

**AGENDA**  
**MIDDLESEX-LONDON BOARD OF HEALTH**

399 RIDOUT STREET NORTH  
SIDE ENTRANCE (RECESSED DOOR)  
Board of Health Boardroom

Thursday, 7:00 p.m.  
2017 July 20

**MISSION – MIDDLESEX-LONDON HEALTH UNIT**

The mission of the Middlesex-London Health Unit is to promote and protect the health of our community.

**MEMBERS OF THE BOARD OF HEALTH**

Ms. Maureen Cassidy  
Mr. Michael Clarke  
Ms. Patricia Fulton  
**Mr. Jesse Helmer (Chair)**  
Mr. Trevor Hunter  
Ms. Tino Kasi  
Mr. Marcel Meyer  
Mr. Ian Peer  
Mr. Kurtis Smith  
**Ms. Joanne Vanderheyden (Vice-Chair)**

**SECRETARY-TREASURER**

**DISCLOSURE OF CONFLICTS OF INTEREST**

**APPROVAL OF AGENDA**

**APPROVAL OF MINUTES**

Board of Health meeting, June 15, 2017.

**DELEGATIONS**

7:05 – 7:15 p.m.      Dr. Gayane Hovhannisyan, Associate Medical Officer of Health, Funding Request to Support HIV Initiatives (re: Item # 1, July Program Funding Update, Report No. 037-17)

Item #	Report Name and Number	Link to Additional Information	Delegation	Recommendation	Information	Brief Overview
<b>Delegation and Recommendation Reports</b>						
1	July Program Funding Update (Report No. 038-17)	Appendix A Appendix B	x	x	x	\$250,000 opioid response funding.
2	Infant Hearing Program: Increased Base Budget Funding (Report No. 041-17)	Appendix A Appendix B Appendix C		x	x	To request that the Board of Health approve the revised Screening, Assessment, and Intervention Team budget and sign the Amending Agreement with the Ministry of Children and Youth Services
<b>Information Reports</b>						
3	Q2 Financial Update & Factual Certificate (Report No. 042-17)	Appendix A Appendix B			x	To request that the Board of Health consider and receive the Q2 Financial Update.
4	Summary Information Report, July 2017 (Report No. 039-17)				x	To provide an update on Health Unit programs and services for July 2017.
5	Medical Officer of Health / CEO Activity Report, July 2017 (Report No. 040-17)				x	To provide an update on the activities of MOH / CEO for July 2017.

### **OTHER BUSINESS**

As discussed previously, the August FFC and Board of Health meetings are not required. Staff recommend cancellation of these meetings. If this is approved, future meetings are as follows:

- Next Finance & Facilities Committee meeting: September 7, 2017 @ 9:00 a.m.
- Next Board of Health meeting: September 21, 2017 @ 7:00 p.m.
- Next Governance Committee meeting: September 21, 2017 @ 6:00 p.m.

### **CORRESPONDENCE**

- a) Date: June 1, 2017  
Topic: Municipal Levy Apportionment  
From: Leeds, Grenville & Lanark District Health Unit  
To: The Honourable Eric Hoskins

***Background:***

The Health Protection and Promotion Act stipulates that municipalities must decide how to apportion the municipal component of Board of Health funding among obligated municipalities. Currently, population from which to determine apportionment is calculated from the Ontario Population Report of the Municipal Property Assessment Corporation (MPAC). This correspondence requests that Ontario Regulation 489/97 be amended so that the population is determined based on the most recent Census by Statistics Canada.

***Recommendation:***

Receive.

- b) Date: June 7, 2017  
Topic: Letter in Support of Low Income Adult Dental Program in Ontario  
From: Leeds, Grenville & Lanark District  
To: The Honourable Eric Hoskins

***Background:***

The Leeds, Grenville & Lanark District Health Unit sent correspondence encouraging the Ministry of Health and Long-Term Care to consider the funding of low income adult dental programs in Ontario.

The Middlesex-London Board of Health passed a motion at the January 2014 meeting to send a letter to the Minister of Health and Long-Term Care and local Members of Provincial Parliament, copied to the Association of Local Public Health Agencies and all Ontario Boards of Health to advocate for a program that provides both publicly-funded dental treatment and prevention to low-income adults, including seniors. At this juncture, it is important to reaffirm this position.

***Recommendation:***

Endorse.

- c) Date: June 7, 2017  
Topic: Assessment of the Health Menu Choices Act  
From: Peterborough Public Health  
To: The Honourable Dr. Eric Hoskins

***Background:***

Peterborough Public Health is requesting that the Ministry of Health and Long-Term Care communicate how the Healthy Menu Choices Act will be assessed and suggests potential indicators and considerations for the evaluation.

***Recommendation:***

Receive.

- d) Date: June 7, 2017  
Topic: Moving Forward on the Federal Opioid Strategy  
From: Peterborough Public Health  
To: The Honourable Dr. Jane Philpott

**Background:**

Peterborough Public Health supports moving forward with the Federal Opioid Strategy and believes that this will support work happening both locally and provincially. It also encourages public health practitioners to learn from Alberta's Opioid Emergency Response Commission.

The Middlesex-London Board of Health endorse similar correspondence from the Sudbury & District Health Unit at the April 2017 meeting.

**Recommendation:**

Receive.

- e) Date: June 8, 2017  
Topic: Modernization of Alcohol Sales in Ontario  
From: Ontario Public Health Association  
To: All Health Units

**Background:**

The Ontario Public Health Association (OPHA) Alcohol Workgroup recently created an advocacy package highlighting the ongoing modernization of retail alcohol sales in Ontario. The workgroup prepared a briefing note, template cover letter and infographic to help engage senior leadership and Boards of Health to help facilitate advocacy efforts on this issue.

**Recommendation:**

Endorse.

- f) Date: June 5, 2017  
Topic: Personal Service Settings  
From: Elgin St. Thomas Public Health  
To: The Honourable Dr. Eric Hoskins

**Background:**

Elgin St. Thomas Public Health supports a previous Wellington Dufferin Guelph recommendation that the Government of Ontario enact legislation to support inspection and enforcement activities within personal services settings. There is currently no compliance legislation that can result in a conviction and / or monetary penalty.

**Recommendation:**

Receive.

- g) Date: June 19, 2017  
Topic: alPHa announces officers of 2017-18 Executive  
From: Association of Local Public Health Agencies (alPHa)  
To: all Health Units

**Background:**

The Association of Local Public Health Agencies (alPHa) recently announced their 2017-18 leadership. The President will be Councillor Carmen McGregor of the Chatham-Kent Board of Health. Other leadership roles include Ms. Trudy Sachowski, Northwestern Board of Health

Provincial Appointee who will act as Chair of the Board of Health Section and Dr. Penny Sutcliffe, Sudbury District Health Unit who will act as Chair of the Council of Medical Officers of Health.

**Recommendation:**

Receive.

- h) Date: June 22, 2017  
Topic: Personal Service Settings  
From: Alan Caslin, Regional Chair, Niagara Region Public Health  
To: The Honourable Dr. Eric Hoskins, all Board of Health Chairs

**Background:**

See item (f) above.

**Recommendation:**

Receive.

- i) Date: June 20, 2017  
Topic: Additional Base Funding Announcement from the Ministry of Health and Long-Term Care to support local opioid response initiatives  
From: Dr. Eric Hoskins  
To: Mr. Jesse Helmer, Chair, Middlesex-London Board of Health

**Background:**

The Ministry of Health and Long-Term Care indicated that the Middlesex-London Health Unit will receive up to \$250,000 in additional base funding for staff positions to support local opioid response initiatives. A report providing existing information on this is on the agenda for this meeting. Further terms and conditions of this funding will be forthcoming.

**Recommendation:**

Receive.

- j) Date: June 26, 2017  
Topic: Residential Tenancies Act  
From: Carol Latimer, Director, Housing Policy Branch, Ministry of Housing  
To: Mr. Jesse Helmer, Chair, Middlesex-London Board of Health

**Background:**

At the June 2017 Middlesex-London Board of Health meeting, the Board passed a motion to submit a letter to the Minister of Housing regarding possible amendments to the Residential Tenancies Act, 2006. This correspondence included support for the inclusion of smoke-free clauses in the Standard Lease under the act.

**Recommendation:**

Receive.

- k) Date: June 29, 2017  
Topic: Provincial Alcohol Strategy  
From: Christine Kennedy, Medical Officer of Health and CEO, Grey Bruce Health Unit  
To: The Honourable Dr. Eric Hoskins

**Background:**

The Grey Bruce Public Health Unit supports the call by Wellington Dufferin Guelph Public Health that the Ontario government develop a comprehensive province-wide strategy to support the safe use of alcohol. This strategy should encompass 1) socially responsible pricing; 2) limiting the retail outlets and hours of sale; and 3) alcohol marketing controls.

***Recommendation:***

Receive.

- l) Date: June 29, 2017  
Topic: Human Papillomavirus (HPV) Immunization Catch-up for boys  
From: Christine Kennedy, Medical Officer of Health and CEO, Grey Bruce Health Unit  
To: The Honourable Dr. Eric Hoskins

***Background:***

The Grey Bruce Public Health Unit supports the call by Wellington Dufferin Guelph Public Health that the Ontario government implement a publically funded HPV immunization catch-up program for boys similar to the one undertaken for girls in 2012.

***Recommendation:***

Receive.

- m) Date: June 30, 2017  
Topic: The Fair Workplaces, Better Jobs Act (Bill 148)  
From: Penny Sutcliffe, Medical Officer of Health & CEO, Sudbury & District Health Unit  
To: Premier Kathleen Wynne

***Background:***

The Sudbury & District Health Unit commends the provincial government's actions to address the root causes of precarious work through the Changing Workplaces Review of 2015-16 and subsequent introduction of Bill 148. It also supports the proposed changes to the Employment Standards Act that expand the pay equity provisions and increase the minimum wage for workers and the proposed changes to the Labour Relations Act that better support precarious workers' rights. Lastly, the Board of Health urges the provincial government to adopt the World Health Organization (WHO) definition of a healthy workplace.

***Recommendation:***

Receive.

- n) Date: July 6, 2017  
Topic: Middlesex-London Board of health support for the funding proposal from RHAC to enhance harm reduction service for people who inject drugs  
From: Neeta Sarta, Interim Director, Provincial Programs Branch  
To: Mr. Jesse Helmer, Chair, Middlesex-London Board of Health

**Background:**

The Ministry of Health and Long-Term Care sent correspondence regarding the funding proposal to enhance harm reduction services for people who inject drugs. They will be attending the community forum on July 7, 2017 that will be hosted by Regional HIV/AIDS Connection and the Middlesex-London Health Unit.

**Recommendation:**

Receive.

- o) Date: July 5, 2017  
Topic: Funding for Health Promotion Resource Centres  
From: Anne Warren, Chair, Board of Directors, Leeds, Grenville and Lanark District Health Unit  
To: The Honourable Eric Hoskins

**Background:**

On March 31, 2017, many agencies funded as Health Promotion Resource Centres were informed that their funding for this would end as of March 2018. These Resource Centres provide support to local work in tobacco, alcohol and nutrition, including access to data, research, and evaluation support. However, there is some overlap with services provided by public health units.

The Leeds, Grenville & Lanark District Health Unit is asking that the Ministry of Health and Long-Term Care reconsider their decision to eliminate funding for the Health Promotion Resource Centres.

**Recommendation:**

Receive.

- p) Date: July 13, 2017  
Topic: Domestic and Sexual Violence Workplace Leave, Accommodation and Training Act, 2016  
From: Peggy Sattler, MPP, London West  
To: Middlesex-London Board of Health

**Background:**

On April 21, 2016 the Middlesex-London Board of Health endorsed correspondence regarding the *Proposed Domestic and Sexual Violence Workplace Leave, Accommodation and Training Act*. Peggy Sattler sent correspondence encouraging further support by reaching out to the committee reviewing Bill 148 (*Fair Workplaces, Better Jobs Act, 2017*) to urge that legislation be amended to include the provisions of Bill 26 (*Domestic and Sexual Violence Workplace Leave, Accommodation and Training Act, 2016*). Bill 26 provides up to 10 days paid leave for survivors of domestic and sexual violence, as well as additional unpaid leave, workplace accommodations and training. It passed second reading on October 20, 2016 but has sat since the amendments proposed are being considered as part of the Changing Workplaces review.

***Recommendation:***

Receive.

Copies of all correspondence are available for perusal from the Secretary-Treasurer.

**CONFIDENTIAL**

The Board of Health will move in-camera to discuss matters regarding identifiable individuals and consider confidential minutes from its June 15, 2017 Board of Health meeting.

**ADJOURNMENT**





**PUBLIC SESSION – MINUTES**  
**MIDDLESEX-LONDON BOARD OF HEALTH**  
399 Ridout Street, London  
Middlesex-London Board of Health Boardroom  
Thursday, June 15, 2017 7:00 p.m.

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**MEMBERS PRESENT:** Ms. Maureen Cassidy  
Mr. Michael Clarke  
Ms. Patricia Fulton  
**Mr. Jesse Helmer (Chair)**  
Mr. Trevor Hunter  
Ms. Tino Kasi  
Mr. Marcel Meyer  
Mr. Ian Peer  
Mr. Kurtis Smith  
**Ms. Joanne Vanderheyden (Vice-Chair)**

**OTHERS PRESENT:** Ms. Laura Di Cesare, Secretary-Treasurer  
Dr. Christopher Mackie, Medical Officer of Health/CEO  
Ms. Elizabeth Milne, Executive Assistant to the Board of Health and Communications (Recorder)  
Mr. Jordan Banninga, Manager, Strategic Projects  
Mr. Sean Bertleff, Manager, Emergency Preparedness  
Mr. Dan Flaherty, Communications Manager  
Dr. Gayane Hovhannisyan, Acting Medical Officer of Health  
Ms. Heather Lokko, Manager, Healthy Start  
Mr. John Millson, Associate Director, Finance  
Ms. Linda Stobo, Manager, Chronic Disease Prevention and Tobacco Control  
Mr. Alex Tymb, Online Communications Coordinator  
Ms. Suzanne Vandervoort, Director, Healthy Living  
Mr. Ian Jeffreys, Partner, KPMG

Chair Helmer called the meeting to order at 7:00 p.m.

**DISCLOSURES OF CONFLICT(S) OF INTEREST**

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

**APPROVAL OF AGENDA**

It was moved by Ms. Vanderheyden, seconded by Mr. Peer, *that the **AGENDA** for the June 15, 2017 Board of Health meeting be approved.*

Carried

**APPROVAL OF MINUTES**

It was moved by Mr. Meyer, seconded by Mr. Smith, *that the **MINUTES** of the May 18, 2017 Board of Health meeting be approved.*

Carried

**DELEGATIONS**

7:05 – 7:15 p.m. Mr. John Millson, Associate Director, Finance, and Mr. Ian Jeffreys, Partner, KPMG, re: Item #3, 2016 Draft Financial Statements

## **2016 Draft Financial Statements (Report No. 032-17)**

Chair Helmer introduced Mr. Millson and Mr. Jeffreys, and advised the Board of its option to go in-camera should any questions regarding the audit report arise following the presentation and discussion on this item.

Mr. Millson provided a brief summary of the financial statements.

Discussion ensued on the following items:

- The decreased revenues and expenses of the last year, and what contributed to those decreases.
- The dental reserve, which has stayed the same from 2015 to 2016.

Mr. Jeffreys reviewed the KPMG audit findings and summarized the Executive Summary, the audit plan, materiality, audit risk and results, adjustments and the process to finalize the audit (subject to the Board's deliberation and approval this evening).

Discussion ensued on the following items:

- The fact that there were no significant control deficiencies or changes to accounting practices identified in the Health Unit's audit.
- Details of the materiality taken and applied to the financial audit, where no errors were found in excess of \$53,500 dollars.
- The fraud risk analysis, which indicated that there was no fraud from a financial statement audit perspective.
- The fact that there were no unusual issues or adjustments required, corrected or uncorrected.
- KPMG's reporting process to the Board of Health, and the fact that KPMG is independent of the Middlesex-London Health Unit.

At 7:18 p.m., it was moved by Ms. Fulton, seconded by Mr. Hunter, *that the Board of Health move in-camera to discuss matters regarding identifiable individuals.*

Carried

Chair Helmer requested that all in attendance except the Board of Health, Ms. Elizabeth Milne and Mr. Ian Jeffreys leave the meeting.

It was moved by Ms. Vanderheyden, seconded by Mr. Meyer, *that the Board of Health return to public session.*

Carried

The Board of Health returned to public session at 7:29 p.m.

It was moved by Mr. Clarke, seconded by Ms. Fulton, *that the Board of Health approve the audited Financial Statements for the Middlesex-London Health Unit, December 31, 2016, as appended to Report No. 032-17.*

Carried

## **COMMITTEE REPORTS**

### **1) Finance & Facilities Committee (FFC) Meeting, June 8, 2017 (Report No. 031-17)**

Chair Helmer requested that Vice-Chair Vanderheyden take the Chair while he presented the June 8, 2017 FFC meeting update.

It was moved by Mr. Helmer, seconded by Mr. Peer, *that the Board of Health:*

- 1) Approve a \$55,914 drawdown from the Sick Leave Reserve Fund to fund the 2016 sick leave payments to eligible staff;
- 2) Receive the 2016–17 Reserve/Reserve Fund Overview ([Appendix A](#)) for information; and
- 3) Forward [Report No. 024–17FFC](#) re: 2016 Reserve/Reserve Fund Balances to the City of London and the County of Middlesex for information.

Carried

It was moved by Mr. Helmer, seconded by Mr. Hunter, *that the Board of Health:*

- 1) Maintain the current funding apportionment for municipally funded programs at 84% for the City of London and 16% for the County of Middlesex; and
- 2) Forward [Report No. 025-17FFC](#) re: Funding Apportionment to the councils of the City of London and the County of Middlesex for information.

Carried

It was moved by Mr. Helmer, seconded by Mr. Meyer, *that the Board of Health authorize the Chair to sign the amended three-year FoodNet agreement when it has been received from the Public Health Agency of Canada.*

Carried

It was moved by Mr. Helmer, seconded by Ms. Cassidy, *that the Board of Health receive [Report No. 026-17FFC](#), “Pending Funding Contracts,” for information.*

Carried

In his update, Mr. Helmer informed the Board that the Finance & Facilities Committee approved amendments to policies G-180, G-210, G-310, G-330 and G-420, and forwarded them to the Governance Committee, and sent policy G-410 back to staff for further review.

It was moved by Mr. Helmer, seconded by Ms. Fulton, *that the Board of Health receive the minutes from the May 18, May 19 and June 8, 2017 Finance & Facilities Committee meetings.*

Carried

## **2) Governance Committee (GC) Meeting, [June 15, 2017](#) (Verbal Update)**

Mr. Trevor Hunter provided a summary of the policies discussed at the June 15, 2017 GC meeting, including a highlight of some of the Committee’s proposed wording changes.

It was moved by Mr. Hunter, seconded by Ms. Cassidy, *that the Board of Health approve policies G-100, G-180, G-190, G-210, G-240, G-250, G-260, G-310, G-320, G-330 and G-420, pending final wording changes by staff as recommended by the Governance Committee.*

Carried

It was moved by Mr. Hunter, seconded by Ms. Cassidy, *that the Board of Health receive the April 20, 2017 Governance Committee meeting minutes.*

Carried

Mr. Hunter advised that the next GC meeting is scheduled for September 21, 2017.

## **DELEGATION AND RECOMMENDATION REPORTS**

### **Smoke-Free Clauses in the Standard Lease Under the Residential Tenancies Act (RTA) (Report No. 033-17)**

Ms. Linda Stobo answered Board members' questions, and discussion ensued on the following items:

- How this regulation might affect those requiring medical marijuana and how individuals might be accommodated within the regulation to access their prescribed medications.
- The regulation's impact on small landlords, as well as on marginalized populations.
- The benefit of having clear language for landlords to turn to, making no-smoking policies in buildings more enforceable.
- Whether smoke-free clauses in leases might force smokers to congregate in the same housing units, and what the implications of this might be on children or non-smokers living in the vicinity.
- The possibility of offering cessation services to those living in smoking dwellings, or encouraging them to smoke outside to reduce second-hand smoke effects on children and other non-smoking residents.
- The fact that the Health Unit does not support an outright ban on smoking and cigarettes because a public health approach to substance use favours regulation rather than prohibition, since the former often assists in reducing illicit markets and negative health effects.

It was moved by Mr. Meyer, seconded by Mr. Clarke, *that the Board of Health:*

- 1) *Receive Report No. 033-17 re: Smoke-Free Clauses in the Standard Lease Under the Residential Tenancies Act (RTA);*
- 2) *Communicate its support for the inclusion of smoke-free clauses in the Standard Lease Under the RTA by sending a letter to the Honourable Chris Ballard, Minister of Housing/Minister Responsible for the Poverty Reduction Strategy;*
- 3) *Forward Report No. 033-17 to Ontario Boards of Health and the Smoke-Free Housing Ontario Coalition to communicate its support for smoke-free housing policy measures; and*
- 4) *Direct staff to participate in consultation processes to inform regulatory changes under the RTA to increase the availability and enforceability of smoke-free clauses within tenancy agreements.*

Carried

## **INFORMATION REPORTS**

### **Summary Information Report, June 2017 (Report No. 034-17)**

Discussion ensued on the following items:

- Why some women are not accessing the Prenatal Immigrant Program.
- That the program waitlist will be reduced when the program expands in September.
- Populations currently being reached and not being reached by the program.

It was moved by Mr. Meyer, seconded by Mr. Smith, *that the Board of Health receive Report No. 034-17 re: Summary Information Report, June 2017 for information.*

Carried

### **Acting Medical Officer of Health / Acting Chief Executive Officer Activity Report, June 2017 (Report No. 035-17)**

It was moved by Mr. Smith, seconded by Mr. Meyer, *that the Board of Health receive Report No. 035-17 re: Acting Medical Officer of Health / Acting Chief Executive Officer Activity Report, June 2017.*

Carried

### **CORRESPONDENCE**

It was moved by Mr. Hunter, seconded by Ms. Cassidy, *that the Board of Health receive items a) through r).*

Carried

### **OTHER BUSINESS**

Mr. Meyer inquired about Minister Hoskins's announcement earlier this week regarding new measures to tackle Ontario's opioid crisis.

Discussion ensued on the following items:

- How the new measures will benefit Middlesex-London.
- Prospects for the Health Unit in terms of staffing and funding.
- How this might fund other models; the timeframe for receiving funding; and whether or not the funding will be multi-year.

### **CONFIDENTIAL**

At 8:09 p.m., Chair Helmer invited a motion to move in-camera to discuss matters regarding identifiable individuals, employee negotiations, and a proposed or pending acquisition of land by the Middlesex-London Board of Health, as well as to consider the minutes of the May 18, May 19 and June 8, 2017 Finance & Facilities Committee meetings and the May 18, 2017 Board of Health meeting.

At 8:09 p.m., it was moved by Ms. Cassidy, seconded by Mr. Peer, *that the Board of Health move in-camera to discuss matters regarding identifiable individuals, employee negotiations, and a proposed or pending acquisition of land by the Middlesex-London Board of Health, as well as to consider the minutes of the May 18, May 19 and June 8, 2017 Finance & Facilities Committee meetings and the May 18, 2017 Board of Health meeting.*

Carried

At 8:09 p.m., all visitors and Health Unit staff, except for Ms. Di Cesare, Dr. Hovhannisyan, Dr. Mackie, Ms. Milne, Mr. Millson, Ms. Lokko, Ms. Vandervoort and Mr. Bertleff, left the meeting.

At 9:31 p.m., it was moved by Ms. Vanderheyden, seconded by Ms. Kasi, *that the Board of Health rise and return to public session.*

Carried

At 9:31 p.m., the Board of Health returned to public session.

### **NEXT MEETINGS**

Chair Helmer advised that the next Board of Health meeting will be on Thursday, July 20, 2017, at 7:00 p.m., and that the next Governance Committee meeting will be on Thursday, September 21, 2017, at 6:00 p.m.

Chair Helmer noted that there are no agenda items for the scheduled July 6 FFC meeting.

It was moved by Ms. Fulton, seconded by Mr. Peer, *that the Board of Health cancel the July 6 Finance & Facilities Committee meeting.*

Carried

It was moved by Mr. Smith, seconded by Ms. Cassidy, *that the Board of Health:*

- 1) *Accept the resignation of Ms. Laura Di Cesare as Secretary-Treasurer; and*

- 2) *Approve that Dr. Mackie, Medical Officer of Health/CEO, assume the role of Secretary-Treasurer of the Board of Health.*

Carried

**ADJOURNMENT**

At 9:32 p.m., it was moved by Ms. Vanderheyden, seconded by Ms. Cassidy, *that the meeting be adjourned.*

Carried

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**JESSE HELMER**  
Chair

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**LAURA DI CESARE**  
Secretary-Treasurer

DRAFT



TO: Chair and Members of the Board of Health

FROM: Christopher Mackie, Medical Officer of Health and CEO

DATE: 2017 July 20

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## JULY PROGRAM FUNDING UPDATE

### **Recommendation**

*It is recommended that:*

- 1) *The Board of Health authorize the Chair to sign the amending agreement associated with the new \$250,000 opioid response funding, pending staff review of the terms of this agreement; and*
- 2) *That Report No: 038-17 re: July Program Funding Update be received for information.*

### **Key Points**

- On June 20, 2017, the Board received notification from Dr. Eric Hoskins, Minister of Health and Long-Term Care, that the Middlesex-London Health Unit has been approved for base funding of \$250,000.
- The additional base funding has been provided to support local opioid response initiatives.
- The terms and conditions governing the funding are not known as of the writing of this report.
- Roselle Martino, Assistant Deputy Minister, reemphasized the Ministry's earlier guidance to expect no growth funding for Mandatory Programs in 2017.
- A request has been submitted to the Minister for an additional \$1,573,019 in funding over a three-year period to address the current HIV epidemic through community-based primary care.

### **Opioid Response Initiatives**

The Board of Health has received many reports in recent months regarding drug use in Middlesex-London. The issue of injection drug use in London is a growing concern, with more than 2.5 clean needles distributed to drug users each year.

On June 20, 2017, the Board of Health received a communication (see Appendix A) from Dr. Eric Hoskins, Minister of Health and Long-Term Care, in regard to additional base funding to support local opioid response initiatives. The Health Unit will receive up to \$250,000 in funding as part of the Province's \$15-million investment to address the current opioid crisis. The funding is intended to increase the Health Unit's staffing capacity to address the crisis, to enhance its Naloxone Program and to work on early warning and monitoring in regard to opioid overdoses. Further information from the Assistant Deputy Minister is expected regarding the terms and conditions governing the funding. As of the writing of this report, this further information has not yet been received.

## **2017 Growth Funding for Mandatory Programs**

The Province has not yet provided funding approvals for the 2017 program-based budget grants. Responding to a follow-up question regarding base funding for opioid response, Assistant Deputy Minister Roselle Martino stated that all health units should plan for status quo, or no change in program funding from 2016. The Board-approved 2017 budget, however, plans for a 1.5% increase (\$241,968) in Mandatory Program Funding, and 0% in other program funding. Depending on the terms and conditions of the amending agreement, this may or may not create a deficit for the current fiscal year. The second quarter financial update expected at the next Finance & Facilities Committee meeting will address this question.

## **HIV Epidemic – Provision of Community-Based Primary Care – Funding Request**

At the April 2017 Board of Health meeting, Health Unit staff presented a report outlining rising rates of HIV, hepatitis C and other diseases among people who inject drugs, and considered the development and implementation of strategies to address the growing crisis. One such strategy is to approach Deb Matthews, Deputy Premier and MPP (London North Centre), to discuss local issues surrounding the HIV epidemic and request additional funding for community-based primary care. The full proposal, including the three-year budget request, is attached as Appendix B. The request totals \$1,573,019 over the next three years and asks for four Outreach Nurses and one Harm Reduction Outreach Coordinator, along with other program costs. The request also provides details on funding already secured to help control the HIV epidemic. This amount totals \$1,813,744 over the next three years, and consists of funds reallocated in the MLHU base budget; a five-year Public Health Agency of Canada (PHAC) grant via its HIV and Hepatitis C Community Action Fund; and one-time PHAC funding for I-Track 4 surveillance. The funding request has been forwarded to Dr. Eric Hoskins, Minister of Health and Long-Term Care, for consideration.



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



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

Office of the Minister

10<sup>th</sup> Floor, Hepburn Block  
80 Grosvenor Street  
Toronto ON M7A 2C4  
Tel. 416 327-4300  
Fax 416 326-1571  
www.ontario.ca/health

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

Bureau du ministre

Édifice Hepburn, 10<sup>e</sup> étage  
80, rue Grosvenor  
Toronto ON M7A 2C4  
Tél. 416 327-4300  
Télééc. 416 326-1571  
www.ontario.ca/sante



**JUN 20 2017**

Mr. Jesse Helmer  
Chair, Board of Health  
Middlesex-London Health Unit  
300 Dufferin Avenue, Suite 314  
London, ON N6A 4L9

Dear Mr. Helmer:

I am pleased to advise you that the Ministry of Health and Long-Term Care will provide the Board of Health for the Middlesex-London Health Unit Health Unit up to \$250,000 in additional base funding for staff positions to support local opioid response initiatives, including naloxone distribution to community-based organizations and work on early warning and surveillance of opioid overdoses.

The Assistant Deputy Minister of the Population and Public Health Division will write to the Middlesex-London Unit shortly concerning the terms and conditions governing this funding.

Thank you for your dedication and commitment to harm reduction and public health.

Yours sincerely,

Dr. Eric Hoskins  
Minister

c: Dr. Gayane Hovhannisyan, Acting Medical Officer of Health  
Roselle Martino, Assistant Deputy Minister, Population and Public Health Division

Appendix 2: HIV Epidemic Response -- Budget (including funding already secured)					
Category	Details	Year 1	Year 2	Year 3	Total
<b>Ministry of Health &amp; Long-Term Care Funding Request</b>					
<b>Wages &amp; Benefits:</b>					
Salary / Wages	Outreach nurses (requesting four)	\$ 323,240	\$ 328,089	\$ 334,650	\$ 985,979
	Harm reduction outreach coordintor <sup>1</sup>	43,000	43,645	44,518	131,163
Sub-total		\$ 366,240	\$ 371,734	\$ 379,168	\$ 1,117,142
Benefits	Statutory & Employer paid health/pension benefits	90,524	97,766	105,587	293,877
<b>Sub-total - Wages &amp; Benefits</b>		<b>\$ 456,764</b>	<b>\$ 469,500</b>	<b>\$ 484,755</b>	<b>\$ 1,411,019</b>
<b>Other Program Costs:</b>					
Client Supports	Includes transportation and incentives	\$ 24,000	\$ 24,000	\$ 24,000	\$ 72,000
Professional Development	Various staff development opportunities	5,000	5,000	5,000	15,000
Program Travel	Staff reimbursement for personal use of vehicles	12,000	12,000	12,000	36,000
Program Supplies	Office supplies, needles, syringes, other harm reduction supplies in kits	6,000	6,000	6,000	18,000
Communications	Cell Phones with data \$50 per month per phone	3,000	3,000	3,000	9,000
Equipment	New phones, laptop (not required each year but would need to be replaced every four years)	12,000	-	-	12,000
<b>Sub-total - Other Program Costs</b>		<b>\$ 62,000</b>	<b>\$ 50,000</b>	<b>\$ 50,000</b>	<b>\$ 162,000</b>
<b>Total MOHLTC Funding Request</b>		<b>\$ 518,764</b>	<b>\$ 519,500</b>	<b>\$ 534,755</b>	<b>\$ 1,573,019</b>
<b>Funding secured to control HIV epidemic:</b>					
<b>MLHU Internal Reallocation (marginal costs are born by municipal funders -- City of London and County of Middlesex)</b>					
MLHU Outreach Team	One outreach nurse, one outreach worker, one outreach coordinator	\$ 275,000	\$ 275,000	\$ 275,000	\$ 825,000
Harm Reduction	One FTE needle syringe program worker, 0.4 FTE case worker, 0.4 FTE director <sup>2,3</sup>	75,000	75,000	75,000	225,000
<b>Total MLHU internal reallocation</b>		<b>\$ 350,000</b>	<b>\$ 350,000</b>	<b>\$ 350,000</b>	<b>\$ 1,050,000</b>
<b>Public Health Agency of Canada (PHAC)</b>					
HIV and Hep C Community Action Fund (five-year grant)	Three outreach workers (one per organizaition) <sup>4</sup> , 0.5FTE program evaluator	\$ 247,668	\$ 242,163	\$ 246,517	\$ 736,348
i-TRACK 4 surveillance (one-time funding)	Two Peer workers/interviewers	27,396	-	-	27,396
<b>Total PHAC funding</b>		<b>\$ 275,064</b>	<b>\$ 242,163</b>	<b>\$ 246,517</b>	<b>\$ 763,744</b>
<b>Total leveraged funding to control HIV epidemic</b>		<b>\$ 625,064</b>	<b>\$ 592,163</b>	<b>\$ 596,517</b>	<b>\$ 1,813,744</b>

1) Harm reduction coordinator will be contracted via MLHU to RHAC to support expansion of the needle exchange program through pharmacies, shelters, and other small satellite locations.

2) Harm reduction services are contracted via MLHU to RHAC.

3) An application has also been made to the AIDS Bureau for this funding, however it is being considered only for a one-time grant.

4) This is a five year grant. The total funding is \$1,244,648 and is allocated between RHAC, MLHU, and London Intercommunity Health Centre.

TO: Chair and Members of the Board of Health

FROM: Christopher Mackie, Medical Officer of Health

DATE: 2017 July 20

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## SUMMARY INFORMATION REPORT FOR JULY 2017

### **Recommendation**

*It is recommended that Report No. 039-17 re: Information Summary Report for July 2017 be received for information.*

### **Key Points:**

- **A plan is being developed to ensure smooth transition of existing clients and ongoing support, with system navigation for all HSO clients.**

The dental clinic staff, as well as external stakeholders, including the Ministry of Health and Long-Term Care and the London District Dental Society (LDDS), were notified of the decision to stop treatment services at the 50 King Street Dental Clinic.

Outside of Toronto, the Middlesex-London region has more dentists than any other region in Ontario. The dental program team is working to develop a plan to ensure an effective and thoughtful transition that enables access to ongoing dental treatment services for our HSO clients.

The plan includes:

- Communicating with our current HSO clients about the clinic changes at 50 King Street;
- Ensuring that current HSO clients have ongoing treatments completed before they are discharged, and assisting with linking them to a local dentist, if necessary;
- Providing ongoing system navigation support to HSO clients;
- Meeting with the LDDS, Western University and other stakeholders to ensure that HSO clients continue to receive necessary and important treatment services; and
- Exploring possible partnerships to reduce barriers for those most in need.

The Dental Clinic will continue to provide prevention services, in view of our core mandate to provide clients with preventive clinic services, such as cleaning and polishing, fluoride treatments, sealants and interim stabilization therapy. Outreach services, including school-based dental screening and the innovative Fluoride Varnish program, will be unaffected by these changes.



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



TO: Chair and Members of the Board of Health

FROM: Dr. Christopher Mackie, Medical Officer of Health

DATE: 2017 July 20

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## MEDICAL OFFICER OF HEALTH ACTIVITY REPORT – JULY

### ***Recommendation***

*It is recommended that the Board of Health receive Report No. 040-17 re: Medical Officer of Health Activity Report – July for information.*

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The following report presents activities of the Medical Officer of Health for the period of June 5, 2017, to July 7, 2017.

- June 13 The MOH participated in an interview with AM980 in regards to London Police Services statement regarding potential opioid overdoses over the weekend.  
The MOH participated in an interview with CBC London in regards to the provincial opioid strategy announcement.  
The MOH was interviewed by MyFM Strathroy in regards to both the recent overdoses as well as the current opioid situation in Middlesex London.
- June 14 The MOH attended the United Way Lunch that was hosted and prepared by Dr. Dhir, MLHU Dentist. All proceeds were donated to United Way of London and Middlesex.
- June 15 The MOH attended the Indigenous Champion Training Launch at Innovation Works.
- June 16 The MOH attended the CBC Open House.
- June 19 The MOH participated in the Public Health Work Stream (Board of Health and LHIN Consultation) discussion. This meeting was chaired by Roselle Martino, MOHLTC.  
The MOH met with Deb Matthews to give her an update on the locations project as well as provide and update on the current drug crisis in London and Middlesex.  
The MOH was interviewed by CBC Radio in regards to Supervised Injection Services and sharps bins.
- June 21 The MOH was the key note speaker for Merrymount Children’s Centre’s Annual General Meeting.  
The MOH was interviewed by CTV regarding the provincial opioid funding announcement.
- June 22 The MOH attended the United Way Golf Tournament as a volunteer.

- June 26 The MOH participated in a phone meeting with Joseph Milos and Richard Martz of LiveWorkLearnPlay.
- June 27 The MOH was one of the presenters during a Public Health webinar in regards to restricting marketing to children and curbing sugary drinks consumption.
- June 28 The MOH met with MPP Monte McNaughton to discuss his support for a Basic Income policy in Ontario.
- July 4 The MOH met with Murray Glendining, LHSC to provide an update on the location project.
- July 5 The MOH participated in a meeting of a Local Opioid Response Leadership Group. John Pare, Chief of Police and Brian Lester, Regional HIV/AIDS Connection CEO were also in attendance.
- July 6 The MOH attended a meeting with Brian Lester, RHAC to discuss harm reduction as well as Community Drug and Alcohol Strategy and Save Injection Services.
- July 7 Introductory meeting with Jodi Younger, VP of Patient Care & Quality at St. Joseph's Health Care.

This report was submitted by the Office of the Medical Officer of Health.



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



TO: Chair and Members of the Board of Health  
FROM: Christopher Mackie, Medical Officer of Health / CEO  
DATE: 2017 July 20

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## INFANT HEARING PROGRAM: INCREASED BASE BUDGET FUNDING

### **Recommendation**

*It is recommended that the Board of Health:*

- 1) *Receive Report No. 041-17 Re: “Infant Hearing Program Increased Base Budget Funding;*
- 2) *Approve the revised Screening, Assessment, and Intervention Team budget; and*
- 3) *Authorize the Board Chair sign the Amending Agreement with the Ministry of Children and Youth Services.*

### **Key Points**

- In July 2017, the Health Unit was notified that it will be receiving an annual funding enhancement of \$245,338 for the Infant Hearing Program. The 2017-2018 funding enhancement of \$184,004 will start July 1, 2017 and will reflect the remaining 9 months of the fiscal year (attached as [Appendix A](#)).
- The 2017-2018 Planning and Budget Template for the Screening, Assessment and Intervention (SAI) Team has been revised to reflect the enhanced funding (attached as [Appendix B](#)).
- The enhanced base funding will be used to address existing program pressures and maintain programs and services.

### **Background**

The Middlesex-London Health Unit (MLHU) has a signed Service Agreement with the Ministry of Children and Youth Services (MCYS) to fulfill the role of lead agency for the Infant Hearing Program – Southwest Region (IHP-SW). The program provides screening, assessment and early intervention in Middlesex-London, Elgin, Oxford, Huron, Perth, Grey, Bruce and Lambton counties. The IHP-SW screens the hearing of 10,000 newborns each year and provides follow-up supports and services to approximately 120 children with permanent hearing loss per year, from birth to school-age.

### **2017–18 MCYS Base Budget Funding Enhancement**

On July 7, 2017, MLHU received a funding enhancement letter from the MCYS (attached as [Appendix A](#)). The funding enhancement provides for an annual base budget increase of \$245,338. The funding enhancement for 2017-2018 of \$184,004 will start July 1, 2017 and will reflect the remaining 9 months of the fiscal year. The funding is to be used for the Infant Hearing Program to enhance service capacity and to help build a more sustainable program over time.

### **2017–18 Revised SAI Team Budget**

The Screening, Assessment and Intervention Team budget has been revised to reflect this enhanced funding (attached as [Appendix B](#)). The enhanced funding will help address pressures related to delays in screening, audiology rehabilitation and the ongoing cost of program supplies. The proposal includes the following funding increases: 1) in-hospital hearing screening, to backfill the majority of vacation and statutory holidays; 2) community screening, by approximately .65 FTEs; 3) audiology rehabilitation, by approximately .7 FTE; and 4) administrative support by .22 FTE, for the remainder of this fiscal year. All positions are contracted through our Service Provider Agencies. The funding allocations are flexible enough that changes can be made within budget lines, as required by program demand over time.

Previously, it appeared that additional funding would be required in the 2018-2019 fiscal year to maintain current service levels. With this increase to base funding, it is anticipated that a balanced budget will be realized with no additional funding for the next fiscal year.

2017-2018 budget increases from the original 2017-2018 budget are outlined below:

Salary, wages and benefits:	\$110,938
Program Supplies:	\$33,692 (Note: in order to balance the original 2017-2018 budget, this budget line was significantly reduced with plans of applying to MCYS for one-time funding. This restores the budget to levels which will meet existing need)
Equipment (one time):	\$34,000
Professional Fee:	\$3,994 (Note: this reflects increased need for interpreters)
Travel:	\$880
Staff Development:	\$500
<b>TOTAL:</b>	<b>\$184,004</b>

### Conclusion

It has been over 10 years since there has been an increase in base budget funding to the Infant Hearing Program – Southwest Region, and this enhanced funding will help to address existing program pressures. It is recommended that the Board of Health approve the revised budget for 2017-2018 for the SAI Team. It is also recommended that the Board of Health Chair sign the Amending Agreement, as required by the Ministry by Friday, July 28, 2017 (attached as [Appendix C](#)).

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



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

**Ministry of Children and  
Youth Services**

Early Child Development Branch

Strategic Policy and Planning  
Division3rd Floor  
101 Bloor St. W.  
Toronto ON M5S 2Z7Tel: 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  
stratégiques3<sup>e</sup> étage  
101, rue Bloor Ouest  
Toronto ON M5S 2Z7

July 7, 2017

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

Dear Dr. Mackie:

In follow up to the letter that Assistant Deputy Minister Darryl Sturtevant sent recently, I am pleased to inform you that the South West Infant Hearing Program (IHP) will receive an annual increase to its \$835,886 base budget of \$245,338. The funding enhancement beginning July 1, 2017 of \$184,004 will reflect the remaining nine months this fiscal 2017-18.

This investment will enhance service capacity and will help build a more sustainable program over time, including supporting the purchase of hearing screening consumables. It will also support the timely delivery of assessment and intervention services, such as language development. As per the previous letter, the Ministry will undertake a review within two years in order to assess the impact of this investment on reaching these objectives.

Please find attached a Transfer Payment Amending Agreement to your 2016-17 Service Level Agreement. Please do the following:

- 1) Sign and date page 2 of the Agreement.
- 2) Attach an updated Budget schedule (Appendix 2 of the Amending Agreement) that reflects the enhanced funding for this fiscal 2017-18.
- 3) Return two signed hard copies of the Agreement by Friday, July 28, 2017 to:

Tiziana Scrocco  
Senior Financial Analyst  
Early Child Development Branch  
Ministry of Children and Youth Services  
101 Bloor Street West, 3rd Floor  
Toronto, ON M5S 2Z7  
[Tiziana.Scrocco@ontario.ca](mailto:Tiziana.Scrocco@ontario.ca)



Please don't hesitate to contact me at [stacey.weber@ontario.ca](mailto:stacey.weber@ontario.ca) or 416-327-7386 if you have any questions.

Thank you for your ongoing commitment and dedication in making the IHP a success in Ontario.

Sincerely,



Stacey Weber  
A/Director

- c. Lisa Butler, Manager, Early Child Development Branch
- Vanessa Martin, Program Consultant, Early Child Development Branch
- Tiziana Scrocco, Sr. Financial Analyst, Early Child Development Branch
- Susan DeSousa, Sr. Financial Analyst, Early Child Development Branch
- Debbie Shugar, PSL, BLV, IHP Coordinator

Program: Screening, Assessment & Intervention Team

<b>SECTION F</b> <b>STAFFING COSTS:</b>	<b>2016/2017 TOTAL FTEs</b>	<b>2017/2018 ESTIMATED FTEs</b>
	<b>34.21</b>	<b>35.86</b>
<b>MLHU Staff:</b>		
Program Manager	1.0	1.0
Program Assistant	2.4	2.48
Intake – Coordinator	1.0	1.0
<b>Contract Staff:</b>		
Family Support Worker	0.58	0.58
Early Childhood Vision Consultant	2.3	2.3
Speech & Language Pathologist	13.23	13.23
Administrative Support	3.41	3.63
Communication Disorder Assistant	4.2	4.2
Audiology Consultant (Infant Hearing Program)	0.5	0.5
Audiologist	1.74	2.44
Hearing Screener	3.85	4.5

<b>SECTION G</b>						
<b><sup>1</sup>PROGRAM EXPENDITURES &amp; REVENUES ARE FROM APRIL 1, 2017 TO MARCH 31, 2018</b>						
<b>EXPENDITURES:</b>						
<b>Object of Expenditure</b>	<b>2015 Budget</b>	<b>2015 Actual</b>	<b>2016 Budget</b>	<b>2017 Revised Budget</b>	<b>\$ increase (\$ decrease) over 2016</b>	<b>% increase (% decrease) over 2016</b>
Salary & Wages	\$ 2,246,053	\$ 2,212,118	\$ 2,220,049	\$ 2,323,266	\$ 103,217	
Benefit	474,436	459,913	483,801	491,522	7,721	
Travel	32,799	25,925	28,104	28,984	880	
Program Supplies	41,754	57,445	29,072	62,764	33,692	
Staff Development	1,750	774	1,250	1,750	500	
Occupancy Costs	63,328	69,846	72,336	72,336	-	
Professional Fees	8,611	6,778	5,548	9,542	3,994	
Furniture & Equipment	1,681	2,267	12,000	46,000	34,000	
Other Program Costs	636	594	2,936	2,936	-	
<b>Total Expenditures</b>	<b>\$ 2,871,048</b>	<b>\$ 2,835,660</b>	<b>\$ 2,855,096</b>	<b>\$ 3,039,100</b>	<b>\$ 184,004</b>	

(1) These are March 31st Programs, the total budget is expected to remain the same, however, the allocation may change when final MCYS approval is sought in Q2 each year.

Program: Screening, Assessment & Intervention Team

<b>SECTION H</b>						
<b>FUNDING SOURCES:</b>						
<b>Object of Expenditure</b>	<b>2015 Budget</b>	<b>2015 Actual</b>	<b>2016 Budget</b>	<b>2017 Draft Budget</b>	<b>\$ increase (\$ decrease) over 2016</b>	<b>% increase (% decrease) over 2016</b>
Cost-Shared	\$ 10,000	\$ 0	\$ 10,000	\$ 10,000	\$	
MOHLTC – 100%						
MCYS – 100%	2,812,962	2,812,962	2,812,962	2,996,966	184,004	
User Fees						
Other Offset Revenue	48,086	22,698	32,134	32,134		
<b>Total Revenues</b>	<b>\$ 2,871,048</b>	<b>\$ 2,835,660</b>	<b>\$ 2,855,096</b>	<b>\$ 2,855,096</b>	<b>\$ 184,004</b>	

<b>SECTION I</b>
<b>KEY HIGHLIGHTS/INITIATIVES PLANNED FOR 2017</b>
<ul style="list-style-type: none"> <li>• Implementation of the regional plans for the provincial Special Needs Strategy for Coordinated Services and Integrated Rehabilitation</li> <li>• Continued reduction of number of different hearing screeners in hospitals in order to meet provincial standards for refer rates (i.e. more screenings per screener in order to ensure adequate volume to maintain skills).</li> <li>• Implementation of an online appointment scheduling system for IHP so families can schedule appointments for follow-up hearing screenings if babies were missed in the hospital or received a refer result</li> <li>• Expanding partnerships with Ontario Early Years Child and Family Centres in our region to be used as service delivery sites as well as building capacity of staff for delivering awareness messages related to speech, language, hearing and vision</li> </ul>

<b>SECTION J</b>
<b>PRESSURES AND CHALLENGES</b>
<ul style="list-style-type: none"> <li>• Reducing the number of different people screening hearing in the hospitals is challenging in smaller hospitals and rural areas where there are fewer babies born and staff who work rotating shifts</li> <li>• System changes as a result of the Special Needs Strategy will require significant change management</li> <li>• If budgets continue to receive no increase, this will put pressure on our ability to maintain staff at current levels and meet program targets</li> </ul>

<b>SECTION K</b>
<b>RECOMMENDED ENHANCEMENTS, REDUCTIONS AND EFFICIENCIES FOR 2017</b>
<ul style="list-style-type: none"> <li>• There are no 2017 PBMA proposals for the Screening, Assessment and Intervention Team</li> </ul>

**This Amending Agreement No.1** effective as of the 1 day of July, 2017

**B E T W E E N:**

**HER MAJESTY THE QUEEN IN RIGHT OF ONTARIO  
as represented by the Minister of Children and Youth Services**

(the "Province")

- and -

**Middlesex-London Health Unit**

(the "Recipient")

**BACKGROUND**

1. The Province and the Recipient entered into an agreement effective as of the 1 day of April, 2016 (the "Agreement").
2. The Parties wish to amend the Agreement in the manner set out in this amending agreement (the "Amending Agreement No. 1").

**IN CONSIDERATION** of the mutual covenants and agreements contained herein, and for other good and valuable consideration, the receipt and sufficiency of which are hereby acknowledged, the Parties hereto agree as follows:

1. Capitalized terms used but not defined in this Amending Agreement No.1 have the meanings ascribed to them in the Agreement.
2. Section 3.0 of the Agreement is deleted and replaced with the following:  
  
3.2 The Ministry shall provide \$1,019,890 in annual funding (\$835,886 + \$184,004) to the Recipient for the purpose of completing the Infant Hearing Program Project for fiscal 2017-18 (from July 1, 2017 to March 31, 2018).
3. Schedule "A" of the Agreement is deleted and replaced with Schedule "A", attached to Amending Agreement No.1 as Appendix "1".
4. Schedule "C1" of the Agreement is deleted and replaced with Schedule "C1", attached to Amending Agreement No.1 as Appendix "2".

5. The Agreement is amended to reflect that wherever the conjunction “; and”, “; or”, and/or “; and/or” is used before the last item on the list, and the last item on the list has been deleted or one or more new items have been added at the end, the subject conjunction shall be deemed to have been moved to the penultimate item on the amended list.
6. This Amending Agreement No.1 shall be effective as of the first date written above.
7. Except for the amendments provided for in Amending Agreement No.1, all provisions in the Agreement shall remain in full force and effect.

The Parties have executed this Amending Agreement No.1 on the dates set out below.

**HER MAJESTY THE QUEEN IN RIGHT OF ONTARIO  
as represented by the Minister of Children and Youth Services**

\_\_\_\_\_  
Name: \_\_\_\_\_ Date \_\_\_\_\_  
Title:

**Middlesex-London Health Unit**

\_\_\_\_\_  
Name: \_\_\_\_\_ Date \_\_\_\_\_  
Title:

\_\_\_\_\_  
Name: \_\_\_\_\_ Date \_\_\_\_\_  
Title:

I/We have authority to bind the Recipient.

### Appendix "I"

Attached to and forming part of the Amending Agreement No.1 entered into between the Province and the Recipient dated the 1 day of July 2017.

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#### Schedule "A" GRANT FUNDS PAYMENT SCHEDULE

Attached to and forming part of the Agreement entered into between the Province and the Recipient dated the 1 day of July 2017.

The Ministry shall provide the Grant Funds according to the following schedule:

TP Payments By Fiscal Year 2017-18	
Payment Date	Payment Date
July 14, 2017	November 30, 2017
July 31, 2017	December 15, 2017
August 15, 2017	December 29, 2017
August 31, 2017	January 15, 2018
September 15, 2017	January 31, 2018
September 29, 2017	February 15, 2018
October 16, 2017	February 28, 2018
October 31, 2017	March 15, 2018
November 15, 2017	March 29, 2018

**Appendix "2"**

Attached to and forming part of the Amending Agreement No.1 entered into between the Province and the Recipient dated the 1 day of July 2017.

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**Schedule "C1"**  
**INFANT HEARING PROGRAM BUDGET**

Attached to and forming part of the Amending Agreement No.1 entered into between the Province and the Recipient dated the 1 day of July 2017.

The Recipient shall expend the Grant Funds in accordance with the following budget.  
[Insert budget]



TO: Chair and Members of the Board of Health

FROM: Christopher Mackie, Medical Officer of Health

DATE: 2017 July 20

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## Q2 FINANCIAL UPDATE & FACTUAL CERTIFICATE

### **Recommendation**

*It is recommended that the Board of Health receive Report No. 042-17 re: “Q2 Financial Update & Factual Certificate” and appendices for information.*

### **Key Points**

- The 2017 approved budget assumes a 1.5% (\$241,968) increase in Mandatory Programs funding from the Ministry of Health and Long-Term Care.
- The annual grant request was submitted to the Ministry of Health & Long-Term Care on March 1, 2017 and included one-time funding requests totaling \$141,361.
- On June 20, 2017, the Board received notification from Dr. Eric Hoskins, Minister of Health and Long-Term Care, that the Middlesex-London Health Unit (MLHU) has been approved for base funding of \$250,000 to support local opioid response initiatives. (See [Report No. 038-17](#))
- Roselle Martino, Assistant Deputy Minister, reemphasized the Ministry’s earlier guidance to expect no growth funding for Mandatory Programs in 2017.
- The Health Unit is expecting a break-even position by the end of 2017.
- Included in this financial update is a signed factual certificate which provides assurance that the financial and risk management functions are being performed.

### **Background**

The 2017 operating budget was approved by the Board of Health 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% or \$241,968 increase in Mandatory Programs funding from the Ministry of Health & Long-Term Care (MOHLTC). In addition, as part of the 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.

### **2017 Growth Funding for Mandatory Programs**

As reported in [Report No. 038-17](#), as part of this agenda, the Province has not yet provided funding approvals for the 2017 program-based budget grants. As a follow-up to the funding announcement received on June 20, 2017 regarding the \$250,000 in base funding to support local opioid response initiatives, Assistant Deputy Minister Roselle Martino stated that all health units should plan for status quo, or no change in program funding from 2016. The impact of a 0% on growth funding for Mandatory Programs would be a reduction in expected grants of \$241,968 in 2017. The 2017 budget included reallocating \$275,000 to respond to HIV prevention and control. The PBMA proposal was for the creation of an outreach team consisting of a coordinator, a nurse, and outreach worker with the focus on connecting care with person who inject drugs (PWID). For 2017, the \$250,000 additional base funding announced on June 20<sup>th</sup> could be directed to the same initiative thereby relieving the 0% or no change on Mandatory Program funding for 2017.

### **Financial Highlights**

Attached as [Appendix A](#) is the Budget Variance Summary which provides actual and budgeted expenditures for the first six months and projections to the end of the operating year for the programs and services governed by the Board of Health.



Table 1 below provides a comparison by division of the updated year end variance forecasts. In addition to the information provided in the Q1 Financial Update ([Report No. 020-17FFC](#)) the estimates have increased due to additional favourable variances across divisions.

**Table 1 – Anticipated Quarterly Variances by Division**

<b>Division</b>	<b>Quarter 1</b>	<b>Quarter 2</b>	<b>Change</b>
Environmental Health & Infectious Disease	\$ 155,014	\$ 211,126	\$ 56,112
Healthy Living	16,410	188,549	172,139
Healthy Start	35,000	89,999	54,999
Office of the Medical Officer of Health	-	-	-
Corporate Services	28,777	130,456	101,679
Foundational Standards	31,300	16,010	(15,290)
General Expenses & Revenues	30,000	30,000	-
<b>Total anticipated variances before agency gapping budget</b>	<b>\$ 296,501</b>	<b>\$ 666,140</b>	<b>\$ 369,639</b>

The \$369,639 increase can be explained by the following:

- \$ 398,503 1) Additional position vacancies across all programs.
- 5,000 2) In additional food safety training revenue
- 25,000 3) Additional savings in the RHAC
- 34,886 4) Other program costs (travel, program resources, cell phone, and i-Parent training)
- (16,750) 5) Additional Human Resource Coordinator resources to support collective bargaining and case management
- (32,000) 6) 4-month Epidemiologist contract
- (10,000) 7) Indigenous Cultural Safety training (40 licenses)
- (10,000) 8) Replacement office chairs
- (25,000) 9) Additional resources to clear duplicate records in Panorama
- \$ 369,639 10) Total net increase from Q1 reported variance**

Overall the net favourable variance has increased to \$666,140 from \$296,501 as identified in the Q1 financial update and will contribute to the overall expected annual gapping budget of \$749,155. The Health Unit is projecting a breakeven position by the end of 2017. Ministry grant approvals are not expected until late summer (Q2) or early fall (Q3).

### **Factual Certificate**

Attached as [Appendix B](#) is a signed factual certificate. This certificate is signed by senior administrators of the Health Unit 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.



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

**MIDDLESEX-LONDON HEALTH UNIT  
NET BUDGET VARIANCE SUMMARY**  
As at June 30, 2017

Appendix A to Report No. 042-17

	2017 YTD ACTUAL (NET)	2017 YTD BUDGET (NET)	VARIANCE (OVER) / UNDER	% VARIANCE	DECEMBER FORECAST	2017 ANNUAL NET BUDGET	DECEMBER SURPLUS / (DEFICIT)	% VARIANCE	Comment / Explanation
<b><i>Environmental Health &amp; Infectious Disease Division</i></b>									
Office of the Director/Travel Clinic	\$ 145,415	\$ 141,755	\$ (3,660)	-2.6%	\$ 289,509	\$ 283,509	\$ (6,000)	-2.1%	(\$6,000) related to additional professional development opportunities.
Emergency Management	38,993	85,379	46,386	54.3%	131,862	170,758	38,896	22.8%	\$39,096 due to Manager vacancy, \$7,300 savings in fit testing supplies and Emergency Planning week supplies, offset by reduced revenues (\$7,500) in fit testing.
Food Safety & Healthy Environments	882,946	901,018	18,072	2.0%	1,784,536	1,802,036	17,500	1.0%	\$10,500 relating to PHI retirement. \$2,000 in cell phone charges, and \$5,000 in additional food safety training revenue.
Safe Water & Vector-Borne Disease	526,389	632,007	105,618	16.7%	1,341,243	1,364,603	23,360	1.7%	\$23,360 due to PHI secondment (vacancy).
Infectious Disease	813,805	797,074	(16,731)	-2.1%	1,614,599	1,594,149	(20,450)	-1.3%	\$18,500 due to PHI and PHN vacancies, offset by (\$27,000) in standby/on-call charges, (\$22,000) in Manager wages assigned to special projects.
Vaccine Preventable Disease	705,339	681,285	(24,054)	-3.5%	1,387,571	1,362,571	(25,000)	-1.8%	(\$25,000) for additional resource to clear duplicate records in the Panorama database.
Sexual Health	1,000,486	1,244,596	244,110	19.6%	2,306,371	2,489,191	182,820	7.3%	\$49,560 due to PHN vacancies in the Sexual Health Clinic, \$62,810 favourable variance due to late startup of the HIV outreach program, \$35,450 due to fewer purchases of contraceptives, \$100,000 relating to savings in the Regional HIV/ AIDS Connection contract, partially offset by lower revenue from contraceptive sales. (\$60,000), and (\$5,000) for program / database development for HIV outreach program.
<b>Total Environmental Health &amp; Infectious Disease Division</b>	<b>\$ 4,113,373</b>	<b>\$ 4,483,114</b>	<b>\$ 369,741</b>	<b>8.2%</b>	<b>\$ 8,855,691</b>	<b>\$ 9,066,817</b>	<b>\$ 211,126</b>	<b>2.3%</b>	
<b><i>Healthy Living Division</i></b>									
Office of the Director	\$ 115,007	\$ 121,572	\$ 6,565	5.4%	\$ 238,653	\$ 243,153	\$ 4,500	1.9%	\$4,500 in program supplies.
Child Health	759,636	855,077	95,441	11.2%	1,615,509	1,710,155	94,646	5.5%	\$76,660 due to PHN MLOA and ULOA, and a Manager vacancy, \$5,000 in program travel, and \$12,986 relating to i-Parent Triple P training.
Chronic Disease and Tobacco Control	576,515	706,143	129,628	18.4%	1,389,704	1,412,286	22,582	1.6%	\$22,582 due to vacant 0.5 FTE Dietitian and PHN positions. I
Healthy Communities and Injury Prevention	552,246	594,166	41,920	7.1%	1,184,431	1,188,331	3,900	0.3%	\$2,000 related to program travel and \$1,900 for lower than anticipated cell phone costs.
Oral Health	473,309	551,012	77,703	14.1%	1,050,348	1,102,023	51,675	4.7%	\$45,675 savings related to vacant Oral Health Manager and Dental Consultant. \$6,000 in dental supplies.
Southwest Tobacco Control Area Network	16,866	238,450	221,584	92.9%	501,900	501,900	-	0.0%	No anticipated variance by year end.
Young Adult Health	538,676	562,491	23,815	4.2%	1,113,736	1,124,982	11,246	1.0%	\$6,246 due to vacancy in 0.5 FTE Dietitian position. \$5,000 in program travel.
<b>Total Healthy Living Division</b>	<b>\$ 3,032,255</b>	<b>\$ 3,628,911</b>	<b>\$ 596,656</b>	<b>16.4%</b>	<b>\$ 7,094,281</b>	<b>\$ 7,282,830</b>	<b>\$ 188,549</b>	<b>2.6%</b>	

	2017 YTD ACTUAL (NET)	2017 YTD BUDGET (NET)	VARIANCE (OVER) / UNDER	% VARIANCE	DECEMBER FORECAST	2017 ANNUAL NET BUDGET	DECEMBER SURPLUS / (DEFICIT)	% VARIANCE	Comment / Explanation
<b>Healthy Start Division</b>									
Office of the Director	\$ 120,743	\$ 125,454	\$ 4,711	3.8%	\$ 250,908	\$ 250,908	\$ -	0.0%	No anticipated variance by year end.
Nurse Family Partnership	99,883	92,050	(7,833)	-8.5%	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	1,537,785	1,549,839	12,054	0.8%	3,076,372	3,102,371	25,999	0.8%	\$25,999 due to PHN retirement and vacant PHN position.
Early Years Health	746,514	786,816	40,302	5.1%	1,533,633	1,573,633	40,000	2.5%	\$40,000 in PHN vacancies.
Reproductive Health	708,461	767,800	59,339	7.7%	1,593,815	1,611,815	18,000	1.1%	\$18,000 due to PHN vacancies and casual PHN savings.
Screening Assessment and Intervention (SAI)	598,457	703,241	104,784	14.9%	2,812,962	2,812,962	-	0.0%	No anticipated variance by year end.
<b>Total Healthy Start Division</b>	<b>\$ 3,811,843</b>	<b>\$ 4,025,200</b>	<b>\$ 213,357</b>	<b>5.3%</b>	<b>\$ 9,445,790</b>	<b>\$ 9,535,789</b>	<b>\$ 89,999</b>	<b>0.9%</b>	
<b>Office of the Chief Nursing Officer &amp; Social Determinants of Health</b>									
	\$ 188,866	\$ 206,551	\$ 17,685	8.6%	\$ 413,103	\$ 413,103	\$ -	0.0%	No anticipated variance by year end.
<b>Office of the Medical Officer of Health</b>									
Office of the Medical Officer of Health	\$ 177,734	\$ 209,157	\$ 31,423	15.0%	\$ 418,314	\$ 418,314	\$ -	0.0%	\$24,172 related to MOH parental leave, offset by additional support for the AMOH & compensation for the Acting CEO functions.
Communications	246,577	266,251	19,674	7.4%	532,501	532,501	-	0.0%	No anticipated variance by year end.
<b>Total Office of the Medical Officer of Health</b>	<b>\$ 424,311</b>	<b>\$ 475,408</b>	<b>\$ 51,097</b>	<b>10.7%</b>	<b>\$ 950,815</b>	<b>\$ 950,815</b>	<b>\$ -</b>	<b>0.0%</b>	
<b>Corporate Services Division</b>									
Office of the Director	\$ 176,576	\$ 182,896	\$ 6,320	3.5%	\$ 365,792	\$ 365,792	\$ -	0.0%	No anticipated variance by year end.
Finance	252,776	261,200	8,424	3.2%	512,401	522,401	10,000	1.9%	\$10,000 expected from the Infant Hearing Program for finance support.
Human Resources & Labour Relations	251,030	242,622	(8,408)	-3.5%	527,916	485,243	(42,673)	-8.8%	(\$42,673) unfavourable variance due to additional resource required to support collective bargaining and case management.
Information Technology	311,937	497,700	185,763	37.3%	914,458	1,001,200	86,742	8.7%	\$86,742 due to vacant Manager and Software Developer position.
Privacy & Occupational Health & Safety	79,975	80,363	388	0.5%	160,727	160,727	-	0.0%	No anticipated variance by year end.
Procurement & Operations	111,242	134,496	23,254	17.3%	192,604	268,991	76,387	28.4%	\$76,387 due to Manager vacancy.
Strategic Projects	64,873	67,282	2,409	3.6%	134,565	134,565	-	0.0%	No anticipated variance by year end.
<b>Total Corporate Services Division</b>	<b>\$ 1,248,409</b>	<b>\$ 1,466,559</b>	<b>\$ 218,150</b>	<b>14.9%</b>	<b>\$ 2,808,463</b>	<b>\$ 2,938,919</b>	<b>\$ 130,456</b>	<b>4.4%</b>	

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<b>Foundational Standard Division</b>									
Office of the Director	\$ 183,943	\$ 161,854	\$ (22,089)	-13.6%	\$ 317,253	\$ 313,793	\$ (3,460)	-1.1%	(\$3,460) in costs associated with taking on additional role as Acting MOH
Program Planning & Evaluation	476,125	556,011	79,886	14.4%	1,092,553	1,112,023	19,470	1.8%	\$51,470 due to vacancies in Epi, Prg. Evaluator positions, partially offset by (\$32,000) for 4-month contract for an Epidemiologist to assist in moving forward key organizational projects.
Library & Resource Lending	52,721	67,004	14,283	21.3%	240,532	240,532	-	0.0%	No anticipated variance by year end.
<b>Total Foundational Standard Division</b>	<b>\$ 712,789</b>	<b>\$ 784,869</b>	<b>\$ 72,080</b>	<b>9.2%</b>	<b>\$ 1,650,338</b>	<b>\$ 1,666,348</b>	<b>\$ 16,010</b>	<b>1.0%</b>	
<b>General Expenses &amp; Revenues</b>	<b>\$ 1,202,498</b>	<b>\$ 1,304,192</b>	<b>\$ 101,694</b>	<b>7.8%</b>	<b>\$ 2,578,383</b>	<b>\$ 2,608,383</b>	<b>\$ 30,000</b>	<b>1.2%</b>	\$75,000 expected for employer paid benefits (GWL), partially offset by (\$25,000) additional Supp. Unemployment Benefits, (\$10,000) for additional licenses for Indigenous Cultural Safety training for the organization, and (\$10,000) for purchases of replacement office chairs.
<b>Total Board of Health net Expenditures Before Expected Gapping</b>	<b>\$ 14,545,478</b>	<b>\$ 16,168,252</b>	<b>\$ 1,622,774</b>	<b>10.0%</b>	<b>\$ 33,796,864</b>	<b>\$ 34,463,004</b>	<b>\$ 666,140</b>	<b>1.9%</b>	
Less: Expected Agency Gapping Budget		- 374,578	(374,578)		(83,015)	(749,155)	(666,140)		
<b>TOTAL BOARD OF HEALTH NET EXPENDITURES</b>	<b>\$ 14,545,478</b>	<b>\$ 15,793,675</b>	<b>\$ 1,248,197</b>	<b>7.9%</b>	<b>\$ 33,713,849</b>	<b>\$ 33,713,849</b>	<b>\$ -</b>	<b>0.0%</b>	

**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 June 30, 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 2016 has been filled. (due by June 30<sup>th</sup> each year).
9. 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)
10. 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.
11. The Middlesex-London Health Unit is fulfilling its obligations by providing services in accordance with our funding agreements, the Health Protection & Promotion Act, the Ontario Public Health

Standards, the Ontario Public Health Organizational Standards and as reported to the Board of Health through reports including but not limited to:

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

Dated at London, Ontario this 20<sup>th</sup> day of July, 2017

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Dr. Christopher Mackie  
Medical Officer of Health & CEO

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John Millson  
Associate Director, Finance

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Laura Di Cesare  
Director, Corporate Services