), staff provided an update on three one-time funding requests submitted to the Ministry of Health and Long-Term Care (MOHLTC) in November 2016, and indicated that the surplus may increase in the event that all of these requests are approved.

2016 One-Time Funding Requests

On April 21, 2017, the Health Unit received word that the MOHLTC had approved two of the three requests. The following table details the amounts requested vs. the amounts approved.

Table 1 – 2016 One-Time Funding Requests

Description	Amounts Requested	Amounts Approved
Syrian Refugee Resettlement	$ 18,778	$ 18,800
Tuberculosis – Extraordinary Costs	$ 29,505	$ 22,000
Extraordinary Legal Costs	$ 60,000	$ 0

Community Health Capital Program – Planning Grant

The capital grant funding is a result of MLHU's application through the Community Health Capital Program (CHCP). As part of the location project, the MOHLTC has approved a planning grant in the amount of $200,000 for consulting fees associated with project management, site-selection activities, business case preparation and other associated work. Approval of the CHCP planning grant does not guarantee approval or provision of implementation grant funding for the proposed project. The capital grant allocates $100,000 for each of the April 1, 2016–March 31, 2017 and April 1, 2017–March 31, 2018 fiscal years.

Amendments to Financial Statements and the Public Health Funding and Accountability Agreement

The total approved one-time funding in the amount of $140,800 for 2016 is reflected in the draft financial statements, which will be presented to the Committee in June 2017. This additional funding will increase the surplus, as identified in the Q4 Financial Update provided in February 2017.

To accept the capital health grant and one-time MOHLTC grants, the Board Chair must sign the Amending Agreement No. 6 to the Public Health Funding and Accountability Agreement (attached as Appendix A). The amending agreement provides the relevant changes to the terms and conditions of the Agreement signed in 2014.

This report was prepared by the Finance Team, Corporate Services Division.

Laura Di Cesare, CHRE
Acting Chief Executive Officer

Amending Agreement No. 6

This Amending Agreement No. 6, 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. 6, 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. 6") shall be effective as of the first date written above.

2. Except for the amendments provided for in this Amending Agreement No. 6, 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. 6 have the meanings ascribed to them in the Accountability Agreement.

4. The Accountability Agreement is amended by:

   (a) Deleting Schedule A-6 (Program-Based Grants) and substituting Schedule A-7 (Program-Based Grants), attached to this Amending Agreement No. 6.

   (b) Deleting Schedule B-5 (Related Program Policies and Guidelines) and substituting Schedule B-6 (Related Program Policies and Guidelines), attached to this Amending Agreement No. 6.

The Parties have executed the Amending Agreement No. 6 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-7
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-7
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
	Syrian Refugee Resettlement (100%) (November 1, 2015 to March 31, 2016)[6]	18,800
	Tuberculosis: Extraordinary Costs - Tuberculosis (TB) Case in a Hospital Setting (100%) (January 1, 2016 to December 31, 2016)	22,000
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
Health Capital	Capital: Space Needs and Site Selection Process (100%)	100,000
Sub-Total One-Time Funding[7]		**365,900**

Total	**20,876,800**

Source	Program / Initiative Name	2017 Approved Allocation ($)
One-Time Funding (April 1, 2017 to March 31, 2018, unless otherwise noted)		
Health Capital	Capital: Space Needs and Site Selection Process (100%)	100,000
Total One-Time Funding		**100,000**

(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.

(6) One-time funding for 2015-16 for Syrian Refugee Resettlement costs are claim-based.

(7) Total one-time funding for 2015-16 is $18,800 and total one-time funding for 2016-17 is $347,100.

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-6

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-6

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-6

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-6

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:

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.

o 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).

o 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

SCHEDULE B-6

RELATED PROGRAM POLICIES AND GUIDELINES

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-6

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-6

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-6

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-6

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.

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. 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-6

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-6

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-6

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-6

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-6

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-6

RELATED PROGRAM POLICIES AND GUIDELINES

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

<u>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:</u>

- 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.

Syrian Refugee Resettlement (100%)

One-time funding must be used for extraordinary costs incurred for the provision of health services (including dental services) for the Syrian Refugee Resettlement. Eligible costs include:

- Staffing Costs: additional staffing and/or overtime pay for health care providers and administrative staff.
- Transportation Costs: transportation of Syrian refugees to and from health care appointments (i.e., Syrian refugees housed at Resettlement Assistance Program (RAP) centre temporary accommodations).
- Interpretation Costs: interpretation services for clinical visits including interactions with health care providers and administrative staff.
- Supplies, Equipment and Additional Space: medical supplies/equipment, office supplies and additional space rental (e.g., rental of hotel space for refugee clinics).

SCHEDULE B-6

RELATED PROGRAM POLICIES AND GUIDELINES

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

In order to claim extraordinary costs associated with the Syrian Refugee Resettlement, the Board of Health is required to submit a Summary Report with detailed supporting documents to the Ministry for approval and payment.

Tuberculosis: Extraordinary Costs – Tuberculosis (TB) Case in a Hospital Setting (100%)

One-time funding must be used for extraordinary costs incurred by the Board of Health in response to a Tuberculosis investigation in a hospital setting. Eligible costs include TB testing, program materials and supplies, administrative costs related to teleconference fees, and wage and benefit costs related to staffing and overtime.

SCHEDULE B-6

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-6

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-6

RELATED PROGRAM POLICIES AND GUIDELINES

Type of Funding	***One-Time***
Source	***Capital***

Capital: Space Needs and Site Selection Process (100%)

The Board of Health currently exists in two locations within the City of London: 50 King Street and 201 Queen Street. The 50 King Street location lease terminates in 2016 and the Board of Health is pursuing the option to relocate all services to one location.

Pursuant to the Community Health Capital Programs policy, one-time funding must be used to assist with costs to complete the capital planning requirements for a Stage 2 - Business Case submission. Eligible capital planning grant expenses may include consultant fees associated with project management, business case preparation, site selection activities (i.e., technical building assessments, site assessments, environmental assessments, and cost estimate preparation), and other consultant fees dependent on the scope and complexity of the project.

Approval of a capital planning grant for this project does not guarantee approval and provision of implementation grant funding for the proposed project. The number of proposed projects the Province can approve and fund in any fiscal year is based upon funding availability and historical funding commitments.

SCHEDULE B-6

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.

MIDDLESEX-LONDON HEALTH UNIT

REPORT NO. 017-17FFC

TO: Chair and Members of the Finance & Facilities Committee

FROM: Laura Di Cesare, Acting Chief Executive Officer

DATE: 2017 May 4

THE HIV AND HEPATITIS C COMMUNITY ACTION FUND CONTRIBUTION AGREEMENT

Recommendation

It is recommended that the Finance & Facilities Committee:

1) ***Recommend that the Board of Health authorize the Board Chair to sign the Contribution Agreement when it is received; and***
2) ***Recommend to the Board of Health that the 2017 operating budget be revised to include $82,924 in one-hundred-percent funding received from the Public Health Agency of Canada to help address the high-risk injection drug use in Middlesex-London, as outlined in Appendix A.***

Key Points

- Since February 2016, the Middlesex-London Health Unit (MLHU) has been investigating increases in new cases of HIV and other infections affecting local persons who inject drugs (PWID), and subsequently declared a public health emergency in June 2016.
- MLHU staff, in collaboration with Regional HIV/AIDS Connection (RHAC) and London Intercommunity Health Centre (LIHC), submitted an application to the Public Health Agency of Canada's HIV and Hepatitis C Community Action Fund for additional resources to address these emerging issues.
- On April 18, 2017, MLHU received notification that the application was approved. The total grant, over a five-year period, is $1,244,648, of which $596,537 is payable to MLHU, $303,813 to RHAC and $344,298 to LIHC.

Background

Since February 2016, the Middlesex-London Health Unit (MLHU) has been investigating increases in new cases of HIV and other infections affecting local persons who inject drugs (PWID). At the June 2016 Board of Health meeting, the Board reviewed Report No. 040-16 re: "Persons Who Inject Drugs (PWID) in Middlesex-London: An Update," wherein the Board of Health directed MLHU staff to submit an application to the Public Health Agency of Canada's (PHAC) HIV and Hepatitis C Community Action Fund. The MLHU, Regional HIV/AIDS Connection (RHAC) and London Intercommunity Health Centre (LIHC) applied to the fund as a Community Alliance.

On April 18, 2017, the Community Alliance received notification that its application was approved. PHAC will provide the MLHU, RHAC and LIHC with $1,244,648 in funding over five years to carry out street-level outreach for PWID. The funding will be used to develop a coordinated, integrated approach to address high-risk injection drug use in the community by increasing community capacity for street-level outreach. This approach will include addressing the underlying social determinants of health and mental health issues faced by PWID, enhancing HIV and HCV testing, prevention and treatment of HIV and HCV, and connecting PWID to addiction services and supporting them to remain in care.

Contribution Agreement and Budget

The Board of Health is required to sign a Contribution Agreement to take part in this initiative. As part of the Contribution Agreement, MLHU will receive $596,537 over five years. The five-year budget, as it pertains to MLHU's share of the grant, is attached as Appendix A. The budget for the entire grant is attached as Appendix B. The budget for the full, five-year grant is $1,244,648. This funding would support hiring a 1.0 full-time equivalent (FTE) Outreach Worker for each organization to provide street-level outreach, and a 0.5 part-time equivalent (PTE) Program Evaluator located at MLHU for program evaluation.

Since the application's approval status was unknown at the time of preparation, the annual expenditures and associated funding of this project were not included in the 2017 Planning & Budget Templates. Therefore, it is recommended that the Finance & Facilities Committee recommend that the Board of Health direct the Board Chair to sign the Contribution Agreement and increase the 2017 operating budget by $82,924, as outlined in Appendix A. The remaining grant disbursements for the subsequent four years will be reflected in the appropriate Planning and Budget Templates in 2018.

This report was prepared by the Sexual Health Team, Environmental Health and Infectious Disease Division, and the Finance Team, Corporate Services Division.

Laura Di Cesare, CHRE
Acting Chief Executive Officer

Five Year Project Budget - MLHU

	Year 1 April – Dec 2017		Year 1 Jan –Mar 2018[2]	Year 2-5 2018-2022[2]	Total
	Sexual Health	Foundational Standard[1]			
Personnel (includes benefits)					
FT Outreach Worker	$39,968		$19,985	$252,040	**$311,993**
PT Program Evaluator		$28,053	$14,028	$176,908	**$218,989**
Sub-total	**$39,968**	**$28,053**	**$34,013**	**$428,948**	**$530,982**
Travel					
Transportation	$1,360	$87	$637	$7,988	**$10,072**
Accommodation	$400	$400	$0	$2,000	**$2,800**
Meals and Incidentals	$194	$194	$0	$2,220	**$2,608**
Sub-total	**$1,954**	**$681**	**$637**	**$12,208**	**$15,480**
Materials					
Office Supplies	$250	$250	$250	$2,000	**$2,750**
Project Materials	$800	$800	$0	$0	**$1,600**
Printing/Photocopying	$133	$0	$67	$800	**$1,000**
Postage	$67	$0	$33	$400	**$500**
Other (specify)	$133	$0	$67	$800	**$1,000**
Sub-total	**$1,383**	**$1,050**	**$417**	**$4,000**	**$6,850**
Equipment					
Office Equipment	$2,272	$2,273	$0	$0	**$4,545**
Sub-total	**$2,272**	**$2,273**	**$0**	**$0**	**$4,545**
Rent/Utilities					
Rent	$1,354	$1,354	$1,354	$16,248	**$20,310**
Utilities(phone, heating, etc.)	$1,091	$1,091	$1,092	$13,096	**$16,370**
Sub-total	**$2,445**	**$2,445**	**$2,446**	**$29,344**	**$36,680**
Other (Specify)					
Workshop registration fees	$200	$200	$0	$1,600	**$2,000**
Sub-total	**$200**	**$200**	**$0**	**$1,600**	**$2,000**

Amount approved from PHAC	**$48,222**	**$34,702**	**$37,513**	**$476,100**	**$596,537**

1) The 2017 PBT for the Epidemiology, Library & Resources Lending, Program & Planning Evaluation will be increased accordingly.
2) Budgets for 2018 – 2022 will be included in the appropriate PBTs when presented to the Finance & Facilities Committee and to the Board of Health.

Community Alliance Five-Year Project Budget

	Year 1 2017-2018	Year 2 2018-2019	Year 3 2019-2020	Year 4 2020-2021	Year 5 2021-2022	Total
1) Personnel						
Middlesex-London Health Unit	$102,034	$104,074	$106,154	$108,278	$110,442	**$530,982**
Regional HIV/AIDs Connection	$51,994	$53,026	$54,078	$55,152	$56,248	**$270,498**
London Intercommunity Health Centre	$59,953	$61,152	$62,374	$63,621	$64,893	**$311,993**
Sub-total	**$213,981**	**$218,252**	**$222,606**	**$227,051**	**$231,583**	**$1,323,316**
2) Travel						
Middlesex-London Health Unit	$3,272	$2,591	$2,591	$2,591	$4,435	**$15,480**
Regional HIV/AIDs Connection	$2,591	$2,591	$2,591	$2,591	$2,591	**$12,955**
London Intercommunity Health Centre	$2,591	$2,591	$2,591	$2,591	$2,591	**$12,955**
Sub-total	**$8,454**	**$7,773**	**$7,773**	**$7,773**	**$9,617**	**$41,390**
3) Materials						
Middlesex-London Health Unit	$2,850	$1,000	$1,000	$1,000	$1,000	**$6,850**
Regional HIV/AIDs Connection	$750	$600	$600	$600	$600	**$3,150**
London Intercommunity Health Centre	$550	$400	$400	$400	$400	**$2,150**
Sub-total	**$4,150**	**$2,000**	**$2,000**	**$2,000**	**$2,000**	**$12,150**
4) Equipment						
Middlesex-London Health Unit	$4,545	$0	$0	$0	$0	**$4,545**
Regional HIV/AIDs Connection	$1,200	$0	$0	$0	$0	**$1,200**
London Intercommunity Health Centre	$1,200	$0	$0	$0	$0	**$1,200**
Sub-total	**$6,945**	**$0**	**$0**	**$0**	**$0**	**$6,945**
5) Rent/Utilities						
Middlesex-London Health Unit	$7,336	$7,336	$7,336	$7,336	$7,336	**$36,680**
Regional HIV/AIDs Connection	$2,802	$2,802	$2,802	$2,802	$2,802	**$14,010**
London Intercommunity Health Centre	$2,800	$2,800	$2,800	$2,800	$2,800	**$14,000**
Sub-total	**$12,938**	**$12,938**	**$12,938**	**$12,938**	**$12,938**	**$64,690**

6) Evaluation						
Middlesex-London Health Unit	$0	$0	$0	$0	$0	**$0**
Regional HIV/AIDs Connection	$0	$0	$0	$0	$0	**$0**
London Intercommunity Health Centre	$0	$0	$0	$0	$0	**$0**
Sub-total	**$0**	**$0**	**$0**	**$0**	**$0**	**$0**
7) Other (specify)						
Middlesex-London Health Unit	$400	$400	$400	$400	$400	**$2,000**
Regional HIV/AIDs Connection	$400	$400	$400	$400	$400	**$2,000**
London Intercommunity Health Centre	$400	$400	$400	$400	$400	**$2,000**
Sub-total	**$1,200**	**$1,200**	**$1,200**	**$1,200**	**$1,200**	**$6,000**
Amount requested from the Agency	**$247,668**	**$242,163**	**$246,517**	**$250,962**	**$257,338**	**$1,244,648**
8) Other Sources - Financial						
Middlesex-London Health Unit	$0	$0	$0	$0	$0	**$0**
Regional HIV/AIDs Connection	$0	$0	$0	$0	$0	**$0**
London Intercommunity Health Centre	$0	$0	$0	$0	$0	**$0**
Sub-total	**$0**	**$0**	**$0**	**$0**	**$0**	**$0**
9) Other Sources - Non-Financial (In-Kind)						
Middlesex-London Health Unit	$62,523	$0	$0	$0	$0	**$62,523**
Regional HIV/AIDs Connection	$3,800	$0	$0	$0	$0	**$3,800**
London Intercommunity Health Centre	$3,800	$0	$0	$0	$0	**$3,800**
Sub-total	**$70,123**	**$0**	**$0**	**$0**	**$0**	**$70,123**
Total Budget (including funding from other sources)	**$317,791**	**$242,163**	**$246,517**	**$250,962**	**$257,338**	**$1,530,071**

MIDDLESEX-LONDON HEALTH UNIT

REPORT NO. 018-17FFC

TO: Chair and Members of the Finance & Facilities Committee

FROM: Laura Di Cesare, Acting Chief Executive Officer

DATE: 2017 May 4

GREAT-WEST LIFE BENEFITS – RENEWAL RATES

Recommendation

It is recommended that the Finance & Facilities Committee review and make recommendation to the Board of Health to approve the renewal of the group insurance rates administered by Great-West Life as described in Report No. 018-17FFC re: "Great-West Life Benefits – Renewal Rates."

Key Points

- The group benefits contract with Great-West Life (GWL) is set to be renewed effective May 1, 2017. In April, staff reviewed the renewal rates with AON Hewitt, and have been able to reduce GWL's proposed rate increases.
- As part of the renewal, the recommended life insurance premiums would increase by 4.3%, and long-term disability premiums would increase by 5.1%.
- Administrative Services Only (ASO) costs (health and dental) are expected to decrease as part of the renewal. Health benefit costs are expected to decrease by 2%, and dental benefit costs are expected to decrease by 4.0%.
- Overall, the impact on the above rate and volume changes on average is an annual reduction in costs of 1.3%. For the last eight months of 2017 (May–December), this translates to an overall decrease of approximately 0.9%. Middlesex-London Health Unit (MLHU) had budgeted for a 0.0% increase from the previous year.

Background

In 2012, the MLHU, with the assistance of AON Hewitt (AON), went through a request-for-proposal process to ensure our group insurance rates were competitive. As a result, the MLHU changed its insurance carrier from Manulife to Great-West Life effective February 1, 2013, yielding significant savings for both our employees and the MLHU. All costs related to the insured benefits—Life, Accidental Death and Dismemberment (AD&D), Long-Term Disability (LTD), Pooling and Administrative Services Only (ASO)—were reduced effective February 1, 2013, and remained unchanged due to rate guarantees until April 30, 2015. The MLHU experienced an average increase of 10% in May 2015, and of 11.2% in May 2016. Considering these increases, the negotiated rates remained lower than the pre-marketing rates of 2012.

New Insured Benefit Rates (Life, AD&D, LTD, Pooling Insurance, ASO Expenses)

As of May 1, 2017, life insurance rates will increase by 4.3%, AD&D rates will remain unchanged and LTD rates (employee paid) will increase by 5.1%. Great-West Life (GWL) implemented significant discounts in their 2012 proposal (i.e., a 23% discount for Life and 25% for LTD); Appendix A provides a history of the negotiated rates since moving to GWL. The rates being recommended remain below the pre-marketing rates of February 1, 2012, for Life and AD&D. In the recommended rates, GWL will be increasing Pooling charges, effective May 1, 2017, by approximately $17,000 for the renewal year. In regard to this increase, AON has confirmed that Pooling charges have been increasing significantly throughout the insurance industry and rates are typically not negotiable. The ASO expense rates (cost to administer ASO benefits) will remain unchanged.

ASO Benefits (Health and Dental)

These benefits are funded based on actual claims utilization of benefits paid. The Health Unit sets a monthly deposit rate in advance to fund expected claims and expenses based on actual experience and AON's recommendation of emerging trends. As can be seen in the ASO benefits history attached as Appendix B, the 2016 total claims cost decreased by 3.0% over the previous year. It is expected that the trend on claims cost will continue for 2017 based on the months January–March, and therefore the reduction in ASO premiums is warranted.

For the May 1, 2017 renewal period, AON is recommending a 2.0% reduction in health premiums and a 4.0% reduction in dental premiums. Staff will continue to monitor monthly claims closely and identify any potential variances as part of the quarterly financial updates.

2017 Budget Implications

Overall, the expected reduction in premiums over the renewal period is $26,424, or 2.0%. For 2017, given the 2016 experience, there was no planned increase in the budget for a rate change. However, the budget was increased to reflect a volume change (increased compensation amounts).

As can be seen in Appendix B, in the first three months of 2017 there has been a favourable variance in the claims costs related to the premiums paid ($24,565). Considering this positive variance and the experience of 2016, a premium reduction is warranted and may generate a modest surplus in 2017.

Conclusion

The Health Unit's contract with Great-West Life to provide group insurance expires April 30, 2017. It is recommended that the MLHU enter into a revised contract with GWL, which will provide reduced premium rates for 2017.

This report was prepared by the Finance Team, Corporate Services Division.

Laura Di Cesare, CHRE
Acting Chief Executive Officer

Summary of Insured Rates for the Period February 1, 2012 through May 1, 2017
Pre-Marketing vs. Post Marketing Review
Middlesex-London Health Unit

		Pre Marketing	Post Marketing					
Benefit	**Basis**	**1-Feb-12**	**1-Feb-13**	**1-May-14**	**1-May-15**	**1-May-16**	**1-May-17**	**Negotiated May 1, 2017 Rates Compared to Pre-Marketing**
Insured Rates								
Life	Per $1,000	$0.254	$0.180	$0.180	$0.186	$0.230	$0.240	-5.5%
Accidental Death & Dismemeberment	Per $1,000	$0.035	$0.030	$0.030	$0.030	$0.030	$0.030	-14.3%
Long Term Disability	Per $100	$2.880	$2.330	$2.330	$2.500	$2.750	$2.890	0.3%

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Appendix B to Report No. 018-17FFC

Middlesex-London Health Unit
History of Great West Life Premiums vs. Cost of Claims

Period	(A) ASO Premiums	(B) Total Claims Cost	(A) - (B) ASO Premiums - Actual Claims
2015			
January	$ 82,369.53	$ 96,183.83	$ (13,814.30)
February	83,077.09	79,292.74	3,784.35
March	82,369.53	82,869.48	(499.95)
April	84,249.86	107,219.70	(22,969.84)
May	93,084.27	79,489.85	13,594.42
June	94,440.32	109,665.64	(15,225.32)
July	93,657.36	78,491.01	15,166.35
August	94,048.84	87,766.75	6,282.09
September	93,657.36	116,356.43	(22,699.07)
October	93,926.39	110,476.46	(16,550.07)
November	93,620.26	83,021.06	10,599.20
December	93,320.62	104,174.86	(10,854.24)
Total (2015)	**$ 1,081,821.43**	**$ 1,135,007.81**	**$ (53,186.38)**
2016			
January	$ 92,146.18	$ 85,488.97	$ 6,657.21
February	94,837.68	86,418.98	8,418.70
March	93,785.69	84,514.59	9,271.10
April	96,060.98	81,384.31	14,676.67
May	105,942.52	89,673.83	16,268.69
June	112,208.55	101,353.01	10,855.54
July	108,212.12	84,260.32	23,951.80
August	107,591.41	111,124.38	(3,532.97)
September	107,348.04	100,077.09	7,270.95
October	105,431.21	93,146.31	12,284.90
November	104,944.47	96,478.45	8,466.02
December	107,591.41	87,492.84	20,098.57
Total	**$ 1,236,100.26**	**$ 1,101,413.08**	**$ 134,687.18**
2017			
January	$ 104,512.43	$ 97,253.69	$ 7,258.74
February	105,242.54	94,484.61	10,757.93
March	106,672.63	100,124.76	6,547.87
		-	-
		-	-
Total (3 mths)	**$ 316,427.60**	**$ 291,863.06**	**$ 24,564.54**

MIDDLESEX-LONDON HEALTH UNIT

REPORT NO. 019-17FFC

TO: Chair and Members of the Finance & Facilities Committee

FROM: Laura Di Cesare, Acting Chief Executive Officer

DATE: 2017 May 4

2017 BOARD MEMBER COMPENSATION

Recommendation

It is recommended that the Finance & Facilities Committee recommend that the Board of Health increase the Board's member compensation rate for a half-day meeting to $151.49 retroactively to January 1, 2017.

Key Points

- The current half-day meeting rate for Board members eligible to receive remuneration is $149.25, a rate established by the Board of Health in April 2016.
- On March 28, 2017, Middlesex County Council passed a new rate for its members of $151.49, a 1.5 percent increase.

Background

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

> **Remuneration**
> *(4) A board of health shall pay remuneration to each member of the board of health on a daily basis and all members shall be paid at the same rate. R.S.O. 1990, c. H.7, s. 49 (4).*
>
> **Expenses**
> *(5) A board of health shall pay the reasonable and actual expenses of each member of the board of health. R.S.O. 1990, c. H.7, s. 49 (5).*
>
> **Rate of remuneration**
> *(6) The rate of the remuneration paid by a board of health to a member of the board of health shall not exceed the highest rate of remuneration of a member of a standing committee of a municipality within the health unit served by the board of health, but where no remuneration is paid to members of such standing committees the rate shall not exceed the rate fixed by the Minister and the Minister has power to fix the rate. R.S.O. 1990, c. H.7, s. 49 (6).*
>
> **Member of municipal council**
> *(11) Subsections (4) and (5) do not authorize payment of remuneration or expenses to a member of a board of health, other than the chair, who is a member of the council of a municipality and is paid annual remuneration or expenses, as the case requires, by the municipality. R.S.O. 1990, c. H.7, s. 49 (11).*

In relation to Section 49(6), the Board of Health's current meeting rate is $149.25, and has been in place since January 1, 2016.

2017 Compensation Rate

At its meeting on March 28, 2017, Middlesex County Council passed its 2017 operating budget, which included a per diem half-day meeting rate of $151.49 effective January 1, 2017 (see Appendix A for the corresponding by-law). Historically, compensation rates passed by Middlesex County Council have been applied in remunerating Board of Health members eligible to receive compensation. The new County Council rate represents an increase of $2.24 or 1.5 percent. If 2016 meeting costs were used, this would translate into an increase of approximately $414 for 2017.

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

Conclusion

In accordance with Section 49 of the Health Protection and Promotion Act, and following past practice, it is recommended that the half-day per diem meeting rate for eligible Board of Health members be increased to $151.49 retroactive to January 1, 2017.

This report was prepared by the Finance Team, Corporate Services Division.

Laura Di Cesare, CHRE
Acting Chief Executive Officer

THE CORPORATION OF THE COUNTY OF MIDDLESEX

BY- LAW #6839

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

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

AND WHEREAS Council adopted a recommendation at the Middlesex County Council Budget Meeting on March 7, 2017 that a 1.5% increase be approved for the Members of Middlesex County Council and all Council Appointments for 2017 as follows:

Members of Council

That the Councillor's salary be increased by 1.5% to $10,302.25 commencing January 1, 2017. The Councillor's salary covers attendance at County Council meetings including the County Council Budget meeting, and Visioning Sessions.

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

effective January 1, 2017 $151.49

Conventions

That the maximum for convention reimbursement, exclusive of registration fees, shall be $4,000.00.

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

1. That the travelling allowance for attendance at meetings shall be the travelling allowance rates as approved by Council from time to time.

2. That delegates to conventions shall receive expenses as outlined on Schedule A.

3. That members of Council or other persons appointed by Council to serve as members of the following local boards and other bodies shall receive the same remuneration and expenses as members of Council attending council approved committee meetings:

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

4. Third Party Appointments
Prior to any member of County Council accepting a third party appointment to a Board, Committee, or Standing Committee appointment that requires compensation from the County of Middlesex; the nominee will obtain approval from County Council for the appointment. Outlined in Schedule "B"

5. Council will be required to approve by resolution all appointments that arise during the council term

6. That for special meetings other than visioning sessions and budget meeting, the following per diems be adopted:
   a) less than 30 minutes - up to 25% of the per diem
   b) 30 minutes to 1 ½ hours - 50% of the per diem
   c) More than 1 ½ hours - 100% of the per diem

7. That, for the purposes of Revenue Canada, one-third of the total of the remuneration, and the amount paid for travel to and from Council meetings, shall be deemed to be the expense allowance for members of Council.

8. That By-law #6773 is hereby repealed effective January 1, 2017.

PASSED IN COUNCIL this 28th day of March, 2017.

Don Shipway, Warden

Kathleen Bunting, County Clerk

SCHEDULE "A"
TO BY-LAW #6839
COUNTY OF MIDDLESEX
POLICIES RE: ATTENDANCE AT CONVENTIONS

Expenses payable to Delegates at Conventions.

1. Registration
   The registration fee for two (2) authorized conventions per year.

2. Accommodations / Parking
   Accommodation costs for convention dates including one night prior, and the cost of parking, with the submission of appropriate receipts.

3. Meals
   The cost of meals to a maximum of $75.00 per day with the submission of appropriate receipts. Expenses without receipts will be paid as a non-accountable expense to the $75.00 maximum and will be taxable.

4. Per diem
   The approved per diem shall be paid for each ½ day attendance at the convention.

5. Travel
   a) One per diem for travel before and after conventions over 300 kilometres
   b) Mileage at the County's approved rate.
   c) Airfare or train expense with receipts.

6. The maximum convention expenditure per member of Council per year will be $4,000.00, exclusive of registration costs.

7. Item #6 maximum per year does not apply to the Warden (expenditure within the approved budget).

8. The registration and expenses be paid for the Warden's partner.

9. Member of Council who is a member of the Board of Directors of a municipal association.

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

SCHEDULE "B"

Finance Policy 3.01

Subject: **ATTENDANCE AT CONVENTIONS**

Scope: **WARDEN, MEMBERS OF COUNTY COUNCIL, MIDDLESEX COUNTY LIBRARY BOARD AND ALL EMPLOYEES OF MIDDLESEX COUNTY AND LIBRARY BOARD**

Issued: **November 11, 2003**

Revised: **September 13, 2016**

Reviewed: **August 23, 2016 – Middlesex County Council**

Purpose:

To provide guidelines for attendance at conventions.

Policy:

Applies to the Warden, members of Council, members of the Middlesex County Library Board, and all employees of the Corporation of the County of Middlesex and the Middlesex Library Board.

Procedure:

The Warden and Spouse may attend conventions during his/her term of office as a delegate of the Council of the County of Middlesex with expenses paid; one of these may be outside of the Province of Ontario.

Members of Council may attend conventions as delegates of the County. The following reimbursement is allowed:

1. Registration
   The registration fee for two (2) authorized conventions per year.

2. Accommodations / Parking
   Accommodation costs for convention dates including one night prior, and the cost of parking, with the submission of appropriate receipts.

3. Meals

   The cost of meals to a maximum of $75.00 per day with the submission of appropriate receipts. Expenses without receipts will be paid as a non-accountable expense to the $75.00 maximum and will be taxable.

4. Per diem
   The approved per diem shall be paid for each ½ day attendance at the convention.

5. Travel
   a) One per diem for travel before and after conventions over 300 kilometres
   b) Mileage at the County's approved rate.
   c) Airfare or train expense with receipts.

6. The maximum convention expenditure per member of Council per year will be $4,000.00, exclusive of registration costs.

7. Item #6 maximum per year does not apply to the Warden (expenditure within the approved budget).

8. The registration and expenses be paid for the Warden's partner.

9. Member of Council who is a member of the Board of Directors of a municipal association.

<u>Members of Council who are members of the Board of Directors of Associations</u>

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

For approved conventions County staff would be allowed the following:
-registration fee;
-actual accommodation and meal expense;
-actual travel expenses.

SCHEDULE "C"
TO BY-LAW #6839
COUNTY OF MIDDLESEX
"BOARD OF DIRECTORS
OF A MUNICIPAL ASSOCIATION"

The following Councillors are member of a Board of Directors of a Municipal Association for the year 2017:

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

MIDDLESEX-LONDON HEALTH UNIT

REPORT NO. 020-17FFC

TO: Chair and Members of the Finance & Facilities Committee

FROM: Laura Di Cesare, Acting Chief Executive Officer

DATE: 2017 May 4

Q1 FINANCIAL UPDATE AND FACTUAL CERTIFICATE

Recommendation

It is recommended that the Finance & Facilities Committee review and recommend to the Board of Health to receive Report No. 020-17FFC re: Q1 Financial Update and Factual Certificate for information.

Key Points

- The 2017 approved budget assumes a 1.5-percent increase in Mandatory Programs funding from the Ministry of Health and Long-Term Care (MOHLTC).
- The annual grant request was submitted to the MOHLTC on March 1, 2017, and included one-time funding requests totaling $141,361 for two PHI practicum placements, enforcement of the Healthy Menu Choices Act, a new vaccine fridge, expansion of the HPV vaccine program and nicotine replacement initiatives.
- Ministry grant approvals are expected in late summer (Q2) or early fall (Q3).
- Included in the financial update is a signed factual certificate, which provides assurance that financial and risk management functions are being performed.

Background

The Board of Health approved the 2017 operating budget on February 16, 2017 (Report No. 007-17FFC). The approved budget includes a $250,000 contribution to the Technology and Infrastructure Reserve Fund and assumes a 1.5-percent increase in Mandatory Programs funding from the Ministry of Health and Long-Term Care. Also, in the same grant submission, one-time funding of $141,361 was requested for two PHI practicum placements, enforcement of the Healthy Menu Choices Act, a new vaccine fridge, expansion of the HPV vaccine program and nicotine replacement therapy initiatives.

Financial Highlights

The Budget Variance Summary, which provides budgeted and actual expenditures for the first three months and projections to the end of the operating year for the programs and services governed by the Board of Health, is attached as Appendix A.

Current forecasting shows favourable variances across the organization as a result of position vacancies due to implementation of approved PBMA proposals, maternity leaves, retirements/resignations, medical leaves of absence, employer paid benefits premiums and savings in the Regional HIV/AIDS Connection contract. These favourable variances are partially offset by the following expenditures:

- $50,000 Anticipated Dental Treatment Clinic operating deficit.
- $20,000 Additional EI benefits for maternity/parental leaves (EI top-up).
- $27,883 Additional resources required to support the MOH/CEO role while Dr. Mackie is on a leave of absence.

Overall, the net favourable variance is $261,501, and will contribute to the overall expected annual gapping budget of $749,155. The Health Unit is expecting to break even by the end of 2017, assuming that the Province provides the expected additional funding.

Ministry grant approvals are not expected until late summer or early fall.

Factual Certificate

A signed factual certificate, attached as Appendix B, is to be signed by senior Health Unit administrators responsible for ensuring certain key financial and risk management functions are being performed to the best of their knowledge. The certificate is revised as appropriate on a quarterly basis and submitted with each financial update.

This report was prepared by the Finance Team, Corporate Services Division.

Laura Di Cesare, CHRE
Acting Chief Executive Officer

Appendix A to Report No. 020-17FFC

APPENDIX A

MIDDLESEX-LONDON HEALTH UNIT
NET BUDGET VARIANCE SUMMARY
As at March 31, 2017

	2017 YTD ACTUAL (NET)	2017 YTD BUDGET (NET)	VARIANCE (OVER) / UNDER	% VARIANCE	DECEMBER FORECAST	2017 ANNUAL NET BUDGET	DECEMBER SURPLUS / (DEFICIT)	% VARIANCE	Comment / Explanation
Environmental Health & Infectious Disease Division									
Office of the Director/Travel Clinic	$ 68,941	$ 65,813	$ (3,128)	-4.8%	$ 287,909	$ 283,509	$ (4,400)	-1.6%	$4,400 related to additional professional development opportunities.
Emergency Management	7,541	39,696	32,155	81.0%	130,558	170,758	40,200	23.5%	$40,200 relating to the vacant Manager position.
Food Safety & Healthy Environments	403,590	416,702	13,112	3.1%	1,791,536	1,802,036	10,500	0.6%	$10,500 relating to PHI retirement.
Safe Water & Vector-Borne Disease	226,631	238,954	12,323	5.2%	1,364,603	1,364,603	-	0.0%	No significant variance anticipated to December 31st.
Infectious Disease	379,748	370,142	(9,606)	-2.6%	1,599,149	1,594,149	(5,000)	-0.3%	($5,000) unfavourable variance due to TB PHN and PHI training of new staff.
Vaccine Preventable Disease	286,500	312,901	26,401	8.4%	1,362,571	1,362,571	-	0.0%	No significant variance anticipated to December 31st.
Sexual Health	373,184	587,029	213,845	36.4%	2,375,477	2,489,191	113,714	4.6%	$44,575 favourable variance due to late start up of the HIV program, $35,450 due to fewer purchases of contraceptives, $75,000 relating to savings in the Regional HIV/ AIDS Connection contract, partially offset by lower revenue from contraceptive sales. ($41,311).
Total Environmental Health & Infectious Disease Division	***$ 1,746,135***	***$ 2,031,237***	***$ 285,102***	***14.0%***	***$ 8,911,803***	***$ 9,066,817***	***$ 155,014***	***1.7%***	
Healthy Living Division									
Office of the Director	$ 54,151	$ 56,514	$ 2,363	4.2%	$ 243,153	$ 243,153	$ -	0.0%	No anticipated variance by year end.
Child Health	351,384	396,602	45,218	11.4%	1,672,641	1,710,155	37,514	2.2%	$37,514 due to PHN MLOA and ULOA.
Chronic Disease and Tobacco Control	295,637	330,661	35,024	10.6%	1,403,434	1,412,286	8,852	0.6%	$8,852 due to vacant 0.5 FTE Dietitian and PHN positions.
Healthy Communities and Injury Prevention	230,018	275,482	45,464	16.5%	1,188,331	1,188,331	-	0.0%	No anticipated variance by year end.
Oral Health	210,970	250,943	39,973	15.9%	1,137,023	1,102,023	(35,000)	-3.2%	$15,000 in materials and supplies offset by ($50,000) deficit in the Dental Treatment Clinic.
Southwest Tobacco Control Area Network		121,147	121,147	100.0%	501,900	501,900	-	0.0%	No anticipated variance by year end.
Young Adult Health	246,125	260,700	14,575	5.6%	1,119,938	1,124,982	5,044	0.4%	$5,044 due to vacancy in 0.5 FTE Dietitian position.
Total Healthy Living Division	***$ 1,388,285***	***$ 1,692,049***	***$ 303,764***	***18.0%***	***$ 7,266,420***	***$ 7,282,830***	***$ 16,410***	***0.2%***	

	2017 YTD ACTUAL (NET)	2017 YTD BUDGET (NET)	VARIANCE (OVER) / UNDER	% VARIANCE	DECEMBER FORECAST	2017 ANNUAL NET BUDGET	DECEMBER SURPLUS / (DEFICIT)	% VARIANCE	Comment / Explanation
Healthy Start Division									
Office of the Director	$ 55,234	$ 58,344	$ 3,110	5.3%	$ 250,908	$ 250,908	$ -	0.0%	No anticipated variance by year end.
Nurse Family Partnership	11,726	46,025	34,299	74.5%	178,100	184,100	6,000	3.3%	$20,000 savings in program supplies offset by ($12,000) in professional services and ($2,000) in meeting costs.
Best Beginnings	716,025	718,457	2,432	0.3%	3,073,371	3,102,371	29,000	0.9%	$29,000 due to PHN retirement and vacant PHN position.
Early Years Health	334,820	364,610	29,790	8.2%	1,573,633	1,573,633	-	0.0%	No anticipated variance by year end.
Reproductive Health	457,800	490,729	32,929	6.7%	1,611,815	1,611,815	-	0.0%	No anticipated variance by year end.
Screening Assessment and Intervention (SAI)	2,176,192	2,812,962	636,770	22.6%	2,812,962	2,812,962	-	0.0%	No anticipated variance by year end.
Total Healthy Start Division	***$ 3,751,797***	***$ 4,491,127***	***$ 739,330***	***16.5%***	***$ 9,500,789***	***$ 9,535,789***	***$ 35,000***	***0.4%***	
Office of the Chief Nursing Officer & Social Determinants of Health	***$ 86,278***	***$ 95,913***	***$ 9,635***	***10.0%***	***$ 413,103***	***$ 413,103***	***$ -***	***0.0%***	No anticipated variance by year end.
Office of the Medical Officer of Health									
Office of the Medical Officer of Health	$ 47,639	$ 95,850	$ 48,211	50.3%	$ 418,314	$ 418,314	$ -	0.0%	$18,250 related to MOH parental leave, offset by additional support for the AMOH & compensation for the Acting CEO functions.
Communications	113,816	123,887	10,071	8.1%	532,501	532,501	-	0.0%	No anticipated variance by year end.
Total Office of the Medical Officer of Health	***$ 161,455***	***$ 219,737***	***$ 58,282***	***26.5%***	***$ 950,815***	***$ 950,815***	***$ -***	***0.0%***	
Corporate Services Division									
Office of the Director	$ 101,497	$ 86,691	$ (14,806)	-17.1%	$ 365,792	$ 365,792	$ -	0.0%	No anticipated variance by year end.
Finance	118,334	120,723	2,389	2.0%	522,401	522,401	-	0.0%	No anticipated variance by year end.
Human Resources & Labour Relations	104,251	112,480	8,229	7.3%	517,044	485,243	(31,801)	-6.6%	($31,801) unfavourable variance due to additional resource required to support collective bargaining and case management.
Information Technology	171,331	240,027	68,696	28.6%	969,570	1,001,200	31,630	3.2%	$31,630 due to vacant Manager and Software Developer position.
Privacy & Occupational Health & Safety	36,350	37,300	950	2.5%	160,727	160,727	-	0.0%	No anticipated variance by year end.
Procurement & Operations	42,345	62,119	19,774	31.8%	240,043	268,991	28,948	10.8%	$28,948 due to Manager vacancy and replacement pay differential.
Strategic Projects	31,168	31,313	145	0.5%	134,565	134,565	-	0.0%	No anticipated variance by year end.
Total Corporate Services Division	***$ 605,276***	***$ 690,653***	***$ 85,377***	***12.4%***	***$ 2,910,142***	***$ 2,938,919***	***$ 28,777***	***1.0%***	

	2017 YTD ACTUAL (NET)	2017 YTD BUDGET (NET)	VARIANCE (OVER) / UNDER	% VARIANCE	DECEMBER FORECAST	2017 ANNUAL NET BUDGET	DECEMBER SURPLUS / (DEFICIT)	% VARIANCE	Comment / Explanation
Foundational Standard Division									
Office of the Director	$ 88,055	$ 74,154	$ (13,901)	-18.7%	$ 313,793	$ 313,793	$ -	0.0%	No anticipated variance by year end.
Program Planning & Evaluation	243,309	257,806	14,497	5.6%	1,080,723	1,112,023	31,300	2.8%	$31,300 due to retirement of Epi position and MLOA for a Program Evaluator.
Library & Resource Lending	131,748	137,849	6,101	4.4%	240,532	240,532	-	0.0%	No anticipated variance by year end.
Total Foundational Standard Division	***$ 463,112***	***$ 469,809***	***$ 6,697***	***1.4%***	***$ 1,635,048***	***$ 1,666,348***	***$ 31,300***	***1.9%***	
General Expenses & Revenues	***$ 602,563***	***$ 544,800***	***$ (57,763)***	***-10.6%***	***$ 2,578,383***	***$ 2,608,383***	***$ 30,000***	***1.2%***	$50,000 expected for employer paid benefits (GWL), partially offset by ($20,000) additional Supp. Unemployment Benefits.
Total Board of Health net Expenditures Before Expected Gaping	**$ 8,718,623**	**$ 10,139,412**	**$ 1,420,789**	**14.0%**	**$ 34,166,503**	**$ 34,463,004**	**$ 261,501**	**0.8%**	
Less: Expected Agency Gapping Budget	-	187,289	(187,289)		(487,654)	(749,155)	(261,501)		
TOTAL BOARD OF HEALTH NET EXPENDITURES	**$ 8,718,623**	**$ 9,952,123**	**$ 1,233,500**	**12.4%**	**$ 33,678,849**	**$ 33,713,849**	**$ -**	**0.0%**	

Appendix B to Report No. 020-17FFC

Middlesex-London Health Unit
FACTUAL CERTIFICATE

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

The undersigned hereby certify that, to the best of their knowledge, information and belief after due inquiry, as at March 31, 2017:

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

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

2. The Middlesex-London Health Unit has remitted to the Ontario Municipal Employees Retirement System (OMERS) all funds deducted from employees along with all employer contributions for these purposes.

3. The Middlesex-London Health Unit is in compliance with all applicable Health and Safety legislation.

4. The Middlesex-London Health Unit is in compliance with applicable Pay Equity legislation.

5. The Middlesex-London Health Unit has not substantially changed any of its accounting policies or principles since January 1, 2015 with the exception of increasing the signing authority amounts for Program Managers from to $1,250 to $2,500, and for Directors increasing from $10,000 to $15,000.

6. The Middlesex-London Health Unit reconciles its bank accounts regularly and no unexpected activity has been found.

7. The Middlesex-London Health Unit has filed all information requests within appropriate deadlines.

8. The Middlesex-London Health Unit is in compliance with the requirements of the Charities Act, and the return for 2015 has been filled. (due by June 30th each year).

9. The Middlesex-London Health Unit has been named in a complaint to the Human Rights Tribunal of Ontario by a former student. The hearing has been completed however we are still awaiting a decision.

10. The Middlesex-London Health Unit is currently defending an order under section 22 of the *Health Protection & Promotion Act.* (an order by M.O.H. re: communicable disease).

11. The Western Fair has issued a Third Party claim including the Health Unit involving an alleged infection with Q-fever bacteria while at Western Fair in 2011. The claim is being defended by City Legal Services as they were the insurer at the time. City Legal Services has indicated that there is no exposure to a financial claim for the Health Unit.

12. The Middlesex-London Health Unit is fulfilling its obligations by providing services in accordance with our funding agreements, the Health Protection & Promotion Act, the Ontario Public Health Standards, the Ontario Public Health Organizational Standards and as reported to the Board of Health through reports including but not limited to:
    - Quarterly Financial Updates;
    - Annual Audited Financial Statements;
    - Annual Reporting on the Accountability Indicators;
    - Annual Planning and Budget Templates; and
    - Information and Information Summary Reports.

Dated at London, Ontario this 4th day of May, 2017

Dr. Gayane Hovhannisyan
Acting Medical Officer of Health

John Millson
Associate Director, Finance

Laura Di Cesare
Acting Chief Executive Officer

MIDDLESEX-LONDON HEALTH UNIT

REPORT NO. 021-17FFC

TO: Chair and Members of the Finance & Facilities Committee

FROM: Laura Di Cesare, Acting Chief Executive Officer

DATE: 2017 May 04

FINANCE POLICY REVIEW

Recommendation

It is recommended that the Finance & Facilities Committee:

1) ***Receive Report No. 021-17FFC for information; and***
2) ***Review and provide the Governance Committee with any amendments to the proposed policies attached as Appendix B to Report No. 021-17FFC.***

Key Points

- The Finance & Facilities Committee, at the direction of the Governance Committee, is responsible for the applicable finance policies as outlined in the by-law and policy model.
- The updated by-law and policy model is based on Mr. Graham Scott's session on Critical Elements of Board Governance, which was held November 2015.
- A comprehensive review, revision and development process began in November 2016 and will continue throughout 2017. Review of policies is ongoing and happens at least every two years for each policy.

Background

An updated by-law and policy model for the Board of Health was recommended at the April 2016 Governance Committee (GC) meeting. This policy model incorporates governance best practices from the Ontario Public Health Organizational Standards and Mr. Graham Scott's session on Critical Elements of Board Governance. A summary of the by-law and policy model, the review, revisions and developments completed to date, and the planned reviews for 2017 can be found in Appendix A.

Finance & Facilities Committee Review

The GC passed two motions to forward applicable policies to the Finance & Facilities Committee (FFC). These policies, referred to the FFC at the GC's March and April meetings, can be found in Appendix B. It is incumbent upon the committee to review the attached policies to ensure that they align with the mandate and purpose of the FFC and operationalize best practices for the management of the Board of Health.

Next Steps

The FFC may now review the applicable policies forwarded by the GC and suggest amendments. Once the FFC has completed its review, the policies will be forwarded by the GC to the Board of Health for approval. Additional policies will be brought forward to FFC throughout 2017, as described in Appendix A.

This report was prepared by the Strategic Projects Team, Corporate Services Division.

Laura Di Cesare
Acting Chief Executive Officer

Appendix A to Report No. 021-17FFC

FOR REVIEW

Governance Manual By-laws & Policies

May 04, 2017

Policy #	Section	Policy & Appendices	Status	Summary of Changes / Next Steps
G-000	**Board of Health**	By-law, Policy and Procedures ➢ Appendix A - Development and Review Process ➢ Appendix B - Development and Review Checklist ➢ Appendix C - Development and Review Form ➢ Appendix D - Development and Review Change Table ➢ Appendix E - Archiving Process	Approved	• To be reviewed before December 2018
G-B10	**By-Laws**	By-law #1 - Management of Property	Approved	• To be reviewed before December 2018
G-B20	**By-Laws**	By-law #2 - Banking & Finance	Approved	• To be reviewed before December 2018
G-B30	**By-Laws**	By-law #3 - Proceedings of the Board of Health	Approved	• To be reviewed before December 2018
G-B40	**By-Laws**	By-law #4 - Duties of the Auditor	Approved	• To be reviewed before December 2018
G-010	**Strategic Direction**	Strategic Planning	Approved	• To be reviewed before December 2018
G-020	**Leadership and Board Management**	MOH / CEO Direction	Approved	• To be reviewed before December 2018
G-030	**Leadership and Board Management**	MOH / CEO Position Description ➢ Appendix A – MOH / CEO Position Description	Approved	• To be reviewed before December 2018
G-040	**Leadership and Board Management**	MOH / CEO Selection and Succession Planning	Deferred	• To be reviewed by governance at June meeting • Requires additional background work and research
G-050	**Leadership and Board Management**	MOH / CEO Performance Appraisal ➢ Appendix A - Performance Appraisal Process ➢ Appendix B - Performance appraisal check-list ➢ Appendix C - Main performance appraisal form to be completed by the appraisers and the MOH / CEO ➢ Appendix D - Stakeholder performance appraisal tools process outline ➢ Appendix E - Sample email and performance appraisal questions for Board of Health members ➢ Appendix F - Sample email and performance appraisal questions for Direct Reports	Approved	• To be reviewed before December 2018

Policy #	Section	Policy & Appendices	Status	Summary of Changes / Next Steps
		➢ Appendix G - Sample email and performance appraisal questions for Community Partners		
G-060	**Leadership and Board Management**	MOH / CEO Compensation	Q4 – 2017	• TBD
G-070	**Leadership and Board Management**	MOH / CEO Reimbursement and Travel	Q4 – 2017	• TBD
G-080	**Program Quality and Effectiveness**	Occupational Health and Safety - Framework	Deferred	• To be reviewed by governance at June meeting • Requires additional background work and research
G-090	**Program Quality and Effectiveness**	Quality Improvement - Framework	Q4 – 2017	• TBD
G-100	**Program Quality and Effectiveness**	Privacy & Security of Information ➢ Appendix A - Municipal Freedom of Information and Protection of Privacy Act Declaration	For GC Review	• New policy
G-110	**Program Quality and Effectiveness**	Performance Monitoring	Q3 – 2017	• TBD
G-120	**Program Quality and Effectiveness**	Risk Management	For GC Review	• New policy
G-130	**Program Quality and Effectiveness**	Ethics	Q3 – 2017	• TBD
G-140	**Program Quality and Effectiveness**	Respect for Diversity	Q3 – 2017	• TBD
G-150	**Program Quality and Effectiveness**	Complaints	Q3 - 2017	• TBD
G-160	**Program Quality and Effectiveness**	Jordan's Principle	Approved	• To be reviewed before December 2018
G-170	**Financial and Organizational Accountability**	Financial Objectives	-	• Content for this policy has been detailed in G-180 and is no longer necessary

Policy #	Section	Policy & Appendices	Status	Summary of Changes / Next Steps
G-180	**Financial and Organizational Accountability**	Financial Planning and Performance	For FFC Review	• New policy
G-190	**Financial and Organizational Accountability**	Asset Protection	For FFC Review	• Revised from previously existing administrative policy • Recommend to GC for BOH approval
G-200	**Financial and Organizational Accountability**	Approval and Signing Authority	Approved	• To be reviewed before December 2018
G-210	**Financial and Organizational Accountability**	Borrowing and Investing	For FFC Review	• New policy • Recommend to GC for BOH approval
G-220	**Financial and Organizational Accountability**	Contractual Services ➢ Appendix A – Approval Directory	Approved	• To be reviewed before December 2018
G-230	**Financial and Organizational Accountability**	Procurement ➢ Procurement Protocols	Approved	• To be reviewed before December 2018
G-240	**Financial and Organizational Accountability**	Tangible Capital Assets	For FFC Review	• Revised from previously existing administrative policy • Recommend to GC for BOH approval
G-250	**Financial and Organizational Accountability**	Reserve and Reserve Funds	For FFC Review	• Revised from previously existing administrative policy • Recommend to GC for BOH approval
G-310	**Financial and Organizational Accountability**	Corporate Sponsorship	For FFC Review	• Replaces policy 4-070 • Recommend to GC for BOH approval
G-320	**Financial and Organizational Accountability**	Donations	For FFC Review	• Replaces policy 4-160 • Recommend to GC for BOH approval
G-330	**Financial and Organizational Accountability**	Gifts and Honorariums	For FFC Review	• Replaces policy 4-055 • Recommend to GC for BOH approval
G-410	**Financial and Organizational Accountability**	Board Member Remuneration	For FFC Review	• New policy • Recommend to GC for BOH approval

Policy #	Section	Policy & Appendices	Status	Summary of Changes / Next Steps
G-420	**Financial and Organizational Accountability**	Travel Reimbursement	For FFC Review	• New policy • Recommend to GC for BOH approval
G-260	**Board Effectiveness**	Governance Principles and Board Accountability	For GC Review	• New policy
G-270	**Board Effectiveness**	Roles and Responsibilities of the Board of Health ➢ Appendix A- Board of Health Members ➢ Appendix B- Board of Health Chair & Vice Chair ➢ Appendix C- Board of Health Secretary-Treasurer	Approved	• To be reviewed before March 2019
G-280	**Board Effectiveness**	Board Size and Composition	Approved	• To be reviewed before March 2019
G-290	**Board Effectiveness**	Standing and Ad Hoc Committees ➢ Appendix A - Governance Committee Terms of Reference ➢ Appendix B - Governance Committee Reporting Calendar ➢ Appendix C – Finance and Facilities Committee Terms of Reference ➢ Appendix D – Finance and Facilities Committee Reporting Calendar	Approved	• To be reviewed before March 2019
G-300	**Board Effectiveness**	Board of Health Self- Assessment ➢ Appendix A – Board of Health Self-Assessment Tool	Approved	• To be reviewed before March 2019
G-350	**Board Effectiveness**	Nominations and Appointments to the Board of Health	Approved	• To be reviewed before March 2019
G-360	**Board Effectiveness**	Resignation and Removal of Board Members	Q3 - 2016	• TBD
G-370	**Board Effectiveness**	Board of Health Orientation and Development	Approved	• To be reviewed before March 2019
G-380	**Board Effectiveness**	Conflicts of Interest & Declaration ➢ Declaration Form	Being reviewed by legal	• New policy
G-390	**Board Effectiveness**	Code of Conduct ➢ Appendix A – Corporate Code of Conduct	Q3 – 2017	• TBD

Policy #	Section	Policy & Appendices	Status	Summary of Changes / Next Steps
		➢ Appendix B – BOH Code of Conduct		
G-430	**Communications and External Relations**	Advocacy	Q4 – 2017	• TBD
G-440	**Communications and External Relations**	Community Engagement	Q4 – 2017	• TBD
G-450	**Communications and External Relations**	Relationship with the Ministry of Health and Long-Term Care and Local Health Integration Network	Q4 – 2017	• TBD
G-460	**Communications and External Relations**	Relationships with Other Health Service Providers and Key Stakeholders	Q4 – 2017	• TBD
G-470	**Communications and External Relations**	Annual Report	Approved	• To be reviewed before March 2019
G-480	**Communications and External Relations**	Media Relations	Approved	• To be reviewed before March 2019
G-490	**Communications and External Relations**	Board of Health Reports ➢ Appendix A – Board of Health Report Template ➢ Appendix B – Governance Report Template ➢ Appendix C – Finance and Facility Report Template	Approved	• To be reviewed before March 2019

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GOVERNANCE MANUAL

SUBJECT:	Financial Planning and Performance	**POLICY NUMBER:**	**G-180**
SECTION:	Financial and Organizational Accountability	**PAGE:**	1 of 3

IMPLEMENTATION:		**APPROVAL:**	Board of Health
SPONSOR:	MOH / CEO	**SIGNATURE**:	
REVIEWED BY:	Finance and Facilities Committee	**DATE**:	

PURPOSE

To ensure that Health Unit budgeting and financial practices are performed in a fiscally responsible manner and that processes are in place that allow for responsible financial controls and the ability to demonstrate organizational performance.

POLICY

The Secretary-Treasurer prepares and controls the Annual Budget under the jurisdiction of the Board of Health and prepares financial and operating statements for the Board of Health in accordance with Ministry of Health and Long-Term Care policies and Public Sector Accounting Board Guidelines. The Finance and Facilities Committee (FFC) of the Board of Health reviews and recommends the annual budget for Board of Health approval. Additional financial planning and performance tools and processes include Planning and Budget Templates (PBTs), Program Budgeting Marginal Analysis (PBMA), quarterly financial reporting, one-time funding requests, and the factual certificate.

PROCEDURE

Fiscal Year

The fiscal year of the Health Unit is January 1 to December 31 for all mandatory programs and any programs funded in whole or in part, by municipalities. For programs funded by other agencies, the fiscal year shall be determined by the agency providing funding.

Annual Budget Preparation

The annual budget will be developed based on a variety of factors including strategic directions, provincial and / or municipal guidance, previous years' base budgets, community need, new funding or legislative requirements. Budget planning and performance reporting is the responsibility of the Directors, Managers and other staff who manage budgets. The budget planning and approval cycle is attached as Appendix A. The planning and approval cycle has the following components:

1. **Planning and Budget Templates**

These templates integrate: (A) A summary of the team program, (B) Applicable health standards, legislation or regulations, (C) Components of the team program, (D) Performance/service level measures, (E) Staffing costs, (F) Expenditures, (G) Funding Sources,

(H) Key highlights planned, (I) Pressures and challenges, and (J) Recommended enhancements, reductions and efficiencies.

2. Program Budgeting Marginal Analysis

Program Budgeting Marginal Analysis (PBMA) is a criteria-based budgeting process that facilitates reallocation of resources based on maximizing service. This is done through the transparent application of pre-defined criteria and decision-making processes to prioritize where proposed funding investments and disinvestments are made.

3. Quarterly Financial Reporting

Health Unit staff provide financial analysis for each quarter and report the actual and projected budget variance as well as any budget adjustments, or noteworthy items that that have arisen since the previous financial update that could impact the Middlesex-London Health Unit budget.

4. One-time Funding Requests

One-time funding request may be used for to non-reoccurring expenditures or to temporarily enhance program objectives. Requests should be made during the budget preparation process or in certain circumstances within the budget year, by making application to the provincial government for one-time funding. If the request is made after budget preparation and approval, the divisional Director must agree to the need for the request before the application process is initiated. Once the need is established, the approval of the request will follow the policy G-200 Signing Authority based on the total value of the request.

5. Factual Certificate

Health Unit Management completes a factual certificate to increase oversight in key areas of financial and risk management. The certificate process ensures that the Committee has done its due diligence. The certificate is reviewed on a quarterly basis alongside financial updates.

6. Audited Financial Statements

The preparation of the financial statements is the responsibility of the Health Unit's Management and is prepared in compliance with legislation and in accordance with Canadian public sector accounting standards. The Finance & Facilities Committee meets with Management and the external auditors to review the financial statements and discuss any significant financial reporting or internal control matters prior to their approval of the financial statements.

It is a requirement of the Board of Health to provide audited financial reports to various funding agencies for programs that are funded from April 1st – March 31st each year. The purpose of this audited report is to provide the agencies with assurance that the funds were expended for the intended purpose. The agencies use this information for confirmation and as a part of their settlement process.

These programs are also reported in the main audited financial statements of the Middlesex-London Health Unit which is approved by the Board of Health. This report includes program

revenues and expenditures of these programs during the period of January 1st to December 31st.

RELATED POLICIES

G-200 Approval & Signing Authority

REVISION DATES (* = major revision)**:**

SUBJECT:	Asset Protection	**POLICY NUMBER:**	**G-190**
SECTION:	Financial and Organizational Accountability	**PAGE:**	1 of 2

IMPLEMENTATION:		**APPROVAL:**	Board of Health
SPONSOR:	MOH / CEO	**SIGNATURE**:	
REVIEWED BY:	Finance and Facilities Committee	**DATE**:	

PURPOSE

To ensure that Health Unit assets, Board of Health members, employees, students, volunteers and any other persons legally engaged on the behalf of the Health Unit are adequately insured against physical damage and / or injury and errors and omissions.

POLICY

The Board of Health shall ensure that assets are reasonably protected and not placed at unnecessary risk or liability.

PROCEDURE

The Board of Health shall ensure that:

- Reasonable insurance coverage against fire, theft, casualty losses, with an appropriate deductible is maintained.
- Reasonable insurance coverage against liability losses for Board of Health members, employees, students, volunteers and any other persons legally engaged on the behalf of the Health Unit is maintained.
- Reasonable insurance coverage against losses due to errors and omissions for Board of Health members, employees, students, volunteers and any other persons legally engaged on the behalf of the Health Unit is maintained.
- Where risks are known, the Health Unit actively mitigates these risks through planning and policy development (e.g. building security planning).

Review of Insurance Coverage
The Associate Director, Finance or designate reviews all insurance policies annually with insurance professionals representing the Board of Health. The Associate Director, Finance or designate presents any substantive changes in these policies to the Finance and Facilities Committee of the Board of Health for their approval.

Request for Proof of Insurance – Insurance Certificates
From time to time, staff may be required to provide proof of the Health Unit's insurance, for example for renting facilities and equipment.

Staff must submit the request to the Associate Director, Finance or designate 10 business days prior to the date required by the 3rd party. The request should detail the following:

- Date of the event
- The location and description of the event
- The 3rd party contact information including name, address and fax number

The Associate Director, Finance or designate will liaise with the insurance agent to fill the request, and ensure the 3rd party receives a copy of the insurance certificate.

The Associate Director, Finance or designate will keep all Insurance Certificates, and may provide a copy to the requestor if required.

REVISION DATES (* = major revision)**:**
1992-09-23
1997-09-25
2000-06-31
2005-03-02
2008-10-30
2014-06-01

SUBJECT:	Borrowing and Investing	**POLICY NUMBER:**	**G-210**
SECTION:	Financial and Organizational Accountability	**PAGE:**	1 of 2

IMPLEMENTATION:		**APPROVAL:**	Board of Health
SPONSOR:	MOH / CEO	**SIGNATURE**:	
REVIEWED BY:	Finance and Facilities Committee	**DATE**:	

PURPOSE

The purpose of the investment and borrowing policy is to set out a framework for investing and borrowing activities of public health funds while meeting the objectives of the Board of Health and related statutory and contractual requirements.

POLICY

The Board of Health may borrow funds to meet expenditures of the Health Unit when deemed necessary. In regards to investments, the Health Unit shall adhere to the following guiding principles in the consideration, purchase, disposal and administration of any Board of Health held investments: a) Adherence to statutory requirements, b) Preservation of capital, c) Liquidity, d) Diversification and e) Yield.

PROCEDURE

Borrowing

The Chair of the Board and the Secretary-Treasurer, following a majority vote of the Board of Health, are authorized on behalf of the Board to borrow, from time to time, by way of promissory note, mortgage, or other suitable debt instrument from a registered chartered bank, trust company or credit union to meet Health Unit expenditures. The Board may delegate to the Medical Officer of Health / Chief Executive Officer the exercise of this power on the behalf of the Board in such manner as the Board may determine by Board resolution.

Investing

The following principles will be considered for the purchase, disposal, and administration of Health Unit investments:

a) **Adhere to Statutory Requirements**

All investment activities shall be in compliance with the relevant sections of any applicable legislation, related regulations, and applicable funding agreements.

b) **Preservation of Capital**

Safety of principal is a primary objective of the investment portfolio. Investments shall be undertaken in a manner that seeks to ensure the preservation of capital in the overall portfolio.

c) **Liquidity**

The investment portfolio shall remain sufficiently liquid to meet all operating or cash flow requirements and limit temporary borrowing requirements. Furthermore, since all possible cash

demands cannot be anticipated, the portfolio shall consist largely of securities with active secondary or resale markets.

d) **Diversification**
The portfolio shall be diversified by asset class, issuer type, credit rating and by term to the extent possible, given legal and regulatory constraints.

e) **Yield**
The Health Unit shall maximize the net rate of return earned on the investment portfolio, without compromising the other objectives listed previously. Investments are generally limited to relatively low risk securities in anticipation of earning a fair return relative to the assumed risk.

APPLICABLE LEGISLATION

Health Protection and Promotion Act, R.S.O. 1990, c. H.7
Municipal Act, 2001, S.O. 2001, c. 25

RELATED POLICIES

By-law #2 Banking and Finance

SUBJECT:	Tangible Capital Assets	**POLICY NUMBER:**	**G-240**
SECTION:	Financial and Organizational Accountability	**PAGE:**	1 of 5

IMPLEMENTATION:		**APPROVAL:**	Board of Health
SPONSOR:	MOH / CEO	**SIGNATURE**:	
REVIEWED BY:	Finance and Facilities Committee	**DATE**:	

PURPOSE

The purpose of this policy is to prescribe the accounting treatment for tangible capital assets so that investments in property, plant and equipment are reflected on the Health Unit's financial statements in order to comply with Section 3150 of the Public Sector Accounting Board (PSAB) Handbook.

POLICY

The principle issue regarding tangible capital assets (TCA) is the recognition of the assets and the determination of amortization charges. This policy sets forth how the Health Unit gathers and maintains information needed to prepare financial statements in regards to tangible capital assets.

PROCEDURE

Capitalization and Asset Categories:
Tangible capital assets should be capitalized (recorded in the fixed asset sub-ledger) according to the following thresholds per year:

Categories	***Useful Life***	***Thresholds***
Land	Capitalize Only	All
Buildings	40 years	$50,000
Building Betterments • Roof • Interior Renovations • Heating, Ventilation and Cooling Systems	 20 years 10 years 10 years	 $15,000 $5,000 $5,000
Computer Systems (pooled hardware, software)	4 years	$10,000
Motor Vehicle	5 years	$10,000
Furniture and Equipment (pooled)	7 years	$10,000

*The Health Unit must have legal title to the assets in order for the asset to qualify as a capital asset.

Valuation of Assets
Tangible capital assets should be recorded at cost plus all ancillary charges necessary to place the asset in its intended location and condition for use.

1. **Purchased assets**
The cost is the gross amount paid to acquire the asset and includes all non-refundable taxes and duties, freight and delivery charges, installation and site preparation costs etc., net of any trade discounts or rebates.

The cost of land includes purchase price plus legal fees, land registration fees, transfer taxes etc. Costs would include any costs to make the land suitable for intended use such as demolition and site improvements that become part of the land.

2. **Acquired, Constructed or Developed Assets**
The cost includes all costs directly attributable (e.g. construction, architectural and other professional fees) to the acquisition, construction or development of the asset. Capitalization of general administrative overhead is not permitted.

3. **Donated or Contributed Assets**
The cost of donated or contributed assets is equal to the fair value at the date of construction or contribution. Fair value may be determined using market or appraisal values. Cost may be determined by an estimate of replacement cost.

Componentization
Tangible capital assets may be accounted for using either the single asset or component approach. Whether the component approach is to be used will be determined by the usefulness of the information versus the cost of collecting and maintaining information at the component level.

Factors to consider when determining whether to use a component approach include:

a) Major components have significantly different useful lives and consumption patterns than the related tangible capital asset.
b) The value of the components in relation to the related capital tangible capital asset.

Amortization
The cost, less any residual value, of a tangible capital asset with a limited life should be amortized over its useful life in a rational and systematic manner appropriate to its nature and use. (PSAB 3150.22)

Amortization should be accounted for as an expense in the statement of operations. A record is still required for assets still in use, but already fully amortized. Amortization does not commence until the asset is available for use. In the year an asset is put into service, half of the applicable amortization is expensed. The method of asset amortization, threshold levels and estimated useful life will be reviewed on an annual basis.

Disposal
Managers should notify the Associate Director, Finance when assets become surplus to operations. Disposal procedures for capital assets will be in accordance with Health Unit Procurement Policy.

Capital Leases
Any capital lease shall be accounted for in the same manner as acquiring a capital asset.

Reporting
PSAB 3150.40 requires that the financial statements should disclose, for each major category of tangible capital assets and in total:

a) Cost at the beginning of the period
b) Additions in the period
c) Disposals in the period
d) The amount of any write-downs in the period
e) The amount of amortization of the costs of tangible capital assets for the period
f) Accumulated amortization at the beginning and end of the period and
g) Net carrying amount at the beginning and end of the period.

Method for determining initial cost of each asset category:
Where feasible, an inventory of all assets will be conducted. A master list of assets will be created, identified by category and updated as assets are acquired or disposed of. Assets which are old and still in use past their normal amortization period will still be recorded.

Other Valuation:
Where possible and where the age of the capital asset is identified as being within 7 years (legislated retention period) historical cost will be determined from accounting records. In the absence of historical records, or where the cost and effort required to perform the appropriate research may outweigh the benefits, current replacement costs, discounted to the year of acquisition or construction, will be used. CPI rates will be used for discounting purposes. For buildings, historical values will be determined by a professional engineering firm. A consistent method of estimating the costs will be applied except where it can be demonstrated that a different method would provide a more accurate estimate of the cost.

Future capital assets will be recorded at cost. Contributed capital assets will be recorded at fair value at the time of contribution.

Definitions

Tangible Capital Assets: are non-financial assets having physical substance that:

a) Are used on a continuing basis in the Health Unit's operations
b) Have useful lives extending beyond one year
c) Are not held for re-sale in the ordinary course of operations.

Amortization: is the accounting process of allocating the cost less the residual value of a tangible capital asset to operating periods as an expense over its useful life. (Also referred to as depreciation.)

Betterments: are subsequent expenditures on tangible capital assets that:

- Increase service capacity
- Lower associated operating costs
- Extend the useful life of the asset
- Improve the quality of the asset

These costs are included in the tangible capital asset's cost. Any other expenditure would be considered a repair or maintenance and expensed in the period in which the expense was incurred.

Capital lease: is a lease with contractual terms that transfer substantially all the benefits and risks inherent in ownership of property to the Health Unit. One or more of the following conditions must be met:

a) There is reasonable assurance that the Health Unit will obtain ownership of the leased property by the end of the lease term
b) The lease term is of such duration that the Health Unit will receive substantially all of the economic benefits expected to be derived from the use of the leased property over its life span.
c) The lessor would be assured of recovering the investment in the leased property and of earning a return on the investment as a result of the lease agreement.

Capitalization threshold: is the minimum amount that expenditures must exceed before they are capitalized and are reported on the balance sheet of the financial statements. Items not meeting the threshold would be recorded as an expense in the period in which the expense was incurred.

Group Assets (pooling): have an individual value below the capitalization threshold but have a material value as a group. Although recorded in the financial systems as a single asset, each unit may be recorded in the asset sub-ledger for monitoring and control of its use and maintenance. Examples could include computers, furniture and fixtures, small moveable equipment etc.

Useful Life: is the shortest of the asset's physical, technological, commercial or legal life.

APPLICABLE LEGISLATION

Public Sector Accounting Board (PSAB) Handbook

REVISION DATES (* = major revision)**:**
2010-01-01

SUBJECT:	Reserve and Reserve Funds	**POLICY NUMBER:**	**G-250**
SECTION:	Financial and Organizational Accountability	**PAGE:**	1 of 2

IMPLEMENTATION:		**APPROVAL:**	Board of Health
SPONSOR:	MOH / CEO	**SIGNATURE**:	
REVIEWED BY:	Finance and Facilities Committee	**DATE**:	

PURPOSE

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

POLICY

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

PROCEDURE

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

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

Establishment of Reserves and Reserve Funds
Any reserve and reserve fund will be established by resolution of the Board of Health which will provide the purpose or use, maximum contributions, and expected timelines for contributions and drawdowns. A list of Health Unit reserve and reserve funds is attached as Appendix A

Any reserve or reserve fund is to be held in accordance to Policy G-210 Investment and Borrowing with the same signing officers as other Health Unit bank accounts.

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

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

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

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

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

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

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

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

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

REVISION DATES (* = major revision)**:**
2014-11-20

Middlesex-London Health Unit

Reserve / Reserve Fund Summary

Funding Stabilization Reserve

Purpose:

The Funding Stabilization Reserve Fund is required to ensure the ongoing financial stability and fiscal health of the Board. Generally, the use of these funds falls within these three categories:

1) ***Operating and Environmental Emergencies*** – highest priority and are based on public safety and demand nature of the expenditure.
2) ***Revenue Stability and Operating Contingency*** - intended to stabilize the impacts of cyclical revenue downturns and operating cost increases that are largely temporary and not within the Health Unit's ability to adjust in the short-term.
3) ***Innovation*** – incentive to encourage creativity and innovation, funds maybe be used to explore innovative and creative solutions directed towards making the Health Unit more efficient and effective.

Fund Limit:

Total fund balance not to exceed 10% of gross revenues in any given year.

Maximum Yearly Contribution:

Annual contributions to the fund should not exceed 2% of gross revenues in the year the contribution is made.

Expected Contribution / Withdrawals:

None.

Dental Treatment Reserve Fund

Purpose:

The reserve fund was established with proceeds from the sales of assets as a result of closure of the various clinics throughout the City of London as a result in a change in policy from the Ontario Works program. The purpose of the fund are to fund annual deficits (if any) from operations and ultimately for future obligations relating to a closure of the Dental Treatment Clinic.

Fund Limit:

Total fund balance should not exceed the anticipated closing costs for the dental clinic. It is estimated to be $250,000 (2014).

Maximum Yearly Contribution:

Maximum yearly contribution is set at the annual surplus from operations (if any).

Expected Contribution / Withdrawals:

- Potentially the annual amount of any operating shortfall.

Sick Leave Reserve Fund

Purpose:

The reserve fund was established and contributions made, as a result of the OMERS rate holiday. Employees hired prior to January 1, 1982 are entitled to accumulate and receive payment upon retirement of up to six month's salary of unused sick leave credits. Funds are to be applied to payment of this obligation or liability.

Fund Limit:

The total fund balance should equal the estimated liability as per the audited financial statements for the Middlesex-London Health Unit.

Maximum Yearly Contribution:

Annually contributions may be required for increases in the liability due to salary increases and accumulation of additional sick credits for employees with balances less than the maximum payout.

Expected Contributions / Withdrawals:

Withdrawals occur from time to time when qualified employees retire.

Environmental Reserve – Septic Tank Inspections

Purpose:

This reserve funds was established to cover possible future settlements of outstanding lawsuits against the Middlesex-London Health Unit due to inspections of septic installations under what is now the Part 8 of the Building Code.

The lawsuits generally relate to the claim of faulty septic tank installations. Often Middlesex-London Health Unit was named in the lawsuit as the Public Health Inspector inspected the installation. Middlesex-London Health Unit has not performed this work since around 1994.

Fund Limit

The total fund balance should equal the estimated liability as per the audited financial statements for the Middlesex-London Health Unit.

Maximum Yearly Contribution:

Annually contributions would be restricted to the increase in the liability.

Expected Contributions / Withdrawals:

None.

Technology & Infrastructure Reserve Fund

Purpose:

The Technology and Infrastructure Reserve is established to create a funding source for buildings and infrastructure capital projects, new equipment purchases and capital replacement programs. Use of the reserve is restricted to the following types of purchases:

- Major construction, acquisition, or renovation activities as approved by the Board of Health
- Major purchases of Information Technology software or hardware.
- Vehicle, furniture and/or equipment replacement

Fund Limit:

$ 2 million

Maximum Yearly Contribution:

Annual contributions = $250,000

Expected Contributions / Withdrawals:

$250,000 (Contribution)

Employment Costs Reserve Fund

Purpose:

Contributions are available to maintain services by alleviating the impact of the growth of wages and/or benefits and other related employment costs.

Fund Limit:

$200,000

Maximum Yearly Contribution:

Annual contributions = $200,000

Expected Contributions / Withdrawals:

None

SUBJECT:	Corporate Sponsorship	**POLICY NUMBER:**	**G-310**
SECTION:	Financial and Organizational Accountability	**PAGE:**	1 of 4

IMPLEMENTATION:	September 25, 1997	**APPROVAL:**	Board of Health
SPONSOR:	MOH / CEO	**SIGNATURE**:	
REVIEWED BY:	Finance and Facilities Committee	**DATE**:	

PURPOSE

The MLHU welcomes and encourages sponsorship to advance the work of the organization. The purpose of this policy is to provide guidelines to maximize revenue opportunities while safeguarding the Health Unit's corporate values, image, reputation, assets and interests.

POLICY

In this policy, "sponsorship" refers to a mutually agreed to arrangement, prepared in writing, between the Health Unit and an external party (organization or individual referred to as the "sponsor") where the sponsor contributes money, goods or services to a Health Unit facility, program, project or special event in return for recognition, acknowledgement, or other promotional considerations or benefits.

This policy excludes donations, gifts in-kind or advice where no business relationship or association is contemplated or is required and where not reciprocal consideration is being sought. Refer to Donations Policy.

Reputational Risk

Conflict of Interest

The policy applies to all Staff / Board Members, and all relationships between the Health Unit and the sponsor. Staff / Board Members must not receive direct professional, personal or financial gain from an affiliation with the sponsor. The Health Unit must be vigilant at all times to avoid any real or apparent conflict of interest in accepting sponsorships.

Brand Preservation

The sponsorship must enhance, not impede, the Health Unit's ability to act in the best interest of the public. Agreements shall not in any way invoke future consideration, influence or be perceived to influence the day to day operations of the Health Unit. The Health Unit will maintain complete control of all funds provided from sponsors. The Health Unit's intangible intellectual assets, including name and logo, will be protected at all times. Sponsors will not be permitted to use Health Unit's name or logo for any commercial purpose or in connection with the promotion of any product. The Health Unit will not provide product or service endorsements or allow commercial product promotions. Use of the MLHU by other agencies must be approved by Communications.

The Health Unit aims to preserve and protect its image and reputation at all times, and therefore, will not solicit or accept sponsorship from companies whose products or services are

inconsistent with MLHU's mission, vision, values or health promotion messaging. Under no circumstances will corporations in the production or distribution of breast milk substitutes be considered for sponsorship. Consideration can be given to subsidiary companies as long as the parent company is not promoted.

The Health Unit reserves the right to reject any unsolicited sponsorships that have been offered, and to refuse to enter into agreements for any sponsorships that may have originally been solicited by the Health Unit.

PROCEDURE

Impact Assessment
There may be legal, administrative, professional practice or other considerations (e.g. labour relations, budget, resourcing, health promotion messaging etc.) that should be reviewed and clarified before entering into any type of sponsorship agreement. Refer to Appendix A Corporate Sponsorship Assessment Form.

Sponsorship Agreement

Approval
All sponsorship opportunities must be reviewed by the Division Director with consultation as appropriate, before any agreement is signed. The Signing Authority Policy governs the approvals required for the execution of any sponsorship agreement. All sponsorships regardless of their value must have a signed agreement, which clearly outlines the responsibilities of all parties.

Multi-Year Agreements
Sponsorship agreements that are entered into, which span greater than one year, are to be evaluated on an annual basis by the Associate Director, Finance to ensure that the criteria have been met, and will continue to be met. Any changes by the Health Unit to the sponsorship agreement will be forwarded to the appropriate authorizing person as per the Signing Authority Policy.

Multi-Party Agreements
When activities are planned in partnership with other organizations, and a sponsorship agreement is involved, consensus about the corporate sponsorship must be achieved among all partners. All parties must sign off on the sponsorship agreement.

Sponsor Recognition
How the sponsor is recognized or acknowledged must be included in the sponsorship agreement.

Solicitation
The solicitation process for sponsorship does not need to follow the competitive procurement process for quotes. Any other situations that are an exception to this Policy will be reviewed by

the Medical Officer of Health and the Board of Health if required. Together, they shall interpret this policy in good faith.

DEFINITIONS

Charitable Donation: A free or philanthropic contribution or gift, usually to a charity or public institution. It could be in the form of goods, services or funds given with expectation of a tax receipt.

Corporate Sponsorship: Is a marketing-oriented, contracted partnership between a corporation and a not-for-profit organization with obligations and benefits to both parties. What distinguishes corporate sponsorship from a charitable donation is the expectation for corporate recognition. A corporation may choose to sponsor an organization on a short or long-term basis by providing funding, goods or services. Corporations may use sponsorship as a deductible business expense. Examples of corporate sponsorship are:

- Donating products for contests
- Printing of materials
- Donating supplies, equipment, food or people
- Providing mailing services
- Funding for specific programs or activities
- Providing meeting space
- Naming rights

Sponsorship Arrangement: Is a business arrangement whereby the partner commits resources (monies and/or in-kind resources) to support a specific project or activity, but does not share in the profits or underlying risks of the project. The partner contributes funds to an event, program or even a capital project and receives a benefit (e.g., specific image and marketing opportunities) from the associated publicity.

Sponsorship Agreement: The document which outlines the terms and conditions of the Sponsorship Arrangement, and outlines the responsibilities of all parties.

Endorsement: A formal and explicit approval or a promotional statement for a product or service of a corporation.

Naming Rights: A type of sponsorship in which an external company, organization, enterprise, association or individual purchases the exclusive right to name an asset or venue (e.g., a library building, sports facility or part of a facility - an ice pad within a multi-pad facility, etc.) for a fixed or indefinite period of time. Usually naming rights are considered in a commercial context, which is that the naming right is sold or exchanged for significant cash and/ or other considerations under a long-term arrangement.

Solicitation: Act or instance of requesting or seeking bid, business, or information.

APPLICABLE LEGISLATION

Not applicable.

RELATED POLICIES

G-330 Gifts and Honorariums
G-200 Signing Authority

REVISION DATES (* = major revision)**:**
September 25, 1997
May 31, 2000
May 16, 2002
March 31, 2014

MIDDLESEX-LONDON HEALTH UNIT
www.healthunit.com

Appendix A
Policy G-310

Governance Policy Manual – Corporate Sponsorship Assessment Form

1. Name of proposed sponsor: _____

   Name of sponsor contact person: _____

   Name of MLHU Contact Person

   (Division Director /Project Staff): _____

2. Any prior philanthropic association with the MLHU?
   Yes ☐ No ☐

   Describe: _____

   _____

   _____

3. What is the nature of the proposed sponsorship?

   Division: _____

   Project or Event: _____

   Describe: _____

   _____

   _____

4. How will this relationship advance the overall health of the community and/or the mission of the MLHU?

   _____

   _____

   _____

5. Is the sponsor's mission and project or service compatible with the Health Unit mission?

   Yes ☐ No ☐

6. Outline any potential conflict of interest.

   _____

   _____

   _____

7. Optimal timing for submission of requests for sponsorship proposal to company.

_____

8. Information on company sponsorship approval process.

_____

9. What does Corporate Sponsor require from MLHU for their approval process?

_____
_____
_____
_____
_____
_____
_____

10. Corporate Sponsor's Annual Report & Strategic Plan obtained:

Yes ☐ No ☐ N/A ☐

11. Has another MLHU Division or project stated an intention to solicit from this sponsor?

Yes ☐ No ☐

12. Probable response to this sponsorship relationship within:

	UNFAVOURABLE	NEUTRAL	FAVOURABLE
The Ministry of Health			
The Community			
Other MLHU Stakeholders			

13. Overall assessment of this sponsorship relationship:

1 2 3 4 5

Not Useful Useful Very Useful

14. According to MLHU policy have appropriate MLHU signators in the MLHU reviewed this Sponsorship Assessment Form?

Yes ☐ No ☐

Comments or Conditions:

_____
_____
_____

15. Division Director if applicable:

Accept ☐ Reject ☐

_____ _____

(name and position) (date)

16. Medical Officer of Health / Chief Executive Officer recommendation if applicable:

Accept ☐ Reject ☐ N/A ☐

_____ _____

(signature and position) (date)

17. Board of Health recommendation if applicable:

Accept ☐ Reject ☐ N/A ☐

_____ _____

(Chair of Board) (date)

18. Assessment form completed by:

_____ _____

(signature and position) (dates)

ATTACH A COPY OF THE PROPOSAL TO/FROM THE SPONSOR TO THIS FORM.

Governance Policy Manual – Corporate Sponsorship Agreement / Contract

BETWEEN:

Middlesex-London Health Unit (the "Health Unit")

AND

The "Corporate Sponsor"

_____

Corporate Name

_____

Address

_____

ACTIVITY:

_____

_____

(Indicate exact manner in which event is to be described)

LOCATION OF ACTIVITY:

_____

DESCRIBE THE DONATION:

_____

PURPOSE

The Corporate Sponsor has agreed to sponsor (the Activity indicated above).

The Agreement sets forth the respective roles, obligations and commitments of the Corporate Sponsor and the Health Unit regarding the Activity.

Each party agrees to observe this Agreement to the best of its ability.

Recognition/Promotion

In all promotional materials and publicity, the Activity will be described as indicated above. Describe the prominence of Health Unit/Corporate Sponsors names and logos in all promotional materials and signage used in connection with the Activity.

Describe content and style of promotion materials.

_____

_____

ADMINISTRATION

1.0 The Corporate Sponsorship Agreement/ Sponsorship Contract addresses the following:

1.1 Insurance Coverage if applicable.
1.2 Responsibilities, liabilities, obligations and benefits of MLHU and Corporate Sponsor.
1.3 Project timelines.
1.4 Describe content and style of promotional materials.
1.5 Commitments to suppliers/others.
1.6 Pricing of participation in the activity.
1.7 Revenue and expenditure budget.
1.8 Frequency of reports re project/program status to Corporate Sponsor.
1.9 Financial Considerations - receipts, proceeds, statements of account (describe the use of proceeds, services in kind and uses of the donation), audit requirements.

2.0 Termination

If the Corporate Sponsor is sponsoring the Activity on a "one time" basis state: "this Agreement will terminate when the Activity is concluded and all obligations with respect thereto have been satisfied".

If the Corporate Sponsor will be sponsoring the Activity on a "continuing" basis state: "this Agreement will continue in force until terminated by either party on at least 30 days prior written notice to the other party".

After termination of this agreement, the Corporate Sponsor will no longer be associated with the Activity. The Health Unit will be entitled to continue, discontinue or modify the Activity as it considers appropriate and the Activity, the name, style and any logos associated with the Activity, excluding any logos of the Corporate Sponsor, will remain the property of the Health Unit.

3.0 Modifications

This Agreement is subject to any additional matters agreed to be the parties described in any appendix attached hereto.

The Middlesex-London Health Unit

_____

Medical Officer of Health **/** Chief Executive Officer

_____

Date

The "Corporate Sponsor"

_____

Per

_____

Date

SUBJECT:	Donations	**POLICY NUMBER:**	**G-320**
SECTION:	Financial and Organizational Accountability	**PAGE:**	1 of 3

IMPLEMENTATION:	March 31, 2014	**APPROVAL:**	Board of Health
SPONSOR:	MOH / CEO	**SIGNATURE**:	
REVIEWED BY:	Finance and Facilities Committee	**DATE**:	

PURPOSE

The Health Unit, while having charitable status, is not in the "business of fundraising" and therefore does not actively solicit donations. However, it may from time to time, receive donations from the public or other organizations. The purpose of this policy is to provide guidance to Health Unit staff on accepting donations that are appropriate, ethical, and consistent with the organization's values; and, on dealing appropriately with donors who have made a donation.

POLICY

Responsibility to MOHLTC
Although MOHLTC encourages agencies to raise funds, ministry funds cannot be used to support fundraising activities (e.g., salary for a fund raiser, supplies, advertising). Any fundraised dollars must be accounted for separately on the agency's audited financial statements. A reasonable amount of time spent at planning meetings is acceptable and would not be considered a fundraising activity.

Responsibility to Donors
The Health Unit must ensure that any donors or prospective donors are treated in an ethical and responsible manner at all times. At no time shall Health Unit staff exert undue pressure or influence on a donor or prospective donor. If there is any perceived conflict of interest with Health Unit staff, when dealing with a donor or prospective donor, that conflict of interest will be declared to the Medical Officer of Health / Chief Executive Officer (MOH / CEO), and the donor or prospective donor will also be made aware of the conflict of interest.

PROCEDURE

Consultation
Health Unit staff will encourage donors to consult with Professional Advisors of their choice, as well as with family members, prior to making a donation to ensure that the donor will not be disadvantaged by the donation.

Restricted Donations
The Health Unit shall, at all times, honour the conditions of donations accepted. Should the purpose for which the donation was made change, every attempt will be made to discuss the change with the donor. If the donor cannot be contacted, the MOH / CEO will realign the use of the donation, meeting as closely as possible, the donor's original intent. If the donor's wish is to

remain anonymous, the Health Unit will maintain anonymity. Otherwise, the Health Unit will ensure that the donor is appropriately recognized.

Receipts
A receipt will be issued to the donor for the value of the donation in accordance with Canada Revenue Agency (CRA) guidelines. All donor information will be kept in accordance with the Health Unit's Privacy Policy.

Accepting Donations
Gifts of Cash, Securities or Real Estate
Donations can be received directly or through bequests. Donations can be for general purposes or can be in support of a specific item, program or service, either capital or operational in nature. The Health Unit can only accept donations that are in the form of cash. Any donations that are in the form of securities or real estate must be declined; however, the donor can be informed that if it converts the securities or real estate into cash, that the Health Unit will accept the donation.

Gifts In-Kind
Gifts in-kind are evaluated and accepted (or declined) based on need, ongoing maintenance requirements, suitability, storage and liability, amongst other criteria. Depending on the donor's wishes, the Health Unit may retain the gift or sell it and use the proceeds where they are needed most.

Canada Revenue Agency Guidelines
According to CRA, it is the donor's responsibility to have the value of the property appraised for receipting purposes. The Health Unit will issue a receipt in accordance with CRA guidelines.

Declining Donations
Health Unit staff shall decline any donation where one or more of the following may be true:

- Restrictions attached to the donation are not consistent with the mission, values or programs of the Health Unit. Under no circumstances will corporations in the production or distribution of breast milk substitutes be considered for receiving donations. Consideration can be given to subsidiary companies as long as the parent company is not promoted.
- Restrictions attached to the donation would cause undue hardship on the Health Unit
- The donor is attempting to unduly influence the Health Unit
- The donation is from illegal sources
- The donation is from a group whose ethics or business practices are inconsistent with the mission, values or programs of the Health Unit
- Donations of material property for which no reliable valuation can be made
- Donations that jeopardize the charitable status of the Health Unit
- Donations with undue physical or environmental hazards associated with them
- Donations that could improperly benefit an individual
- Donations that could harm the reputation of the Health Unit
- Sponsorship

DEFINITIONS

MOHLTC: Ministry of Health and Long Term Care.

Board: Board of Health for the Middlesex-London Health Unit.

Securities: Are equity or debt instruments listed on a public exchange.

Personal Property: Anything that is not cash, securities or real estate. Personal Property includes, but is not limited to, artworks, automotive vehicles, rare books and equipment.

Bequest: Is the act of receiving personal property through a Will.

Restriction: Is a condition imposed on the use of a gift/donation.

Conflict of Interest: Is any event (whether actual or perceived) in which the Health Unit or anyone representing the Health Unit may benefit from knowledge of, or participation in, the acceptance of a donation.

CRA: Canada Revenue Agency.

Donation/Gift (cash): Is a voluntary transfer of personal property from a donor to a donee. The transaction shall not result directly or indirectly in a right, privilege, material benefit or advantage to the donor or to a person designated by the donor.

Gift-in-Kind/In-Kind Gift (not cash): A donation of property, goods or services other than cash. An independent qualified appraiser typically determines the fair market value of the gift.

Professional Advisors: Professionals external to the Health Unit with the ability to provide expert tax, legal or financial planning advice to donors (or prospective donors) on their charitable giving, including lawyers, financial planners, insurance agents, trust professionals, accountants, or investment advisors.

APPLICABLE LEGISLATION

RELATED POLICIES

G-200 Approval and Signing Authority

REVISION DATES (* = major revision)**:**

SUBJECT:	Gifts and Honorariums	**POLICY NUMBER:**	**G-330**
SECTION:	Financial and Organizational Accountability	**PAGE:**	1 of 2

IMPLEMENTATION:		**APPROVAL:**	Board of Health
SPONSOR:	MOH / CEO	**SIGNATURE**:	
REVIEWED BY:	Finance and Facilities Committee	**DATE**:	

PURPOSE

This policy addresses what is an acceptable gift/honorarium for Staff / Board Members to receive when acting in their capacity as Health Unit employees / public health professionals / members of the Middlesex-London Board of Health.

This policy applies to full time, part time and contract employees and Board Members unless otherwise stated. This policy applies at all times, whether during a traditional gift-giving season or not.

POLICY

Gifts/Gratuities

The giving of personal gifts of nominal value, on an occasional basis, is a common practice in building and maintaining business / client relationships. Suppliers, business associates and others with whom the Health Unit has professional relationship may from time to time provide staff with tokens of appreciation. Staff / Board Members may accept gifts of small intrinsic value if they are an appropriate common expression of courtesy or appreciation within normal standards of hospitality, all others must be declined All gifts must be reported to the employee's supervisor, or in the case of a Board Member, the Secretary-Treasurer of the Board of Health.

Gifts or other favours that could in any way influence or appear to influence business decisions are not an acceptable practice of the Health Unit and should not be accepted.

Honorariums

As part of their public service, Staff / Board Members may prepare and/or deliver health unit-related programs or information to community organizations. In these situations, the receiving organization may provide a nominal amount of remuneration to the Health Unit Staff / Board Members, in appreciation and recognition of the service delivered. Honorarium payments can be in the form of gift or gift cards and must be limited to a maximum value of $500. Notable exceptions might be for a distinguished or recognized professional key note address at a major event, conference or fundraising activity. When an honorarium is received, the employee will turn the funds over to their immediate supervisor, or in the case of a Board Member, the Secretary-Treasurer of the Board of Health.

Funds will be used to purchase resources within the Division, or the Board expenses budget. Canada Revenue Agency regulations state that honorariums exceeding $500 cumulatively in one calendar year are to be considered a taxable benefit and subject to a T4A.

PROCEDURE

Notification & Documentation of Gifts and Honorariums

For the purposes of an audit, all gifts or honorariums (regardless of value) received by Staff / Board Members should be appropriately documented, including the name of the individual receiving the gift, the individual who approved the receiving of the gift, the reasons for the awarding of the gift, the contents and value of the gift itself, and any other relevant details. Accurate records must be maintained in order to demonstrate the reasonableness and appropriateness of any gift. Awarding gifts must be compliant with Canada Revenue Agency rules.

DEFINITIONS

Gift: Is something acquired without compensation. This would include, for example, a meal, flowers, gift cards, gift certificates, or a ticket to a special event.

Honorarium: Is an ex gratia payment made to a person for their services in a volunteer capacity or for services for which fees are not traditionally required. It is typically a small payment made on a special or non-routine basis.

CRA: Canada Revenue Agency

T4A: Canadian tax information slip is a Statement of Pension, Retirement, Annuity, and Other Income

APPLICABLE LEGISLATION

RELATED POLICIES

REVISION DATES (* = major revision)**:**
September 30, 1992
June 15, 1994
August 2, 2000
March 2, 2005
October 2, 2014

SUBJECT:	Board of Health Remuneration	**POLICY NUMBER:**	**G-410**
SECTION:	Financial and Organizational Accountability	**PAGE:**	1 of 2

IMPLEMENTATION:		**APPROVAL:**	Board of Health
SPONSOR:	MOH / CEO	**SIGNATURE**:	
REVIEWED BY:	Finance and Facilities Committee	**DATE**:	

PURPOSE

To ensure that Board of Health Members receive compensation for their activities on behalf of the Board of Health.

POLICY

In accordance with the Health Protection and Promotion Act, section 49, Board Members shall receive compensation for each day on which they conduct business on behalf of the Board of Health. For the purposes of this policy, such business includes official meetings at which the member represents the Board and attendance at conferences, but does not include ceremonial functions or special events. Board Members attending conferences shall also be reimbursed for travel expenses in accordance with policy G-420 Board of Health Reimbursements and Travel.

PROCEDURE

Remuneration for Board of Health Business is to be paid for each day on which any eligible Board Member attends a Board meeting, Board committee meeting, a meeting which the member attends on behalf of the Board of Health, or an approved convention or conference.

Compensation rates for Board of Health Members who are eligible to receive expenses have been based on comparable rates passed by local municipalities. The current half-day per diem rate shall be $149.25 for eligible Board Members.

Board Members shall receive only one fee per day, regardless of whether the member attends more than one official function in a day.

All community appointees shall receive this remuneration. Municipal appointees who receive annual remuneration from their municipality shall not be eligible for additional remuneration from the Middlesex-London Health Unit.

In circumstances in which the municipality does not provide annual remuneration to its councilors, the Middlesex-London Health Unit shall provide remuneration for the municipal appointees, based on the days on which they are engaged in Board business.

Board Members eligible to receive remuneration shall complete and submit the appropriate form (Appendix A).

APPLICABLE LEGISLATION

Health Protection and Promotion Act, R.S.O. 1990, c. H.7

RELATED POLICIES

G-420 Board of Health Reimbursement and Travel
REVISION DATES (* = major revision)**:**

MIDDLESEX-LONDON HEALTH UNIT

Middlesex-London Board of Health

Reimbursement for Monthly Activities

Name of Board Member: _____

Please use a separate form for each month and include all activities for that month.
Only expenses claimed below are eligible for reimbursement.

1. REGULARLY SCHEDULED BOH MEETING

Date	Mileage (in kilometers)
	kms

2016 Rate
0 - 5000 kms @ 51 cents
5000 kms and over @ 45 cents

2. BOARD CHAIR PREPARATION MEETING WITH MOH (*25% of regular meeting rate $149.25 as of January 1, 2016)

Date	Mileage (in kilometers)
	kms

3. OTHER ACTIVITIES (i.e. special meetings, summer meetings, teleconferences etc.)

Date	Name/Purpose of Meeting	Mileage (kms)	Parking	Phone	Accom'n	Other

4. FOR aIPHa CONFERENCE ONLY *

	Attended		
	AM	**PM**	**Evening**
DAY 1			
DAY 2			
DAY 3			

Check if Applicable		
Additional day required for travel		
Hotel/transportation receipts attached		**$**
Mileage		kms

* Board members are remunerated for 3 rate payments per day of attendance: morning/afternoon/evening session

Financial Services Use Only

Vendor # ___ ___ ___ -- ___ ___ ___

Voucher #	Account	Amount
	70098-800-000	**$** .
	70098-800-000	**$** .
	70098-800-000	**$** .
	75098-800-000	**$** .
	78098-800-000	**$** .
	13600-800-000	**$** .
	78098-800-000	**$** .
	13600-800-000	**$** .
	Total:	**$** .

Board Member's Signature

Secretary-Treasurer's Signature

Financial Services Signature

SUBJECT:	Travel Reimbursement	**POLICY NUMBER:**	**G-420**
SECTION:	Financial and Organizational Accountability	**PAGE:**	1 of 7

IMPLEMENTATION:		**APPROVAL:**	Board of Health
SPONSOR:	MOH / CEO	**SIGNATURE**:	
REVIEWED BY:	Finance and Facilities Committee	**DATE**:	

PURPOSE

This policy addresses the reimbursement of out of town travel expenses incurred by Staff / Board Members of the Health Unit, while conducting Health Unit business. This includes but is not limited to, conferences, conventions, seminars, workshops, and other business-related reasons.

Consultants are not covered by this policy. The contract between the Health Unit and the consultant should clearly specify what, if any, expenses a consultant would be reimbursed for.

POLICY

Staff / Board Members are always expected to make the most practical, economical and reasonable arrangements for travel, meals, accommodation, hospitality, and other travel-related expenses. Out of town travel must be approved in advance of the occurring the expense.

In situations where a collective agreement or an employment contract specifies reimbursement terms/rates, those terms/rates shall apply, and shall supersede the terms/rates contained in this policy. In situations where staff/board members are traveling on behalf of a “sponsoring” organization (for example, ONA, CMA, etc.) and that organization is reimbursing travel expenses in whole or in part, the reimbursement will be made directly to the individual by the sponsor organization. The Health Unit will reimburse for the amount not covered by the sponsor organization.

PROCEDURE

Out of town travel must be approved in advance. All expenses must be authorized by the appropriate approver (refer to Signing Authority Policy). The approver is responsible to ensure all claims are correct, reasonable, and in accordance with this policy, including meal allowances and travel rates. Approvers cannot authorize their own expenses, or that of a subordinate that has paid for travel, meals, etc., expensed to the approver’s benefit.

Approvers are accountable for their decisions, which should be:

- Subject to good judgment and knowledge of the situation,
- Exercised in appropriate circumstances,
- Comply with the principles and mandatory requirements set out in this policy.

When a situation arises and discretion needs to be exercised, approvers should consider whether the request is:

- Able to stand up to scrutiny by the auditors and members of the public,
- Properly explained and documented,
- Fair and equitable,
- Reasonable and appropriate.

Reimbursement of Expenses
All out of town expenses should be charged to the team corporate purchase card and therefore, no reimbursement is necessary. When an expense cannot be charged or the staff/board member does not have a corporate purchase card, then they are required to complete a Travel Expense Statement on a timely basis to ensure the reimbursement of expenses. Original receipts must be attached for all expenses being reimbursed. Forms that do not comply with policies and procedures are returned to the approver and are not processed until corrected.

Loyalty Programs
When staff/board members accumulate loyalty points for travel by train (VIA Preference Program) or by air (there are a variety of airline and hotel loyalty programs, such as Aeroplan), those points are to be accumulated and used for future corporate travel, and must not be used for personal travel. Separate accounts should be held for personal and business travel if available. For the VIA Preference Program, a maximum of 5,000 points can be accumulated on any one account, and thereafter must be used for corporate travel. Staff may be asked to produce a statement showing points balance at the end of the year.

Privacy
All expense information is considered to be public information and shall be made available upon request, to the Privacy Officer, regardless of whether the request is by the Health Unit or a member of the public.

Travel
The mode of transportation chosen – air, train, or car – should be that which enables staff/board members to attend to Health Unit business with the least cost to the Health Unit, consistent with a minimal amount of interruption to regular business and personal schedules. Consideration should be made as to unproductive time away from the workplace.

Where a number of staff/board members attend the same function, shared travel will be considered where possible. Basic economy/coach fares will be paid by the Health Unit. Any upgrades are the responsibility of the staff/board member.

Sickness and Accident Insurance is provided by the Health Unit to staff/board members when they are traveling outside of Canada on Health Unit business. Additional sickness or accident insurance premiums will not be covered by the Health Unit.

Travel by Air

Staff/board members may travel by air for trips that are beyond reasonable driving distance. Prior approval for all air travel must be obtained from the direct supervisor.

Economy airfare is normally to be used, but business class may be authorized if:

- Less expensive seats are not available, or
- The individual is travelling on a continuous flight in excess of five hours

Every effort should be made to book travel well in advance to take advantage of discounted fares and to obtain the lowest fares compatible with necessary travel requirements. The cost of an additional night of accommodation may be incurred, and will be reimbursed, if it is required in order to take advantage of a discount fare, provided that the cost of the extra accommodation is not greater than the savings realized from benefitting from the discounted fare.

Original boarding pass(es) and ticket/E-ticket should be attached to the expense report for each segment of travel. If the boarding pass or ticket is unavailable, then proof of travel must be demonstrated.

Travel by Rail

When booking train travel, the VIA Rail promotion code (700603) should be used in order to receive the corporate discount. Basic economy/coach fares will be paid by the Health Unit; any upgrades are the responsibility of staff/board members. Staff/board members will choose the most economical and direct form of transportation by train. Wherever possible, travel arrangements should be made in advance to ensure availability of economy class seats and at the best price.

Economy airfare is normally to be used, but business class may be authorized if:

- Less expensive seats are not available, or
- The individual is travelling on a continuous flight in excess of five hours

Original boarding pass(es) and ticket/E-ticket should be attached to the expense report for each segment of travel. If the boarding pass or ticket is unavailable, then proof of travel must be demonstrated.

Travel by Car

When a car is the most practical and economical way to travel, a personal vehicle can be used but mileage reimbursement will be the actual distance travelled or 250 kms (round-trip), whichever is less, at the allowable rates. Otherwise a rental vehicle should be secured.

Rental vehicle - Rental of compact or mid-sized vehicles is encouraged. The car rental company approved by the Health Unit is Enterprise and should be used where possible to ensure the most favourable rates. Consideration may be given for a car rental upgrade based on the number of passengers, weather conditions and other safety reasons. All luxury and sports car rentals are expressly prohibited. Rental cars must be refueled before returning, to avoid extra

charges, and the receipt for the gasoline purchase must be attached to the Travel Expense Statement, together with a copy of the rental agreement.

Personal Vehicle - When more than one staff/board member is travelling in the same motor vehicle, only the owner of the vehicle is entitled to reimbursement for mileage expenses. The owner of the vehicle must ensure that the vehicle is adequately insured. Insurance should provide for $1 million in liability, accident benefits, collision and direct compensation coverage.

The Health Unit assumes no financial responsibility for privately-owned vehicles being used for Health Unit business other than paying the mileage rate. The mileage rate covers the cost of fuel, depreciation, maintenance, and insurance. When calculating the total kilometres of a trip that originates from the staff member's home, the normal distance driven to the Health Unit should be excluded. A maximum of 250kms per out of town trip is allowed for reimbursement.

Parking and Other Fees
Cost of parking a vehicle at a transportation terminal while on out-of-town business will be reimbursed, provided that the cost of the parking does not exceed the cost of ground transportation from departure point (home or place of business) to the transportation terminal. Cost of parking in another city while on out of town business will also be reimbursed. Loss or damage to the personal vehicle, while parked, is not the responsibility of the Health Unit.

Highway and bridge tolls and ferry charges will be reimbursed with receipts attached. Traffic and parking violations incurred while driving on Health Unit business will not be reimbursed.

Hotel Accommodation
Government rates should be requested at the time of making the hotel reservation. Individuals may be reimbursed for the total cost (including taxes) of either a single or double room depending on individual circumstances. Staff should share accommodations when possible. An overnight stay in association with a one day meeting or business event out of town is justified only when the staff/board member is required to leave home early in order to be on time for the event starting before 9:00 a.m.

While travelling on business related to the Health Unit, in situations where staff/board members choose to stay overnight with friends or relatives instead of at a hotel, accommodation expenses will not be reimbursed, but appropriate meal allowances will still apply.

Hotel charges incurred because of failure to cancel a reservation on a timely basis will not be reimbursed.

Meals
A meal expense will be reimbursed when staff/board members

- Are out of town over a normal meal period, or
- Have prior approval for the meal expense

The maximum allowable amount that will be reimbursed for meals (inclusive of taxes and gratuities) is $10 for breakfast, $20 for lunch and $30 for dinner. Original receipts must be provided for all meal expenses. Expenses must be incurred during normal working hours, or on route to home. The approver is responsible for ensuring that submissions for meal allowances fall within the maximum allowable amounts.

It is understood that gratuities may be provided during meals to acknowledge good service received. The maximum allowable gratuity that the Health Unit will reimburse is 15% of the total after tax amount of the meal.

Alcohol
The cost of alcoholic beverages will not be reimbursed. In the event that alcohol is consumed during a meal or otherwise, staff/board members are to ask the restaurant for a separate invoice/receipt for the alcohol so that there is clarity for the reimbursable food portion.

Telephone Calls
Staff/board members will be reimbursed for all telephone calls (local or long distance) that are directly related to Health Unit business. One reasonable personal call home from a hotel will be reimbursed for each day of out of town travel.

Combining Personal Travel
Staff/board members are responsible for all additional and incremental expenses incurred as a result of a spouse, partner or companion or any other person, travelling with them. Expenses should be tracked very carefully to be able to clearly distinguish between the staff/board member portion, and that which applies to the other person.

When personal travel is combined with business travel, only the business portion of the trip will be reimbursed. Expenses should be tracked very carefully to be able to clearly distinguish between the personal portion and the business portion.

Other Travel-Related Expenses
Business expenses, such as computer access charges, photocopying, word processing services, facsimile transmissions, internet connections, rental and transportation of necessary office equipment will be reimbursed provided the charges incurred are reasonable and related to Health Unit business.

Additionally, staff/board members will be reimbursed for taxicab fares, airport limousines and buses (or equivalents, e.g. subway) for transportation between the individual's home/workplace and the designated transportation terminal. While out of town, transportation to/from the transportation terminal and the hotel, and transportation within the destination city, will also be reimbursed. Staff should use public transit when available.

Recreational items (e.g. video rentals, mini-bars, special facilities charges, entertainment not directly related to Health Unit business, etc.) will not be reimbursed.

Hospitality Events

Hosting or contributing to hospitality events is not reimbursable.

Travel Cash Advances

Requests for a travel cash advance must be made to the employee's direct supervisor and forwarded to Finance at least one week prior to departure. The amount of cash advanced will be calculated by the manager based on the individual circumstance, with a $100 minimum amount. Exceptional circumstances will be approved by Finance.

Any funds owing to the Health Unit beyond a 30 day period from return date of travel will automatically be deducted from the staff member's next pay cheque or the board member's next remuneration.

Non-Reimbursable Expenses

In addition to other items mentioned above, which are not reimbursable, expenses of a personal nature will not be reimbursed. Such expenses include, but are not limited to:

- Expenses resulting from unlawful conduct,
- Damage to personal vehicle as a result of a collision,
- Personal items not required to conduct health unit business,
- Memberships to reward programs or clubs (e.g., airline clubs),
- Personal credit card fees and/or late payment charges.

DEFINITIONS

ONA: Ontario Nurses Association

CMA: Canadian Medical Association

Loyalty Programs: Long-term marketing effort which provides incentives to repeat customers who demonstrate loyal buying behavior for example: Aero-plan rewards

Sickness and Accident Insurance: Insurance policy covering personal accident and sickness benefits

Economy Airfare: Also referred to coach class or standard class, is the lowest travel class of seating in air or rail travel

VIA Rail: Via Rail Canada offers intercity passenger rail services in Canada

Boarding Pass/E-ticket: Is a document provided by an airline during check in, giving a passenger permission to board the airplane for a particular flight

Liability, accident benefits, collision and direct compensation Insurance: Insurance policy covering liability, accident benefits, collision and direct compensation

Travel Cash Advances: An authorized payment of money by the MLHU, directly to a staff/board member in support of anticipated travel expenses

Hospitality Events: To host or entertain people while on out of town business relating to the affairs of the Health Unit

APPLICABLE LEGISLATION

RELATED POLICIES

Signing Authority

REVISION DATES (* = major revision)**:**
October 17, 2013
March 31, 2014