AGENDA
MIDDLESEX-LONDON BOARD OF HEALTH

Thursday, February 15, 2018, 7:00 p.m.
399 RIDOUT STREET NORTH
SIDE ENTRANCE, (RECESSED DOOR)
Board of Health Boardroom

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 (regrets)
Ms. Patricia Fulton (Vice Chair)
Mr. Jesse Helmer
Mr. Trevor Hunter
Ms. Tino Kasi
Mr. Marcel Meyer
Mr. Ian Peer
Mr. Kurtis Smith
Ms. Joanne Vanderheyden (Chair) (regrets)

SECRETARY-TREASURER

Dr. Christopher Mackie

DISCLOSURE OF CONFLICTS OF INTEREST

APPROVAL OF AGENDA

APPROVAL OF MINUTES

January 18, 2018 - Board of Health

Receive: January 18, 2018 – Governance Committee Meeting
Receive: February 1, 2018 - Finance & Facilities Committee Meeting

DELEGATIONS

7:05 – 7:20 p.m.	Mr. Jesse Helmer, re: Item # 1 February 1, 2018 Finance & Facilities Committee verbal update
7:20 – 7:30	Ms. Shaya Dhinsa, re: Item # 2 Temporary Overdose Prevention Site and Supervised Consumption Facilities verbal update.

Item #	Report Name and Number	Link to Additional Information	Delegation	Recommendation	Information	Brief Overview
Committee Reports						
1	Finance & Facilities Committee (FFC) Meeting February 1, 2018 (Report No. 006-18)	February 1, 2018 FFC Agenda Appendix A (Revised 2018 Operating Budget)	x	x	x	To receive information and consider recommendations from the February 1, 2018 Finance & Facilities Committee meeting, which include approving the revised 2018 Operating Budget.
Information Reports						
2	Temporary Overdose Prevention Site Update (Report No. 007-18)	Appendix A	x		x	To provide an update on the status of site preparations for the Temporary Overdose Prevention Site.
3	Inspection of Hair Cutting Establishments (Report No. 008-18)	Appendix A			x	To provide an update on the Infectious Disease Control Team's focus on high risk settings to mitigate potential health hazards.
4	Summary Information Report for February (Report No. 009-18)				x	To provide an update on the Bus Rapid Transit community stakeholder consultation in which MLHU participated.
5	Medical Officer of Health/Chief Executive Officer Activity Report for February (Report No. 010-18)				x	To provide an update on the activities of the MOH/CEO.

OTHER BUSINESS

Complete Board of Health Self-Assessment and annual attestation.

- Next Finance and Facilities Committee Meeting: Thursday, March 1, 2018 @ 9:00 a.m.
- Next Board of Health Meeting: Thursday, March 15, 2018 @ 7:00 p.m.
- Next Governance Committee Meeting: March 15, 2018 @ 6:00 p.m.

CORRESPONDENCE

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

CONFIDENTIAL

The Board of Health will move in-camera to consider matters regarding identifiable individuals, a proposed or pending acquisition of land by the Middlesex-London Board of Health and the confidential minutes from the January 18, 2018 meeting and the February 1, 2018 Finance & Facilities Committee meeting.

ADJOURNMENT

CORRESPONDENCE

a) Date: 2018 January 05 [Received 2018 January 08]
Topic: Income Security
From: Association of Local Public Health Agencies
To: The Honourable Helena Jaczek, Minister of Community and Social Services

Background:

The Association of Local Public Health Agencies (alPHa) commended the provincial government for commissioning a broad review of Ontario's income security system and the general direction of the roadmap. Areas of particular interest which alPHa supports include: moving toward income adequacy, providing immediate support for those deepest in poverty, improving the broader security system (pharmacare, dental, vision, hearing, etc.), transforming the social assistance system and respecting First Nations jurisdiction. They also suggest that additional items such as extending health benefits to low-income seniors, increasing the supply of affordable housing and the consideration of a basic income approach.

Recommendation:

Receive.

b) Date: 2018 January 19
Topic: Proposed Regulations (Ontario) Cannabis Legislation
From: Association of Local Public Health Agencies
To: Medical Officers of Health, Boards of Health, Senior Managers, Smoke-Free Ontario Programs

Background:

Proposed regulations related to Ontario's approach to the legalization of cannabis have been posted for feedback, these include: Proposed places of use regulations under the Cannabis Act, 2017;
Extending the Reduced Suspension Program, Clarifying Long-term Vehicle Impoundment Rules and Making Other Consequential Amendments to Enhance Ontario's Impaired Driving Programs under the Making Ontario's Roads Safer, 2015; Cannabis, Smoke-Free Ontario and Road Safety Statute Law Amendment Act, 2017, Schedule 4, Amendments to the Highway Traffic Act (formerly Bill 174); Smoke-Free Ontario Act, 2017 Regulation; Ministry of Community Safety and Correctional Services: Public Consultation on proposed amendments to the Fire Code for combustible furniture and firefighters' elevators; and Proposed Regulations Relating to Cannabis Retail and Distribution.

Recommendation:

Receive.

c) Date: 2018 January 22
Topic: alPHa 2018 Annual Conference Program Committee
From: Association of Location Public Health Agencies (alPHa)
To: Board of Health Members, Medical Officers of Health, Public Health Managers

Background:

The Association of Local Public Health Agencies (alPHa) is seeking volunteers from health units and boards of health to participate on its 2018 Annual Conference Program Committee. The program committee is responsible for developing a timely, well-balanced, high-quality

agenda for alPHa's 2018 Annual Conference that will include sessions and speaker presentations of interest to public health attendees.

Recommendation:
Receive.

d) Date: 2018 January 29
Topic: Income Security: A Roadmap for Change
From: Northwestern Health Unit
To: All Ontario Boards of Health

Background:
See item (a) above.

The Northwestern Health Unit Board of Health passed a resolution at its January 19, 2018 meeting commending the work done in producing the Income Security: A Roadmap for Change report, and supporting the recommendations in the report.

Recommendation:
Receive.

PUBLIC SESSION – MINUTES
MIDDLESEX-LONDON BOARD OF HEALTH
399 Ridout Street, London
Middlesex-London Board of Health Boardroom
Thursday, January 18, 2018, 7:00 p.m.

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

OTHERS PRESENT:
Dr. Christopher Mackie, Secretary-Treasurer
Ms. Elizabeth Milne, Executive Assistant to the Board of Health and Communications (Recorder)
Ms. Mary Lou Albanese, Manager, Infectious Disease Control
Mr. Jordan Banninga, Manager, Strategic Projects
Ms. Laura Di Cesare, Director, Corporate Services
Mr. Dan Flaherty, Communications Manager
Mr. Brian Glasspoole, Manager, Finance
Ms. Marlene Haines, Nursing Student
Dr. Gayane Hovhannisyan, Associate Medical Officer of Health
Ms. Linna Li, Medical Resident
Ms. Heather Lokko, Director, Healthy Start
Mr. Alex Tyml, Online Communications Coordinator
Ms. Meena Umme, Health Promoter
Ms. Suzanne Vandervoort, Director, Healthy Living
Ms. Shaya Dhinsa, Manager, Sexual Health

Dr. Mackie called the meeting to order at 7:00 p.m.

Dr. Mackie began the meeting by acknowledging the traditional Indigenous peoples and territory, including the longstanding treaty relationships between Indigenous Nations and Canada, and those in our community whom we serve in public health.

MEETING PROCEDURES

1) Election of 2018 Board of Health Executive and Other Procedures (Report No. 001-18)

Dr. Mackie opened the floor for nominations for the position of Chair of the Board of Health for 2018.

It was moved by Mr. Meyer, seconded by Ms. Cassidy, *that Ms. Joanne Vanderheyden be nominated for Chair of the Board of Health for 2018.*

Carried

Ms. Vanderheyden accepted the nomination.

Dr. Mackie invited nominations three more times. Hearing none, it was moved by Mr. Meyer, seconded by Ms. Cassidy, that:

1) *Nominations for the position of Chair be closed; and*
2) *Ms. Joanne Vanderheyden be elected as Chair of the Board of Health for 2018.*

Carried

Ms. Vanderheyden took over as Chair, and thanked Mr. Helmer for his great work as Chair over the past two years.

Chair Vanderheyden opened the floor for nominations for the position of Vice-Chair of the Board of Health for 2018.

It was moved by Mr. Helmer, seconded by Mr. Meyer, *that Ms. Patricia Fulton be nominated for Vice-Chair of the Board of Health for 2018.*

Ms. Fulton accepted the nomination.

Chair Vanderheyden invited nominations three more times. Hearing none, it was moved by Mr. Helmer, seconded by Mr. Meyer, that:

1) *Nominations for the position of Vice-Chair be closed; and*
2) *Ms. Patricia Fulton be elected as Vice-Chair of the Board of Health for 2018.*

Carried

Chair Vanderheyden opened the floor for nominations for the position of Secretary-Treasurer of the Board of Health for 2018.

It was moved by Mr. Helmer, seconded by Ms. Cassidy, *that Dr. Christopher Mackie be nominated for Secretary-Treasurer of the Board of Health for 2018.*

Carried

Dr. Mackie accepted the nomination.

Chair Vanderheyden invited nominations three more times. Hearing no further discussion or nominations, it was moved by Mr. Helmer, seconded by Ms. Cassidy, *that Dr. Christopher Mackie be elected as Secretary-Treasurer by majority vote.*

Carried

2) Establishment of 2018 Standing Committees

It was moved by Ms. Cassidy, seconded by Mr. Peer, *that the Board of Health establish two standing committees, the Governance Committee and the Finance & Facilities Committee, for 2018.*

Carried

Chair Vanderheyden invited nominations for members of the Finance & Facilities Committee for 2018, and reviewed the Committee's Terms of Reference and composition.

It was moved by Mr. Helmer, seconded by Ms. Fulton, *that Ms. Kasi be nominated for the Finance & Facilities Committee for 2018.*

Ms. Kasi agreed to let her name stand.

It was remarked that as Vice-Chair, Ms. Fulton sits on the Finance & Facilities Committee automatically.

It was moved by Ms. Cassidy, seconded by Mr. Meyer, *that Mr. Helmer be nominated for the Finance & Facilities Committee for 2018.*

Mr. Helmer agreed to let his name stand.

It was moved by Mr. Peer, seconded by Mr. Hunter, *that Mr. Meyer be nominated for the Finance & Facilities Committee for 2018.*

Mr. Meyer agreed to let his name stand.

Chair Vanderheyden invited nominations three more times. Hearing none, it was moved *that nominations be closed and that Ms Kasi, Mr. Meyer, and Mr. Helmer be appointed to the Finance and Facilities Commitee.*

Carried

Therefore, the Finance & Facilities Committee for 2018 shall consist of the following Board of Health members:

1) Ms. Vanderheyden, (Chair and County representative)
2) Ms. Fulton (Vice-Chair and Provincial representative)
3) Ms. Kasi (Provincial representative)
4) Mr. Helmer (City representative)
5) Mr. Meyer (County representative)

Chair Vanderheyden invited nominations for members of the Governance Committee for 2018, and reviewed the Committee's Terms of Reference and composition.

It was moved by Mr. Peer, seconded by Mr. Clarke, *that Mr. Hunter be nominated for the Governance Committee for 2018.*

Mr. Hunter agreed to let his name stand.

It was moved by Mr. Hunter, seconded by Ms. Cassidy, *that Mr. Peer be nominated for the Governance Committee for 2018.*

Mr. Peer agreed to let his name stand.

It was moved by Mr. Peer, seconded by Mr. Hunter, *that Mr. Smith be nominated for the Governance Committee for 2018.*

Mr. Smith agreed to let his name stand.

Chair Vanderheyden invited nominations three more times. Hearing none, it was moved *that nominations be closed, and that Mr. Peer, Mr. Hunter, and Mr Smith be appointed to the Governance Committee.*

Carried

Therefore, the Governance Committee for 2018 shall consist of the following Board of Health members:

1) Ms. Vanderheyden (Chair and County representative)
2) Ms. Fulton (Vice-Chair and Provincial representative)
3) Mr. Peer (Provincial representative)
4) Mr. Hunter (City representative)
5) Mr. Smith (County representative)

Chair Vanderheyden reviewed the next meeting dates for the Board of Health and its standing committees.

It was moved by Mr. Peer, seconded by Mr. Helmer, *that the Board of Health approve the proposed meeting schedule for 2018.*

Carried

DISCLOSURES OF CONFLICT(S) OF INTEREST

Chair Vanderheyden inquired if there were any disclosures of conflict of interest to be declared. None were declared.

APPROVAL OF AGENDA

It was moved by Mr. Hunter, seconded by Mr. Helmer, *that the **AGENDA** for the January 18, 2018 Board of Health meeting be approved.*

Carried

APPROVAL OF MINUTES

It was moved by Mr. Hunter, seconded by Mr. Peer, *that the **MINUTES** of the December 14, 2017 Board of Health meeting be approved.*

Carried

It was moved by Ms. Fulton, seconded by Mr. Peer, *that the **MINUTES** of the December 7, Finance & Facilities Committee be received.*

Carried

It was moved by Mr. Hunter, seconded by Mr. Peer, *that the **MINUTES** of the November 30, 2017 Special Meeting of the Board of Health be approved.*

Carried

It was moved by Ms. Fulton, seconded by Mr. Peer, *that the **MINUTES** of the November 27, 2017 Special Meeting of the Finance & Facilities Committee be received.*

Carried

DELEGATIONS AND COMMITTEE REPORTS

Mr. Hunter provided a verbal update and summary of the January 18, 2018 Governance Committee meeting.

Terms of Reference and Reporting Calendar (Report No. 001-18GC)

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

1) *Approve the Governance Committee Terms of Reference (Appendix A); and*
2) *Approve the 2018 Governance Committee Reporting Calendar and Meeting Dates (Appendix B).*

Carried

2018 Board of Health Self-Assessment (Report No. 002-18GC)

Mr. Hunter provided context for this report and its appendices. A question was raised about the Reporting Calendar and the Q4 report to be delivered as a part of it.

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

1) *Approve the Self-Assessment Tool (Appendix A); and*
2) *Approve initiation of the Board of Health Self-Assessment Process for 2018.*

Carried

2018 Board of Health Annual Declarations (Report No. 003-18GC)

Mr. Hunter provided context for this report, and advised that these documents will be prepared for signature at the next Board meeting, should the Board approve initiation of the annual declarations process.

It was moved by Mr. Hunter, seconded by Mr. Peer, *that the Board of Health approve initiation of the Board of Health Declarations Process for 2018.*

Carried

Mr. Hunter noted that the next Governance Committee meeting will be Thursday, March 15, 2018, at 6:00 p.m.

Presentation on Community Consultations for Supervised Consumption Facilities

Ms. Shaya Dhinsa, Manager, Sexual Health, gave a presentation and update on the status of Supervised Consumption Facilities, which included findings from the report on the community consultation process and its recommendations.

Ms. Dhinsa answered questions, and discussion ensued on the following items:

- How clients will engage with wraparound services, and how to ensure that partner organizations follow up and provide the services necessary.
- How clients who do not require supervised injection services will use the services offered at the Overdose Prevention Site.
- How the Health Unit's partner agencies might manage the additional work of providing services.
- What criteria for success in the project's initial phase might look like.
- Strategically engaging recovered clients to assist in staffing the facility.

CORRESPONDENCE

It was moved by Ms. Fulton, seconded by Mr. Helmer, *that the Board of Health receive correspondence items a) through e).*

Carried

INFORMATION REPORTS

Health Equity Indicator Prioritization for 2018 (Report No. 002-18)

It was moved by Mr. Helmer, seconded by Ms. Cassidy, *that the Board of Health receive Report No. 002-18 re: "Health Equity Indicator Prioritization for 2018" for information.*

Carried

Medical Officer of Health / CEO Activity Report, January 2018 (Report No. 003-18)

It was moved by Mr. Helmer, seconded by Ms. Cassidy, *that the Board of Health receive Report No. 003-18 re: "Medical Officer of Health/CEO Activity Report for January 2018" for information.*

Carried

OTHER BUSINESS

Chair Vanderheyden reviewed the next meeting dates:

- Next Governance Committee meeting: March 15 @ 6:00 p.m.
- Next Board of Health meeting: February 15 @ 7:00 p.m.

- Next Finance & Facilities Committee meeting: February 1 @ 9:00 a.m.

Dr. Mackie noted that this was Dr. Hovhannisyan's last Board meeting, as she will be moving over to City of Hamilton Public Health Services in February. Dr. Mackie thanked Dr. Hovhannisyan for her dedicated work over the past few years, and wished her the best. The Board echoed this sentiment.

Dr. Mackie also introduced Ms. Linna Li, a medical resident who will be working on her communicable diseases rotation with the Middlesex-London Health Unit until March 2018.

Dr. Mackie also invited Board members to the news conference on Friday at 11:00 a.m. to announce the location for the Temporary Overdose Prevention Site.

CONFIDENTIAL

At 7:58 p.m., it was moved by Mr. Hunter, seconded by Mr. Smith, *that the Board of Health move in-camera to consider matters regarding potential litigation affecting the Middlesex-London Health Unit, a proposed or pending acquisition of land by the Middlesex-London Board of Health, and to consider confidential minutes from the December 7, 2017 Finance & Facilities Committee meeting and the December 14, 2017 Board of Health meeting.*

Carried

All guests in attendance except the Board of Health, Dr. Mackie, Ms. Milne, Ms. Di Cesare, Ms. Lokko, Ms. Vandervoort, Dr. Hovhannisyan, and Ms. Albanese left the meeting.

At 9:02 p.m., it was moved by Mr. Hunter, seconded by Mr. Meyer, *that the Board of Health rise and return to public session.*

Carried

At 9:02 p.m., the Board of Health returned to public session.

It was moved by Mr. Clarke, seconded by Mr. Meyer, *that the Board of Health conduct a review of public health services in the County of Middlesex.*

Carried

ADJOURNMENT

At 9:03 p.m., it was moved by Ms. Kasi, seconded by Ms. Cassidy, *that the meeting be adjourned.*

Carried

JOANNE VANDERHEYDEN
Chair

CHRISTOPHER MACKIE
Secretary-Treasurer

PUBLIC SESSION – MINUTES
MIDDLESEX-LONDON BOARD OF HEALTH
Governance Committee
399 Ridout Street, London
Middlesex-London Board of Health Boardroom
Thursday, January 18, 2018, 6:00 p.m.

Committee Members Present:	**Mr. Trevor Hunter (Chair)** Mr. Ian Peer Mr. Kurtis Smith Ms. Maureen Cassidy Mr. Jesse Helmer
Others Present:	Mr. Michael Clarke, Board Member Ms. Joanne Vanderheyden, Board Member Dr. Christopher Mackie, Secretary-Treasurer Ms. Elizabeth Milne, Executive Assistant to the Board of Health and Communications (Recorder) Ms. Laura Di Cesare, Director, Corporate Services Mr. Jordan Banninga, Manager, Strategic Projects

Chair Hunter called the meeting to order at 6:00 p.m.

DISCLOSURE OF CONFLICT(S) OF INTEREST

Chair Hunter inquired if there were any disclosures of conflict of interest to be declared. None were declared.

APPROVAL OF AGENDA

It was moved by Mr. Peer, seconded by Mr. Helmer, *that the **AGENDA** for the January 18, 2018 Governance Committee meeting be approved.*

Carried

APPROVAL OF MINUTES

It was moved by Mr. Helmer, seconded by Ms. Cassidy, *that the **MINUTES** of the October 19, 2017 Governance Committee meeting be approved as amended.*

Carried

NEW BUSINESS

4.1 Terms of Reference and Reporting Calendar (Report No. 001-18GC)

Discussion ensued on the clarification of wording around the membership composition in the Terms of Reference.

It was moved by Mr. Peer, seconded by Ms. Cassidy, *that the Governance Committee:*

1) *Receive Report 001-18GC re: "Terms of Reference and Reporting Calendar";*
2) *Recommend that the Board of Health approve the Governance Committee Terms of Reference (Appendix A); and*
3) *Recommend that the Board of Health approve the 2018 Governance Committee Reporting Calendar and Meeting Dates (Appendix B).*

Carried

4.2 2018 Board of Health Self-Assessment (Report No. 002-18GC)

Discussion ensued on the following items:

- Modifications to enhance the comments section.
- Whether or not the questions should be numbered.
- Wording of the question on whether or not the Board of Health is structured properly.
    - Staff worded this question to reflect a risk-management perspective, but will review it again and perhaps include a reference to the standards from which the question was derived.
- Wording and clarification of questions two, four, and five.

It was moved by Ms. Cassidy, seconded by Mr. Smith, *that the Governance Committee:*
1) Receive Report No. 002-18GC re: "2018 Board of Health Self-Assessment";
2) Approve the Board of Health Self-Assessment Tool (Appendix A); and
3) Approve initiation of the Board of Health Self-Evaluation Process for 2018.

Carried

4.3 2018 Board of Health Annual Declarations (Report No. 003-18GC)

Discussion ensued on the following items:

- Clarification of wording under "conflict of interest," with the examples provided by staff.
    - Staff will clarify the examples, reformatting them and listing them with bullets.

It was moved by Mr. Helmer, seconded by Mr. Peer, *that the Governance Committee:*
1) Receive Report No. 003-18GC re: "2018 Board of Health Annual Declarations"; and
2) Approve initiation of the Board of Health Annual Declarations Process for 2018.

Carried

OTHER BUSINESS

Next Meeting: Thursday, March 15, 2018

ADJOURNMENT

At 6:22 p.m., it was moved by Mr. Smith, seconded by Ms. Cassidy, *that the meeting be adjourned.*

Carried

_____ _____

TREVOR HUNTER **CHRISTOPHER MACKIE**
Chair **Secretary-Treasurer**

PUBLIC MINUTES
FINANCE & FACILITIES COMMITTEE
MIDDLESEX-LONDON BOARD OF HEALTH
399 Ridout Street, London – Side entrance
Middlesex-London Board of Health Boardroom
Thursday, February 1, 2018 9:30 a.m.

COMMITTEE MEMBERS PRESENT:

Ms. Trish Fulton (Chair)
Mr. Jesse Helmer
Ms. Tino Kasi (arrived at 10:04 a.m.)
Mr. Marcel Meyer
Ms. Joanne Vanderheyden (Regrets)

OTHERS PRESENT:

Mr. Ian Peer, Board member
Mr. Michael Clarke, Board member
Dr. Christopher Mackie, Secretary-Treasurer
Ms. Lynn Guy, Executive Assistant to the Medical Officer of Health (Recorder)
Ms. Elizabeth Milne, Executive Assistant to the Board of Health & Communications (Recorder)
Mr. Dan Flaherty, Manager Communications
Ms. Laura Di Cesare, Director, Corporate Services
Mr. Jordan Banninga, Manager, Program Planning and Evaluation
Mr. Joe Belancic, Manager, Procurement & Operations
Ms. Tammy Beaudry, Accounting and Budget Analyst, Finance
Ms. Cynthia Bos, Human Resources Coordinator
Ms. Lisa Clayton, Human Resources Manager
Mr. Ben Dalupan, IT Manager
Ms. Suzanne Vandervoort, Director, Healthy Living
Ms. Linda Stobo, Manager Chronic Disease Prevention and Tobacco Control
Ms. Donna Kosmack, Manager, South West Tobacco Control Area Network
Mr. Darrell Jutzi, Manager Child Health Team
Ms. Misty Deming, Manager, Oral Health
Ms. Rhonda Brittan, Manager, Healthy Communities & Injury Prevention
Mr. Stephen Turner, Director, Environmental Health and Infectious Disease
Ms. Mary Lou Albanese, Manager, Child Health Team
Ms. Shaya Dhinsa, Manager, Sexual Health
Mr. Dave Pavletic, Manager, Food Safety & Healthy Environments
Mr. Fatih Sekercioglu, Manager, Safe Water, Rabies and Vector-Borne Disease
Mr. Sean Bertleff, Manager, Emergency Preparedness
Ms. Tracey Gordon, Manager Vaccine Preventable Diseases
Ms. Beth Smalec, Acting Manager, Sexual Health Clinic
Ms. Gayane Hovhannisyan, Associate Medical Officer of Health
Ms. Sarah Maaten, Epidemiologist
Ms. Heather Lokko, Director, Healthy Start and Chief Nursing Officer
Ms. Deb Shugar, Manager Screening, Assessment and Intervention
Ms. Jenn Proulx, Manager Best Beginnings
Ms. Isabel Resendes, Manager Best Beginnings
Ms. Kathy Dowsett, Manager Best Beginnings
Ms. Alison Locker, Epidemiologist

At 9:30 a.m., Dr. Mackie called the meeting to order and opened the floor for nominations for Chair of the Finance and Facilities Committee for 2018.

Mr. Meyer and Mr. Helmer nominated Ms. Fulton for Chair of the Finance and Facilities Committee for 2018.

Ms. Fulton agreed to let her name stand.

Dr. Mackie called three times for any other nominations. None were forthcoming.

It was moved by Mr. Meyer, seconded by Mr. Helmer *that Ms. Fulton be elected Chair of the Finance & Facilities Committee for 2018.*

Carried

Chair Fulton reviewed the Committee membership to ensure quorum and reviewed the timetable for the meeting.

DISCLOSURES OF CONFLICTS OF INTEREST

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

APPROVAL OF AGENDA

It was moved by Mr. Meyer, seconded by Mr. Helmer *that the AGENDA* for the February 1, 2018 *Finance and Facilities Committee meeting be approved.*

Carried

APPROVAL OF MINUTES

It was moved by Mr. Helmer, seconded by Mr. Meyer, *that the MINUTES of the December 7, 2017 Finance and Facilities Committee meeting be approved.*

Carried

NEW BUSINESS

4.1 Health Unit Insurance Policy Review (Report No. 001-18FFC)

Ms. Jessica Jaremchuk, Regional Manager, Frank Cowan Company Ltd., and Mr. Joe Belancic, Manager of Procurement and Operations, assisted the Committee in its review of the Health Unit Insurance Policy.

Ms. Jaremchuk described the role of Frank Cowan Ltd, and provided a detailed summary of information for considering policy changes for this renewal period. This included a detailed review of the coverage provided in the policy, who it covers, and the premiums. The proposed cost of the renewal is $65,878.00 for the year.

Discussion ensued about the following items:

- The details around what is included and covered when renting a vehicle.
- Cyber risk coverage and extortion threat, which is not coverage that the Health Unit currently has but is working with Frank Cowan to determine premiums for this coverage.
- What coverage looks like with third party IT contracts now in place.

It was moved by Mr. Helmer, seconded by Mr. Meyer, *that the Finance & Facilities Committee receive Report No. 001-18FFC re: "Health Unit Insurance Policy Review" for information.*

Carried

4.2 2018 Finance & Facilities Reporting Calendar (Report No. 002-18FFC)

It was moved by Mr. Meyer, seconded by Mr. Helmer, *that the Finance and Facilities Committee receive Report No. 002-18FFC re: "Finance & Facilities Committee – Reporting Calendar" for information*

Carried

4.3 2017 Vendor / Visa Payments (Report No. 003-18FFC)

Discussion ensued about the following items:

- The increase in corporate purchasing and why there was an increase.
- That the Health Unit does not qualify for credit card bonuses for corporate cards.
- That the amount of expenses varies depending on the jurisdiction of meetings and the costs associated with those meetings, which accounts for variability in spending from year to year.

It was moved by Mr. Helmer, seconded by Ms. Kasi, *that the Finance & Facilities Committee receive Report No. 003-18FFC re: "2017 Vendor / VISA Payments" as information.*

Carried

4.4 Southwest Tobacco Control Area Network (TCAN) Single Source Vendor (Report No. 004-18FFC)

Ms. Donna Kosmack provided a detailed summary of this contract providers and the history of tendering for this service, which did not return suitable candidates in the past. This is why a Request for Proposals (RFP) was not issued for this contract over the past 2 years.

Discussion ensued about the following items:

- The justification for requiring a single source vendor and the threshold for requiring it.
- Why this program is important and what it does to focus on those groups who smoke.
- How Rescue works within peer groups to reach alternative youth to educate them on the harms of smoking and focus on changing youth values within their peer crowd.
- The Health Unit's contribution to the contract (which is about $60,000), which is funding that comes from the Ministry of Health and Long-Term Care, flows through MLHU, and serves all of Southwestern Ontario.

It was moved by Mr. Helmer, seconded by Mr. Meyer, *that the Finance & Facilities review and make recommendation that the Board of Health award a single source vendor contract to Rescue: The Behavior Change Agency in an amount up to $151,439.53 as identified in Report No. 004-18FFC re: "Southwest Tobacco Control Area Network Single Source Vendor."*

Carried

4.5 2018 Budget – FFC Review (Report No. 005-18FFC)

Ms. Di Cesare provided an update on the Health Unit's budget process, including a summary of the timelines for developing proposals, which have been built into the 2018 Proposed Budget presented today. Ms. Di Cesare referred the Committee to the list of acronyms in the front of the draft budget booklet.

Discussion ensued about the following:

- How far along are we in the modernization of the public health standards and if consideration has been made to integrating changes into the budget going forward.

- That most of the Program Budget Templates (PBTs) are written based on the 2008 version of the Ontario Public Health Standards (OPHS) however, the whole format of the budget will change next year because the Province will integrate a new budget template
- How the budget will be adjusted mid-year if OPHS change within the budget cycle.

Division #1 Corporate Services

Ms. Di Cesare introduced the Corporate Services Managers in attendance, Ms. Lisa Clayton, Ms. Cynthia Bos, Mr. Jordan Banninga, Mr. Ben Dalupan, and Mr. Joe Balancic. Ms. Di Cesare outlined the realignment of roles and work within the Corporate Services Division, noting the restructuring line in each Program Budget Template for Corporate Services.

Ms. Di Cesare provided a summary of the enhancements, reductions and efficiencies in the Corporate Services budget, including the variances, expenditures and staffing changes as a result of re-aligning work within the Division.

Mr. Brian Glasspoole, Finance Manager, introduced himself and provided a summary of the Finance Team's work and role within the Health Unit. Mr. Glasspoole outlined the new accounting requirements and upgrades the team will look towards in 2018. There will be monitoring of spending throughout the year against approved budgets and support for the location project.

Ms. Lisa Clayton, Human Resources (HR) Manager reviewed the roles and realignment of work within the HR team, which will focus on training and supporting staff. Per the re-organization, Health and Safety will be embedded in Human Resources.

Discussion ensued about the following items:

- Clarification of Ministry reporting formats differing between Ministries and how it impacts workload for the Finance team.
- The pressures and challenges that the team continues to face which include increased demand for HR support and recruitment activity.
- How the Health and Safety Coordinator role was previously administered and what it will look like in its new role within HR.
- The planned assessment to develop a diversity and inclusion strategy at the Middlesex-London Health Unit.

The Committee took a brief recess at 10:56 a.m.

At 11:08 a.m. the Chair called the meeting back to order.

Mr. Ben Dalupan, IT Manager provided an update, noting the continued onboarding of Stronghold Managed Service Provider (MSP) resources at the Health Unit. Mr. Dalupan highlighted some highly anticipated initiatives that IT will implement in 2018, including: replacing the FRX system, new options for an electronic client record (ECR) system; providing support for client intake line work; and delivering and updating IT infrastructure. The IT Team has been reduced from 6.5 to 3 full-time equivalents (FTE) due to vacancies. The 3.5 FTE duties are now being completed by Stronghold staff.

Discussion ensued about the following items:

- Given the many initiatives noted in the report, how IT plans to accomplish all of the deliverables.
- If there are gaps with regards to the onboarding of Stronghold and transition efforts.

- The plan to replace FRX. Ms. Di Cesare noted that there is more work that needs to be done, so a full needs analysis will be undertaken.

Ms. Di Cesare noted that the person who normally manages the Privacy Risk and Governance portfolio has been on a leave of absence. Ms. Cynthia Bos provided the update, noting the realignment of duties. The role will take on a more proactive role to reduce any potential Health Unit liability. Ms. Bos noted that due to the lengthy absence of the Manager, there may be some challenges delivering some of the initiatives, including Board of Health Orientation and policy review.

Mr. Joe Belancic provided a brief summary of responsibilities for the Procurement and Operations Team. A notable change for 2018 is that he will be taking a more proactive look at spending. This Team will be involved in supporting many initiatives including: a potential relocation; ergonomic initiatives; supervised consumption facilities; temporary overdose prevention sites; activity based work stations; and a business continuity plan for the operation for the Health Unit sites.

Discussion ensued about purchasing co-operatives, e-procurement, and reception and security measures at all Health Unit locations.

Mr. Jordan Banninga introduced the PBT for the Program Planning and Evaluation Team, noting that the Team is comprised of two main components: partnering with Divisions and working together on prioritized projects; and library services. The library has been very active in delivering requests in a timely manner and staff are working on providing a common platform for shared library services.

Discussion ensued about the following items:
- A change made to the Service level line where 24% should be 67%.
- How public health goals are being evaluated and integrated into the evaluation process.
- Why the planning and evaluation team (Foundational Standards) was incorporated into the Corporate Services Division.
- If program evaluation should be driven by the Province, and if there was an opportunity for research projects in partnership with Western University.

Division #2 – Healthy Living

Ms. Suzanne Vandervoort, Director of Healthy Living, advised that there are six Teams that make up this Division. She noted the outstanding protocols and the primary focus on the new OPHS regarding Chronic Disease Prevention and Well Being.

Ms. Vandervoort provided an overview of Child Health Team PBT, advised that this Team works within the schools and introduced Mr. Darrell Jutzi, Child Health Manager to answer questions.

Discussion ensued about the following items:
- That dental clients are being referred to the Western University dental clinic.
- The criteria that determines risk level for a school.
- That private schools are not included in the list of schools to visit unless they request the Health Unit to attend; Francophone schools are included.
- Partnership agreements with schools.

Ms. Linda Stobo provided a review of the Chronic Disease and Tobacco Control Team PBT. She noted that this Team is comprised of a very diverse group of staff, including: Public Health Inspectors (PHIs), Public Health Nurses (PHNs), Tobacco Enforcement Officers (TEOs), and that they work from two different office locations.

Discussion ensued about the following items:

- Preparing for legalized cannabis; how TEOs will be called on to respond to infractions, and if the Health Unit will be able to meet demands for follow-up and answer complaints in a timely manner.
- Community Health Survey Statistics
- Programs within this team that will be reviewed through the Program Evaluation Framework tool.

It was moved by Mr. Meyer, seconded by Mr. Helmer, *that the Finance & Facilities Committee recess for lunch.*

Carried

At 12:55 the meeting recessed for a lunch break.

At 1:27, the Chair called the meeting back to order.

Ms. Rhonda Brittan, Manager of the Healthy Communities and Injury Prevention Team, provided an overview of the six components within her team.

Discussion ensued about the following items:

- Cannabis legalization and whether or not more people will start to smoke it becomes legalized.
- Participation on built environment initiatives.

Ms. Vandervoort provided the review of the Oral Health Team PBT and introduced Ms. Misty Deming, Manager, Oral Health to answer questions.

Discussion ensued about the criteria for how schools are rated (low versus high risk). Ms. Deming noted that schools can move from high to low risk in a year and there is no definite reason why.

Ms. Donna Kosmack, Manager for the Southwest Tobacco Control Area Network (SWTCAN) Team, introduced her Team and noted that the participating nine SWTCAN health units will be reduced to seven this year. There was a brief discussion about the Steering Committee for this network.

Ms. Vandervoort noted that the Manager of the Young Adult Team was absent and made note of some key highlights in the Young Adult Team PBTs, similar to those of the Child Health Team.

Division #3 – Office of the Medical Officer of Health (OMOH)

Dr. Mackie, Medical Officer of Health provided a summary for the OMOH Division.

Mr. Dan Flaherty, Communications Manager, assisted Dr. Mackie with the review of the Communications PBT. It was noted that the "We're Here For You Campaign" would be discontinued and should the Health Unit relocate, resources would be used for rebranding, updating and refreshing the current graphic standards. Mr. Flaherty noted that there is a working group currently in place to review and update graphic standards.

Discussion ensued about assessing the effectiveness of advertising.

Dr. Gayane Hovhannisyan, Associate Medical Officer of Health (AMOH), provided a summary for the Officer of the Director and Foundational Standard PBTs. Dr. Hovhannisyan noted that in the AMOH role, she spent a large amount of time engaging with community partners.

Ms. Sarah Maaten, Epidemiologist, assisted Dr. Hovhannisyan in reviewing Population Health Assessment & Surveillance PBT.

Division #4 – Environmental Health and Infectious Disease (EHID)

Mr. Stephen Turner, Director of Environmental Health and Infectious Diseases, introduced his Management Team in attendance, Mr. David Pavletic, Ms. Shaya Dhinsa, Mr. Sean Bertleff, Mr. Fatih Sekercioglu, Ms. Mary Lou Albanese, and Acting Manager, Ms. Beth Smalec.

Mr. Turner provided an overview of key performance indicators, initiatives and highlights for the teams within EHID.

Mr. Sean Bertleff, Manager for Emergency Preparedness, Response and Recovery provided an overview of the Emergency Preparedness PBT.

There was a discussion in regards to potential overlap of County, City and Health Unit emergency services.

Mr. David Pavletic, Manager for Food Safety & Healthy Environments reviewed the PBT for this team and answered questions.

Discussion ensued about heat and cold alerts and IT's role in assisting with an upgrades to the Hedgehog system.

Ms. Mary Lou Albanese, Infectious Disease Control (IDC) Team Manager, reviewed and answered questions about the IDC PBT.

Discussion ensued about Tuberculosis (TB) screening and the Health Unit's responsibilities with regards to screening and testing. Committee members also inquired about cost shared and 100% funded initiatives within this Team.

Mr. Fatih Sekercioglu, Manager for the Safe Water, Rabies & Vector Borne Disease Team summarized key highlights for this year. Rabies statistics were discussed as well as the Health Unit's responsibilities regarding the provision of the rabies vaccine.

Ms. Shaya Dhinsa, Manager for the Sexual Health Team reviewed the five components of the Sexual Health Team.

Discussion ensued about the rise in chlamydia infection rates, needle recovery initiatives, and ensuring priority populations receive services in the clinic.

Ms. Tracey Gordon, Vaccine Preventable Diseases Manager, reviewed her PBT and noted that her team will monitor and manage the number of suspension letters distributed this year. Ms. Gordon is encouraged by the work that is being done to get clients who are not part of a vulnerable populations to seek vaccines their family physician as part of their comprehensive primary care.

Discussion ensued about meeting legislative requirements and the backlog of entries due to a delay in the ICON system.

Division # 6 - Healthy Start

Ms. Heather Lokko, Director of Healthy Start, provided a summary of key performance indicators, key initiatives and highlights, as well as the FTE, budgeted expenditures and pressures and challenges for the teams within her Division.

Ms. Lokko advised on the three components for the Best Beginnings Teams which include (Healthy Babies Healthy Children (HBHC) Screening Assessment, Home Visiting, and Service Coordination, as well as outreach and the Nurse Family Partnership.

Ms. Lokko reviewed the PBT for the Early Years Team and advised that the team is looking at a shift in breastfeeding initiatives, primarily providing in-home assistance as well as drop in clinics.

Ms. Lokko provided the review of the Reproductive Health Team PBT, noting the Manager position for this Team is currently vacant.

Discussion ensued about breast feeding initiatives and how staff respond to clients who need or ask for options in regards to unwanted pregnancies.

The Screening, Assessment and Intervention PBT was reviewed by Ms. Lokko and Ms. Debbie Shugar. Discussion ensued about the delay in wait times for children who may have hearing loss.

Office of the Chief Nursing Officer (OCNO)

Ms. Lokko provided a summary of the PBT for the OCNO, noting the two main areas of focus as being nursing practice and health equity work.

Discussion ensued about the following items:

- A change made in Section G – which required professional services to be listed as $9,000.00. which changed total from $419,022 to $428,022. This change will be made by staff in the final PBT document.
- What is included in the "Other Program Costs" budget line, which supports certification and nurse led initiatives.
- Public health nursing practicums with Western University.

General Expenses and Revenues

Mr. Brian Glasspoole provided a review of general expenses and revenues, noting that the estimated gapping amount is about 1.3 million dollars. Dr. Mackie provided some insight into why the gapping amount is larger than anticipated and noted that HR is working towards trying to predict trends, including increases and decreases in factors such as retirements and step increases.

It was moved by Mr. Helmer, seconded by Ms. Kasi, *that the Finance & Facilities Committee make recommendation to the Board of Health to:*

1) *Approve the amended 2018 Operating Budget in the gross amount of $35,384,706 as appended to Report No. 005-18FFC re 2018 Proposed Budget; and further*
2) *Forward Report No. 005-18 to the City of London and the County of Middlesex for information; and,*
3) *Direct staff to submit the 2018 Operating Budget in the various formats required by the different funding agencies.*

Carried

OTHER BUSINESS

The next Finance & Facilities Committee meeting will be Thursday, March 1, 2018 at 9:00 a.m.

CONFIDENTIAL

At 4:35 p.m., it was moved by Mr. Helmer, seconded by Mr. Meyer, *that the Finance and Facilities Committee move in-camera to approve the confidential minutes of the December 7, 2017 confidential Finance & Facilities Committee meeting.*

At 4:36 p.m., it was moved by Mr. Meyer, seconded by Mr. Helmer, *that the Finance and Facilities Committee rise and return to public session.*

ADJOURNMENT

At 4:37 p.m. it was moved by Mr. Helmer, seconded by Mr. Meyer, *that the Finance and Facilities Committee adjourn the meeting.*

Carried

At 4:37 p.m. Chair Fulton *adjourned the meeting.*

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TRISH FULTON
Chair

CHRISTOPHER MACKIE
Secretary-Treasurer

MIDDLESEX-LONDON HEALTH UNIT

REPORT NO. 006-18

TO: Chair and Members of the Board of Health

FROM: Christopher Mackie, Medical Officer of Health / CEO

DATE: 2018 February 15

FINANCE AND FACILITIES COMMITTEE MEETING – February 1

The Finance and Facilities Committee met at 9:30 a.m. on Thursday, February 1 for an all-day meeting to consider the matters summarized below. A summary of the discussion can be found in the draft minutes. The revised 2018 Operating Budget is attached as Appendix A.

The following reports were reviewed at the meeting, with recommendations made to the Board of Health:

Reports	Recommendations for Board of Health's Information and Consideration
Health Unit Insurance Policy Review **(Report No. 001-18FFC)**	It was moved by Mr. Helmer, seconded by Mr. Meyer, *that the Finance & Facilities Committee receive Report No. 001-18FFC re: "Health Unit Insurance Policy Review" for information.* Carried
2018 Finance & Facilities Reporting Calendar **(Report No. 002-18FFC)**	It was moved by Mr. Meyer, seconded by Mr. Helmer, *that the Finance and Facilities Committee receive Report No. 002-18FFC re: "Finance & Facilities Committee – Reporting Calendar" for information.* Carried
2017 Vendor / Visa Payments **(Report No. 003-18FFC)**	It was moved by Mr. Helmer, seconded by Ms. Kasi, *that the Finance & Facilities Committee receive Report No. 003-18FFC re: "2017 Vendor / VISA Payments" as information.* Carried
Southwest Tobacco Control Area Network (TCAN) Single Source Vendor **(Report No. 004-18FFC)**	It was moved by Mr. Helmer, seconded by Mr. Meyer, *that the Finance & Facilities review and make recommendation that the Board of Health award a single source vendor contract to Rescue: The Behavior Change Agency in an amount up to $151,439.53 as identified in Report No. 004-18FFC re: "Southwest Tobacco Control Area Network Single Source Vendor."* Carried
2018 Budget – FFC Review **(Report No. 005-18FFC)**	It was moved by Mr. Helmer, seconded by Ms. Kasi, *that the Finance & Facilities Committee make recommendation to the Board of Health to:* *1) Approve the amended 2018 Operating Budget in the gross amount of $35,384,706 as appended to Report No. 005-18FFC re 2018 Proposed Budget; and further* *2) Forward Report No. 005-18 to the City of London and the County of Middlesex for information; and,* *3) Direct staff to submit the 2018 Operating Budget in the various formats required by the different funding agencies.* Carried

The Committee moved in-camera to approve minutes from its December 7, 2017 Finance and Facilities Committee meeting.

The next meeting will be Thursday March 1, 2018 at 9:00 a.m. in Room 3A, 50 King Street.

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

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

Appendix A to Report No. 006-18

Middlesex-London Health Unit

2018
PROPOSED BUDGET SUMMARY

MIDDLESEX-LONDON HEALTH UNIT

MIDDLESEX-LONDON HEALTH UNIT
LIST OF ACRONYMS FOUND IN 2018 PROPOSED BUDGET TEMPLATES

Acronym	Long Form
AA	Accountability Agreement
AODA	Accessibility for Ontarians with Disabilities Act
AOPHBA	Association of Public Health Business Administrators
BBT	Best Beginnings Team
BCI	Brief Contact Intervention
BCP	Business Continuity Plan
BFI	Baby-Friendly Initiative
BLV	Blind Low Vision
BOH	Board of Health
CDTC	Chronic Disease and Tobacco Control
CERV	Community Emergency Response Volunteers
CHNS	Community Health Nursing Specialist
CHT	Child Health Team
CINOT	Children In Need Of Treatment
CNO	Chief Nursing Officer
CQI	Continuous Quality Improvement
CS	Corporate Services
CSRs	Complaints and Service Requests
CUPE	Canadian Union of Public Employees
CW/SW	Central West/South West
CYN	Child & Youth Network
D2Q	Driven to Quit (contest that was run by smokers helpline)
DO	Designated Officer
DT	Dental Treatment
ECA	Electronic Cigarette Act
EEE	Eastern Equine Encephalitis
EFAP	Employee and Family Assistance Program
EH&ID	Environmental Health and Infectious Disease
EHID	Environmental Health and Infectious Disease
EHT	Employer Health Tax
EIDM	Evidence-informed decision making
EM	Emergency Management
EMDC	Elgin-Middlesex Detention Centre
EMOP	Elgin Middlesex Oxford Purchasing Cooperative
EP	Emergency Preparation
EPI/PE	Epidemiology/Program Evaluation
ER	Emergency Room
ERMS	Emergency Response Management Services
ERP	Emergency Response Plan
ESA	Environmentally Sensitive Areas
EFT	Electronic Fund Transfer
EYT	Early Years Team

Acronym	Long Form
FASD ONE	Fetal Alcohol Spectrum Disorder Ontario Network of Expertise
FC	Family Centres
FFC	Finance and Facilities Committee
FHC	Family Health Clinic
FHT	Food Handler Training
FHV	Family Home Visitor
FIN	Finance
FRX	MLHU Internal Financial Management Reporting System
FS	Foundational Standard
FS&HE	Food Safety and Healthy Environments
FT	Full-time
FTE	Full Time Equivalent
FWCC	First Week Challenge Contest
H&S	Health and Safety
HARS	MLHU Heat Alert Response System
HBHC	Healthy Babies, Healthy Children
HCIP	Healthy Communities and Injury Prevention Team
HCP	Health Care Provider
HCV	Hepatitis C Virus
HEIA	Health Equity Impact Assessment
HIV	Human Immunodeficiency Virus
HKCC	Healthy Kids Community Challenge
HL	Healthy Living
HPPA	Health Protection and Promotion Act
HPV	Human Papillomavirus
HR	Human Resources
HS	High School
HSO	Healthy Smiles Ontario
HST	Harmonized Sales Tax
HWIS	Heat Warning Information System
IDA	In-depth Assessment
IDC	Infectious Disease Control
IFHP	Interim Federal Health Program
iGAS	Invasive Group A Streptococcal
IH	Infant Hearing
IMS	Incident Management System
iPHIS	Integrated Public Health Information System
ISPA	Immunization of School Pupils Act
IT	Information Technology
IUD/IUS	Intrauterine Device/Intrauterine System
JK/SK	Junior Kindergarten/Senior Kindergarten
JOHSC	Joint Occupational Health & Safety Committee
LCC	Licensed Child Care Centre
LD	Lyme Disease
LDCSB	London District Catholic School Board

Acronym	Long Form
LGBTQ	Lesbian, Gay, Bisexual, Trans and Queer
LHSC	London Health Sciences Centre
LIHN	Local Health Integration Network
LMS	Learning Management System
LOA	Leave of Absence
LTBI	Latent TB Infection
LTC	London Training Centre
MAP	Municipal Alcohol Policies
MAPP	Mutual Aid Parenting Program
MCYS	Ministry of Children and Youth Services
MFIPPA	Municipal Freedom of Information and Protection of Privacy Act
MGO	Marijuana Grow Operations
MLHU	Middlesex-London Health Unit
MOECC	Ministry of the Environment and Climate Change
MOH/CEO	Medical Officer of Health/Chief Executive Office
MOHLTC	Ministry of Health and Long-Term Care
MOL	Ministry of Labour
MOU	Memorandum of Understanding
MS	Middlesex
N/A	Not Applicable OR Not Available
NAOSH	North American Occupational Safety and Health
NFP	Nurse Family Partnership
NGO	Non-governmental Organization (not-for-profit)
NP	Nurse Practitioner
NPC	Nursing Practice Council
NRT	Nicotine Replacement Therapy
NutriSTEP	Nutrition Screening for Toddlers and Preschoolers
OEYC	Ontario Early Years Centre
OHIP	Ontario Health Insurance Program
OHSA	Occupational Health & Safety Act
OICC	Outbreak Investigation Coordination Committee
OMERS	Ontario Municipal Employees Retirement System
OMOH	Office of the Medical Officer of Health
ON	Ontario
ONA	Ontario Nurses Association
OOICC	Ontario Outbreak Investigation Coordination Committee
OPHA	Ontario Public Health Association
OPHOS	Ontario Public Health Organizational Standards
OPHS	Ontario Public Health Standards
OSL	Organizational Structure & Location
OTRU	Ontario Tobacco Research Unit
PBMA	Program Budgeting and Marginal Analysis
PCHL	Permanent Childhood Hearing Loss
PHAC	Public Health Agency of Canada
PHI	Public Health Inspector

Acronym	Long Form
PHIPA	Personal Health Information Protection Act
PHN	Public Health Nurse
PHO	Public Health Ontario
PHU	Public Health Unit
PIA	Privacy Impact Assessment
PICO	PICO model for clinical questions –Patient, Population, or Problem, Intervention, Comparison, Outcome
PiP	Prenatal Immigrant Program
$PM^{2.5}$	Particulate Matter (Carcinogen Factor)
POC	Proof of Concept
PPE	Program Planning and Evaluation
PSAB	Public Sector Accounting Board
PSW	Personal Support Worker
PWID	People Who Inject Drugs
Q&A	Question and Answer
QA	Quality Assurance
QI	Quality Improvement
RFP	Request for Purchase
RHAC	Regional HIV / AIDS Connection
RHT	Reproductive Health Team
ROE	Records of Employment
ROI	Return on Investment
RRFSS	Rapid Risk Factor Surveillance System
SAI	Screening, Assessment and Intervention
SDOH	Social Determinants of Health
SDWS	Small Drinking Water Systems
SFOA	Smoke-Free Ontario Act
SFOS	Smoke-Free Ontario Strategy
SHL	Smokers Help Line
SLSP	Shared Library Services Partnership
SLT	Senior Leadership Team
SOAHAC	Southwest Ontario Aboriginal Health Access Centre
SOHRG	South Western Ontario Human Resource Group
SP	Strategic Projects
SSFB	Smart Start for Babies Program
STIs	Sexually Transmitted Infections
STP	School Travel Plans
SW	South West
SW LHIN	South West Local Health Integration Network
SW TCAN	Southwest Tobacco Control Area Network
SW, R&VBD	Safe Water, Rabies & Vector Borne Disease
TasP	Treatment as Prevention
TB	Tuberculosis
TBD	To be determined
TCAN	Tobacco Control Area Network
TEACH	An Interprofessional Comprehensive Course on Treating Tobacco Use Disorder

Acronym	Long Form
TEO	Tobacco Enforcement Officer
TST	Tuberculin Skin Test
TVDSB	Thames Valley District School Board
tykeTALK	Preschool Speech and Language
UNHS	Universal Newborn Hearing Screening
UVR	Ultraviolet Radiation
UWO	University of Western Ontario
VBD	Vector Borne Disease
VOP	Vulnerable Occupancy Protocol
VPD	Vaccine Preventable Disease
WHMIS	Workplace Hazardous Materials Information System
WNV	West Nile Virus
WSIB	Workplace Safety and Insurance Board
YAT	Young Adult Team
YDS	Youth Development Specialist

Appendix A to Report No. 006-18

MIDDLESEX-LONDON HEALTH UNIT
2018 BOARD OF HEALTH DRAFT BUDGET SUMMARY

REF #		2016 Budget	2017 Budget	2018 Budget	$ increase/ ($ decrease) over 2017	% increase/ (% decrease) over 2017
	Corporate Services Division					
A-1	Office of the Director	$ 413,050	$ 365,792	$ 318,316	$ (47,476)	-13.0%
A-7	Finance	542,263	522,401	453,697	$ (68,704)	-13.2%
A-14	Human Resources	473,321	485,243	669,478	$ 184,235	38.0%
A-21	Information Technology	1,006,146	1,001,200	947,981	$ (53,219)	-5.3%
A-29	Privacy Risk & Governance	161,164	160,727	154,099	$ (6,628)	-4.1%
A-36	Procurement & Operations	266,377	268,991	260,844	$ (8,147)	-3.0%
A-44	Program Planning & Evaluation (includes Library)	-	-	857,409	$ 857,409	
A-51	Strategic Projects	128,604	134,565	248,436	$ 113,871	84.6%
	Total Corporate Services Division	***$ 2,990,925***	***$ 2,938,919***	***$ 3,910,260***	***$ 971,341***	**32.5%**
	Healthy Living Division					
B-1	Office of the Director	$ 235,076	$ 243,153	$ 257,311	$ 14,158	5.8%
B-7	Child Health Team	1,725,158	1,722,715	1,641,728	$ (80,987)	-4.7%
B-14	Chronic Disease & Tobacco Control	1,408,797	1,412,286	1,421,291	$ 9,005	0.6%
B-22	Healthy Communities and Injury Prevention	1,213,799	1,188,331	1,141,295	$ (47,036)	-4.0%
B-30	Oral Health	1,502,181	1,460,638	1,249,924	$ (210,714)	-14.4%
B-37	South West Tobacco Control Area Network	436,500	501,900	436,500	$ (65,400)	-13.0%
B-44	Young Adult Team	1,131,045	1,124,982	1,151,813	$ 26,831	2.4%
	Total Healthy Living Division	***$ 7,652,556***	***$ 7,654,005***	***$ 7,299,862***	***$ (354,143)***	***-4.6%***

Appendix A to Report No. 006-18

MIDDLESEX-LONDON HEALTH UNIT
2018 BOARD OF HEALTH DRAFT BUDGET SUMMARY

REF #		2016 Budget	2017 Budget	2018 Budget	$ increase/ ($ decrease) over 2017	% increase/ (% decrease) over 2017
	Office of the Medical Officer of Health					
C-1	Office of the Medical Officer of Health	$ 470,104	$ 472,335	$ 604,384	$ 132,049	28.0%
C-7	Communications	498,961	532,501	517,194	$ (15,307)	-2.9%
C-16	Office of the Associate Medical Officer of Health	356,004	354,708	346,748	$ (7,960)	-2.2%
C-22	Population Health Assessment & Surveillance (Previously EPI, Library , PP&E)	1,351,436	1,352,555	523,273	$ (829,282)	-61.3%
	Total Office of the Medical Officer of Health	***$ 2,676,505***	***$ 2,712,099***	***$ 1,991,599***	***$ (720,500)***	***-26.9%***
	Environmental Health & Infectious Disease Division					
D-1	Office of the Director	$ 296,956	$ 288,509	$ 283,276	$ (5,233)	-1.8%
D-7	Emergency Management	184,302	185,758	181,317	$ (4,441)	-2.4%
D-14	Food Safety & Healthy Environments	1,804,227	1,822,036	1,814,777	$ (7,259)	-0.4%
D-23	Infectious Disease Control Team	1,766,675	1,754,579	1,772,289	$ 17,710	1.0%
D-30	Safe Water, Rabies & Vector-Borne Disease Team	1,451,435	1,364,603	1,379,946	$ 15,343	1.1%
D-38	Sexual Health Team	2,581,297	3,018,191	3,231,615	$ 213,424	7.1%
D-45	Vaccine Preventable Disease Team	1,890,303	1,776,696	1,771,588	$ (5,108)	-0.3%
	Total Environmental Health & Infectious Disease Division	***$ 9,975,195***	***$ 10,210,372***	***$ 10,434,808***	***$ 224,436***	***2.2%***
	Healthy Start Division					
E-1	Office of the Director	$ 242,759	$ 250,908	$ 260,678	$ 9,770	3.9%
E-6	Best Beginnings Team	3,293,485	3,286,471	3,069,406	$ (217,065)	-6.6%
E-12	Early Years Team	1,550,490	1,573,633	1,601,916	$ 28,283	1.8%
E-18	Reproductive Health Team	1,593,141	1,619,955	1,542,914	$ (77,041)	-4.8%
E-24	Screening Assessment & Intervention	2,855,096	2,855,096	3,191,771	$ 336,675	11.8%
	Total Healthy Start Division	***$ 9,534,971***	***$ 9,586,063***	***$ 9,666,685***	***$ 80,622***	***0.8%***
F-1	***Office of the Chief Nursing Officer***	***$ 406,976***	***$ 415,190***	***$ 419,022***	$ 3,832	0.9%
G-1	***General Expenses & Revenues***	***$ 1,820,822***	***$ 1,888,978***	***$ 1,662,470***	$ (226,508)	-12.0%
	TOTAL MIDDLESEX-LONDON HEALTH UNIT EXPENDITURES	**$ 35,057,950**	**$ 35,405,626**	**$ 35,384,706**	**$ (20,920)**	**-0.1%**

Appendix A to Report No. 006-18

MIDDLESEX-LONDON HEALTH UNIT
2018 BOARD OF HEALTH DRAFT BUDGET SUMMARY

REF #		2016 Budget	2017 Budget	2018 Budget	$ increase/ ($ decrease) over 2017	% increase/ (% decrease) over 2017
	Funding Sources					
	Ministry of Health & Long-Term Care (Cost-Shared)	$ 16,630,229	$ 16,872,197	$ 16,630,229	$ (241,968)	-1.4%
	The City of London	6,095,059	6,095,059	6,095,059	-	0.0%
	The County of Middlesex	1,160,961	1,160,961	1,160,961	-	0.0%
	Ministry of Health and Long Term Care (100%)	4,050,037	4,105,937	4,284,436	178,499	4.3%
	Ministry of Children and Youth Services (100%)	5,296,275	5,296,275	5,632,766	336,491	6.4%
	Public Health Agency of Canada	312,860	312,860	428,261	115,401	36.9%
	Public Health Ontario	106,526	106,526	106,526	-	0.0%
	User Fees	960,877	1,020,685	828,090	(192,595)	-18.9%
	Other Offset Revenue	445,126	435,126	218,378	(216,748)	-49.8%
	TOTAL MIDDLESEX-LONDON HEALTH UNIT FUNDING	**$ 35,057,950**	**$ 35,405,626**	**$ 35,384,706**	**$ (20,920)**	**-0.1%**

CORPORATE SERVICES DIVISION

OFFICE OF THE DIRECTOR

BUREAU DE SANTÉ DE MIDDLESEX-LONDON HEALTH UNIT
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2018 Planning & Budget Template

SECTION A				
DIVISION	Corporate Services	**MANAGER NAME**	Laura Di Cesare	**DATE**
PROGRAM TEAM	Office of the Director	**DIRECTOR NAME**	Laura Di Cesare	January, 2018

SECTION B
SUMMARY OF TEAM PROGRAM

The Office of the Director of Corporate Services plays a forward thinking leadership role both for the Division and for MLHU. The Director is required to work closely with the Senior Leadership team and the Board of Health to develop and implement strategic plans, set and measure organizational goals and initiatives and manage the deliverables for the various committees of the Board (FFC and Governance).

The Director oversees all of the corporate administrative teams, including Strategic Projects, Procurement & Operations, Finance, IT, Human Resources, Privacy, Risk & Governance and Program Planning and Evaluation (added in 2018).

The Corporate Services Division is responsible for:

- managing all sites, staff and operations;
- ensuring organization adherence to fiscal, legislated, and Board mandated requirements;
- the delivery of various organizational-wide projects as required (i.e. Activity Based Workspaces; location project, PBMA; Employee Well-Being, etc.); and,
- Program Planning and Evaluation, including program reviews and the Program Evaluation Framework

SECTION C
ONTARIO PUBLIC HEALTH STANDARD(S), RELEVANT LEGISLATION OR REGULATION

- Ontario Public Health Organizational Standards; Ontario Public Health Standards; Health Protection & Promotion Act;
- Municipal Freedom of Information and Protection of Privacy Act; Personal Health Information Protection Act;
- Income Tax Act; Ontario Pensions Act; PSAB standards;
- Ontario Employment Standards Act, 2000; Labour Relations Act Ontario, 1995; Accessibility for Ontarians with Disabilities Act (AODA), 2005; Pay Equity Act, 1990; OHSA, 1990; Workplace Safety and Insurance Act, 1990; OMERS Act, 2006; Pension Benefits Act, 1990; Bill 32, 2013

Program: Office of the Director – Corporate Services

- Fire Prevention and Protection Act and the Fire Code

SECTION D

COMPONENT(S) OF TEAM PROGRAM #1 – STRATEGIC PRIORITIES

Director is required to work closely with the Senior Leadership Team and the Board of Health to develop and implement strategic plans, set and measure organizational goals and initiatives, and manage the deliverables for various committees of the Board (Finance and Facilities, and Governance).

COMPONENT(S) OF TEAM PROGRAM #2 – BUDGET AND COMPLIANCE

Responsible for managing the Office of the Director budget, which includes allocation for major organizational-wide Employee Development and Mandatory Training as well as the Be Well Initiative.

SECTION E
PERFORMANCE/SERVICE LEVEL MEASURES

	2016 (actual)	2017 (actual)	2018 (target)
COMPONENT OF TEAM #1			
Completion of Corporate Services Strategic Priority Projects as identified in the Strategic Plan	75% (16 / 20)	80% (10 / 13)	Maintain
COMPONENT OF TEAM #2			
Year-end budget variance	5.2%	14.6%	Lower
Be Well Initiative ROI	5.7%	5.8%	Maintain

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Program: Office of the Director – Corporate Services

SECTION F **STAFFING COSTS:**	**2017 TOTAL FTEs**	**2018 ESTIMATED FTEs**
	2.0	**1.0**
Director HR Generalist	1.0 1.0	1.0 0.0

SECTION G

EXPENDITURES:

Object of Expenditure	2016 Budget	2016 Actual	2017 Budget	2018 Draft Budget	$ increase ($ decrease) over 2017	% increase (% decrease) over 2017
Salary & Wages	$ 197,272	$ 197,272	$ 199,461	$ 132,805	$ (66,656)	(33.4)%
Benefits	47,343	47,528	47,896	29,724	(18,172)	(37.9)%
Travel	2,250	138	2,250	16,120	13,870	616.4%
Program Supplies	1,250	42	1,250	275	(975)	(78.0)%
Staff Development	100,000	100,595	60,000	84,457	24,457	40.8%
Professional Services	63,000	63,366	53,000	53,000		
Furniture & Equipment	-	-	-	-		
Other Program Costs	1,935	719	1,935	1,935		
Total Expenditures	**$ 413,050**	**$ 409,660**	**$ 365,792**	**$ 318,316**	**$ (47,476)**	**(13.0)%**

2018 Planning & Budget Template

Program: Office of the Director – Corporate Services

SECTION H

FUNDING SOURCES:

Object of Revenue	2016 Budget	2016 Actual	2017 Budget	2018 Draft Budget	$ increase ($ decrease) over 2017	% increase (% decrease) over 2017
Cost-Shared	$ 413,050	$ 409,660	$ 365,792	$ 318,316	$ (47,476)	(13.0)%
MOHLTC – 100%						
MCYS – 100%						
User Fees						
Other Offset Revenue						
Total Revenues	**$ 413,050**	**409,660**	**$ 365,792**	**$ 318,316**	**$ (47,476)**	**(13.0)%**

SECTION I

KEY HIGHLIGHTS/INITIATIVES PLANNED FOR 2018

- Rebranding of Corporate Services to integrate the addition of the Program Planning and Evaluation team and implementation of new structure. Ongoing review of divisional organizational structure to support MLHU programs and services.
- Location Project – Providing leadership and direction to the OSL Committee as the Executive sponsor, and involved in key decision making and formulation of recommendations to SLT, MOH/ CEO, and FFC regarding location analysis and relocation planning.
- "Be Well" initiative – Continue focus on the comprehensive well-being strategy, which includes continuation of wellness communications (i.e. monthly Be Well highlights, updates to the website, monthly calendar of wellness events/programs), promoting challenges to ensure continued active user involvement in the Sprout engagement platform, promoting wellness resources through an Employee Wellness Fair, and regular social activities for employees.
- Policy Review – Leading the review, revision and development of key policies; Providing leadership and oversight in the review of all MLHU Administration and Governance policies.

Program: Office of the Director – Corporate Services

SECTION J

PRESSURES AND CHALLENGES

- Transfer of HR Generalist support role for coordinating Division activities
- Significant changes to the CS Management team (new Manager, Finance; Manager, IT; Manager, Procurement and Operations, and Strategic Projects Manager)
- Employees within the Division are taking on new assignments and learning new roles as a result of structure changes
- Integrating the new Manager Services Provider in IT and working with employees and CUPE to make the transition successful

SECTION K

RECOMMENDED ENHANCEMENTS, REDUCTIONS AND EFFICIENCIES FOR 2018

- PBMA #1-0048 – Corporate Services Restructuring – Realignment of HR Generalist to HR Business Partner in Human Resources
- $24,457 – All Corporate Services staff development budget moved to Office of Director
- $14,620 – All Corporate Services travel budgets moved to Office of the Director

CORPORATE SERVICES DIVISION

FINANCE

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2018 Planning & Budget Template

SECTION A				
DIVISION	Corporate Services	**MANAGER NAME**	Brian Glasspoole	**DATE**
PROGRAM TEAM	Finance	**DIRECTOR NAME**	Laura Di Cesare	January 2018

SECTION B

SUMMARY OF TEAM PROGRAM

- The Finance Team provides financial management oversight required by the Board of Health to ensure compliance with applicable legislation and regulations. This is executed by leading financial planning, financial reporting, treasury services, payroll/benefits administration, and capital asset management. The team provides value through protecting the Health Unit's financial assets, containing costs through reporting and enforcement of policy, introducing system and process improvements, developing and implementing policies and procedures, and providing relevant financial reporting and support to the Board. The team also provides customer support, and acts as a resource for managers and employees throughout the organization, providing reports, answering queries, and educating as necessary.

SECTION C

ONTARIO PUBLIC HEALTH STANDARD(S), RELEVANT LEGISLATION OR REGULATION

The following legislation/regulations are relevant to the work performed in Finance: Health Protection & Promotion Act, Ontario Public Health Organizational Standards, Income Tax Act, Ontario Pensions Act, PSAB standards, and other relevant employment legislation.

Program: Finance

SECTION D

COMPONENT(S) OF TEAM PROGRAM #1 – FINANCIAL PLANNING

- Develop long term funding strategies for senior management and Board of Health and provide ongoing monitoring.
- Develop, monitor and report annual operating budgets. Health Unit programs are funded through a complex mix of funding. The majority (approx. 70%) of the services are funded through cost-sharing whereby the Board of Health approves the operating budget, the ministry provides a grant, and the remaining amount is requested from the City of London and Middlesex County on a proportion of population basis. The remaining programs and services are funded 100% by the province, whereby the Board of Health approves an operating budget based on a predetermined grant from the province. Two annual audits are supported, including consolidated financial statements for programs with a December 31st year end and those with a March 31st year end.
- Prepare quarterly financial statements for external stakeholders including the City of London, and various ministry departments.
- Prepare the various annual settlements for ministry-funded programs and services.
- Prepare monthly and quarterly reports for internal stakeholders to ensure financial control and proper resource allocation.

COMPONENT(S) OF TEAM PROGRAM #2 – TREASURY SERVICES

- Accounts payable processing requiring accurate data entry and verifying payments, reviewing invoices, issuing cheques / electronic funds transfers (ETFs) ensuring proper authorizations. This also includes verifying and processing corporate card purchases, employee mileage statements and expense reports.
- Accounts receivable processing includes creating, reviewing and posting invoices, monitoring and collections activities.
- Cash management function includes processing cash payments and point of sale transactions, and preparing bank deposits. This also includes minor investment transactions to best utilize cash balances.
- General accounting includes bank reconciliations, quarterly HST remittances, general journal entries, and monthly allocations.
- Issuance of employee and other security badges.

COMPONENT(S) OF TEAM PROGRAM #3 – PAYROLL & BENEFIT ADMINISTRATION

- Performs payments to employees including salary and hourly staff. This includes accurate data entry and verification of employee and retiree information.
- Process mandatory and voluntary employee deductions, calculating and processing special payments and retroactive adjustments.
- Set up and maintain the payroll system in compliance with collective agreements and legislative requirements for all pay, benefits, deductions, and accruals.
- Administer all group benefit plans which includes reconciling monthly bills, maintenance of employee enrolments, terminations changes, and analyzing annual renewals.

Program: Finance

- Set up and maintain time and attendance system, including annual employee entitlements, maintenance of employee changes, system development changes, and testing.
- Statutory Payroll Reporting – in order to comply with payroll legislation. This includes Records of Employment (ROEs), T4, T4A, WSIB, EHT, and OMERS annual 119 Report.
- Prepare and remit payments due to third parties resulting from payroll deductions and employer contributions within strict deadlines to avoid penalties and interest. Payments are reconciled to deductions or third party invoices.
- Prepare analysis and cost estimates during negotiations.

COMPONENT(S) OF TEAM PROGRAM #4 – CAPITAL ASSET MANAGEMENT

- Tangible Capital Assets – ongoing processes for accounting for capital assets and ensuring compliance with PSAB 3150.
- Ensures the proper inventory and tracking of corporate assets for insurance and valuation purposes.

SECTION E

PERFORMANCE/SERVICE LEVEL MEASURES

	2016	2017 (anticipated)	2018 (estimate)
Financial Services			
Number of manual journal entries	2,649	2,425	2,400
Number of vendor invoices paid/processed	10,522	9,837	9,900
Number of MLHU invoices prepared/processed	450	436	400
Number of direct deposits processed (payroll)	9,127	8,868	8,900
Number of manual cheques (payroll) issued	18	12	12

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Program: Finance

SECTION F STAFFING:	2017 TOTAL FTEs	2018 ESTIMATED FTEs
	5.5	**5.0**
Accounting & Administrative Assistants	2.0	2.0
Accounting & Budget Analyst	1.0	1.0
Payroll & Benefits Administrator	1.0	1.0
Manager	1.0	1.0
Program Assistant	0.5	0.0

SECTION G

EXPENDITURES:

Object of Expenditure	2016 Budget	2016 Actual	2017 Budget	2018 Draft Budget	$ increase ($ decrease) over 2017	% increase (% decrease) over 2017
Salaries & Wages	$ 421,935	$ 392,439	$ 408,812	$ 355,433	$ (53,379)	(13.1)%
Benefits	111,528	104,987	104,789	93,164	(11,625)	(11.1)%
Travel	2,200	309	2,200		(2,200)	(100.0)%
Program Supplies	3,320	1,800	3,320	2,820	(500)	(15.1)%
Staff Development	1,000	1,971	1,000		(1,000)	(100.0)%
Professional Services						
Furniture & Equipment						
Other Program Costs	2,280	1,303	2,280	2,280		
Total Expenditures	**$ 542,263**	**$ 502,809**	**$ 522,401**	**$ 453,697**	**$ (68,704)**	**(13.2)%**

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2018 Planning & Budget Template

Program: Finance

SECTION H

FUNDING SOURCES:

Object of Revenue	2016 Budget	2016 Actual	2017 Budget	2018 Draft Budget	$ increase ($ decrease) over 2017	% increase (% decrease) over 2017
Cost-Shared	$ 542,263	$ 502,779	$ 522,401	$ 453,697	$ (68,704)	(13.2)%
MOHLTC – 100%						
MCYS – 100%						
User Fees						
Other Offset Revenue		30				
Total Revenues	**$ 542,263**	**$ 502,809**	**$ 522,401**	**$ 453,697**	**$ (68,704)**	**(13.2)%**

SECTION I

KEY HIGHLIGHTS/INITIATIVES PLANNED FOR 2018

- Work with the Organizational Structure & Location (OSL) Committee, providing financial management support to relocation planning.
- Work with Procurement and Operations and IT to implement a procurement module to enhance management of commitments and purchase requisitions.
- Set out requirements and provide end-user expertise to Capital Enterprise Software Upgrades, including replacement of FRX reporting platform, GP and MyTime upgrades – support needs analysis and project planning
- Create and roll out new financial guidelines to accompany financial policies.
- Update both the internal and external website to provide high-level financial information.
- Revise performance/service level measures for Finance team to reflect value added contribution to success of MLHU

SECTION J

PRESSURES AND CHALLENGES

- Low to no growth in 100% provincial programs continues to place pressure on these and other programs.
- No growth in Mandatory Programs funding. In 2017, although 1.5% growth was planned, the ministry did not approve any increase.
- Provide financial support throughout any potential premises relocation – including a search to secure low-cost flexible project financing if required.
- Ministry has introduced new reporting standards – Annual Service Plan for 2018
- Many programs have different budget formats and timelines which provide challenges in budget preparation and planning.
- Ministry quarterly reporting formats differ between ministries and programs adding to the complexity of generating reports.

SECTION K

RECOMMENDED ENHANCEMENTS, REDUCTIONS AND EFFICIENCIES FOR 2018

- ($ 10,000) - PBMA #1-0026 - Finance has provided accounting services to Speech & Language Programs (PSL/IHP). Ministry of Children & Youth Services (MCYS) allocate $10,000 to cover these costs. This is a proposal to redeploy these funds elsewhere in the organization. $10,000 was removed from planned salaries and benefits.
- PBMA #1-0048 – Corporate Services Restructuring – Finance redeployed 0.5 FTE to another team in Corporate Services and restaffed Associate Director with Manager.

CORPORATE SERVICES DIVISION

HUMAN RESOURCES

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2018 Planning & Budget Template

SECTION A				
DIVISION	Corporate Services	**MANAGER NAME**	Lisa Clayton	**DATE**
PROGRAM TEAM	Human Resources	**DIRECTOR NAME**	Laura Di Cesare	January 2018

SECTION B

SUMMARY OF TEAM PROGRAM

- The Human Resources team is responsible for organization-wide HR functions, including: recruiting and onboarding, performance management support, learning & development, employee/labour relations, occupational health & safety as well as policy and process development.
- Our goal is to develop strong relationships, deliver outstanding results, and mitigate risk by identifying and responding to organizational needs, providing sound counsel, and creating effective and valuable programs and solutions internally with our divisional and with union partners.
- The Human Resources team strives to balance the roles of specialist partners and functional compliance with legislated requirements to support an engaged and respectful workplace.
- Externally, we engage with our colleagues to share best practices (e.g. AOPHBA, SOHRG) and represent MLHU with vendors/service providers, on committees and within our geographical and HR professional communities.

SECTION C

ONTARIO PUBLIC HEALTH STANDARD(S), RELEVANT LEGISLATION OR REGULATION

HUMAN RESOURCES:

- Ontario Employment Standards Act, 2000; Labour Relations Act Ontario, 1995; Accessibility for Ontarians with Disabilities Act (AODA), 2005; Pay Equity Act, 1990; OHSA, 1990; Workplace Safety and Insurance Act, 1990, OMERS Act, 2006; Pension Benefits Act, 1990; Bill 32, 2013

LEARNING & DEVELOPMENT (Corporate Training):

- Supports the delivery of mandatory legislated and/or professional learning and development.

Program: Human Resources

SECTION D

COMPONENT(S) OF TEAM PROGRAM #1 – HUMAN RESOURCES

Human Resources has a significant responsibility to support leaders and managers with the tools and knowledge to confidently and effectively manage employees through all stages of their employment relationship with MLHU:

- *Attraction:* recruitment, orientation, HR metrics & reporting.
- *Development:* onboarding & learning, policy & process development/interpretation, job design/evaluation; compensation & benefits; legal compliance.
- *Retention & Culture:* performance management; succession planning, engagement & well-being, organizational structure & design, union relationship management, diversity & inclusion.
- *Separation:* management of all voluntary and involuntary departures (resignations/terminations/retirements).

Human Resources plays a key role in contributing to the organizational culture by working toward a positive union/employer relationship. This can be achieved by fair dealing, interest-based dialogue, collegial opportunities for joint learning, and constructive Collective Agreements negotiation and grievance processes.

COMPONENT(S) OF TEAM PROGRAM #2 – CORPORATE TRAINING

Within the Human Resources team, as a specialist function, learning and development coordinates, develops and/or delivers various types of technical training (software), legislated and/or professionally-mandated education, leadership development and organization-wide learning to support strategic programs and initiatives.

COMPONENT(S) OF TEAM PROGRAM #3 - OCCUPATIONAL HEALTH AND SAFETY (OHS)

Within HR as a specialist function, OHS monitors legislative compliance and organizational risk, facilitates education and activities to enhance the Health Unit's compliance with applicable health and safety legislation, and supports the reduction of the occurrence of health and safety risks and incidents.

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2018 Planning & Budget Template

Program: Human Resources

SECTION E **PERFORMANCE/SERVICE LEVEL MEASURES**			
	2016 (actual)	**2017 (actual)**	**2018 (estimate)**
Component of Team – Human Resources			
Employee Engagement Score	N/A	65%	Increase
Recruitment: # of all positions filled (new metric)		83 (Jan 1- Nov 30/17)	Same
MLHU Turnover: % annualized perm FT/PT rate (new metric)	6.59%	10.91% (Jan 1- Nov 30/17)	Same
Component of Team – Corporate Training (% complete at Dec 11/17)			
Mandatory Training Initiatives	9	9	Same
A. External Legislated Training (3): ▪ AODA ▪ OHSA ▪ WHIMIS	86%	98% 99% 99% (Staff); 97% (Mgrs) 97%	Maintain
B. Internal Health Unit Training (6) ▪ Agency-Wide Documentation Standards ▪ Baby Friendly E-Learning ▪ Crucial Conversations (rollout underway) ▪ Financial Policies ▪ IT Policies ▪ Positive Spaces		 97% 98% 57% 97% 99% 98%	Same Maintain Maintain Increase Maintain Maintain Maintain
Management Development Training Initiatives		4	3
▪ Indigenous Cultural Safety Training (rollout underway) ▪ Making Great Leaders ▪ Managing In A Unionized Environment ▪ Leading a Mentally Healthy Workplace (new metric)	 97% N/A	87% (complete/in progress) 94% 100% 100%	Increase N/A Maintain Maintain
COMPONENT OF TEAM - OCCUPATIONAL HEALTH AND SAFETY (as at Dec 14/17)			
# employee-reported injuries/incidents	35	41	Decrease
# hazards identified during worksite inspections & % resolved	27 (92%)	34 (91%)	Improve
# CPR-trained employees (% of FTE's) (new metric)		54 (19%)	Maintain
# assessments by external ergonomist (% of FTE's) (new metric)		2 (.01%)	Increase

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2018 Planning & Budget Template

Program: Human Resources

SECTION F **STAFFING COSTS:**	**2017 TOTAL FTEs**	**2018 ESTIMATED FTEs**
	4.8	**7.5**
Human Resources Coordinator	1.0	2.0
Human Resources Partner	1.0	2.0
Corporate Trainer	1.0	1.0
HR Manager	1.0	1.0
Program Assistant	0.3	-
Student Coordinator	0.5	0.5
Health & Safety Coordinator		1.0

SECTION G

EXPENDITURES:

Object of Expenditure	2016 Budget	2016 Actual	2017 Budget	2018 Draft Budget	$ increase ($ decrease) over 2017	% increase (% decrease) over 2017
Salary & Wages	$ 358,150	$ 364,921	$ 363,794	$ 519,775	$ 155,981	42.9%
Benefits	89,141	101,294	95,419	135,934	40,515	42.5%
Travel	3,020	2,340	3,020		(3,020)	(100.0)%
Program Supplies	2,151	927	2,151	1,175	(976)	(45.4)%
Staff Development	6,457	7,056	6,457		(6,457)	(100.0)%
Professional Services	11,300	9,662	11,300	10,250	(1,050)	(9.3)%
Furniture & Equipment	500		500		(500)	(100.0)%
Other Program Costs	2,602	3,506	2,602	2,344	(258)	(9.9)%
Total Expenditures	**$ 473,321**	**$ 489,706**	**$ 485,243**	**$ 669,478**	**$ 184,235**	**38.0%**

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2018 Planning & Budget Template

Program: Human Resources

SECTION H

FUNDING SOURCES:

Object of Revenue	2016 Budget	2016 Actual	2017 Budget	2018 Draft Budget	$ increase ($ decrease) over 2017	% increase (% decrease) over 2017
Cost-Shared	$ 473,321	$ 489,706	$ 484,161	$ 669,478	$ 184,235	38.0%
PHO – 100%						
MOHLTC – 100%						
MCYS – 100%						
User Fees						
Other Offset Revenue						
Total Revenues	**$ 473,321**	**$ 489,706**	**$ 485,243**	**$ 669,478**	**$ 184,235**	**38.0%**

SECTION I

KEY HIGHLIGHTS/INITIATIVES PLANNED FOR 2018

- Transfer and embed the Health & Safety function into the HR team.
- OHS will sponsor NAOSH Week in Q2 2018
- Responding to legislative requirements, re-focus on recognizing and responding to Domestic Violence in the work place.
- Emphasis on internally-led learning & development - *Meyers-Briggs Type Indicator, Crucial Conversations*.
- Re-offering past external learning – *Managing in Unionized Environment, Leading A Mentally Healthy Workplace*
- Support the organization in understanding results and developing plans related to the employee engagement survey.
- Developing French language capacity for frontline employees – *Collège Boreal French* onsite instruction classes.
- Continued focus on supporting “Be Well” as a comprehensive well-being strategy and integration of the EFAP.
- Partner with SDOH team on a Diversity & Inclusion initiative.
- Develop an Alternative Work Arrangement (AWA) pilot and ongoing support for Activity Based Workspaces initiative.
- Policy review and agency-wide coordination of HR policies & processes to adhere with legislated requirements and alignment with MLHU governance mandates and objectives.
- Development of an Onboarding program to drive employee engagement and support a positive organizational culture.
- Continued focus on Student placements - collaboration with UWO, Preceptor Development and Training.
- Create stronger partner & reporting links with Payroll & Benefits - jointly manage impacts/changes resulting from Bill 148 legislation.

2018 Planning & Budget Template

Program: Human Resources

SECTION J

PRESSURES AND CHALLENGES

- Structure and role changes within the Human Resources team and the re-branding of HR staff as partners to the divisions.
- Continuing to build partnerships with unions, and monitoring employee and labour relations activity (leaves and accommodations).
- Significant recruitment activity to respond to organizational changes and needs, leaves, retirements and departures.
- Increasing and continued requests for the development of divisional and organization-wide online training modules.
- Several mandatory training initiatives will compete for time from all employees, whose time is limited by their work assignments.
- Supporting management and employees with various organizational changes, e.g. new management members, location project, Activity Based Workspaces initiative.
- Creating opportunities for collaboration and enhancing the relationship and joint mandates between OHS, Operations and Emergency Preparedness.
- Growing knowledge and awareness, aging equipment and demographics are factors contributing to increased employee requests for ergonomic assessments and tools.

SECTION K

RECOMMENDED ENHANCEMENTS, REDUCTIONS AND EFFICIENCIES FOR 2018

- PBMA #1-0048 – Corporate Services Restructuring:
  - Creation of new (1.0 FTE) HR Coordinator role in HR team.
  - HR Generalist realigned from Office of the Director to HR Partner role in HR team.
  - Program Assistant for Health & Safety realigned to Health & Safety Coordinator role in HR team.

CORPORATE SERVICES DIVISION

INFORMATION TECHNOLOGY

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2018 Planning & Budget Template

SECTION A				
DIVISION	Corporate Services	**ACTING MANAGER NAME**	Ben Dalupan	**DATE**
PROGRAM TEAM	Information Technology	**DIRECTOR NAME**	Laura Di Cesare	January 2018

SECTION B

SUMMARY OF TEAM PROGRAM

Information Technology (IT) Services is a centralized service providing for the information technology needs of the programs and staff of MLHU.

SECTION C

ONTARIO PUBLIC HEALTH STANDARD(S), RELEVANT LEGISLATION OR REGULATION

- Ontario Public Health Organizational Standards:
  - 3.2 Strategic Plan
  - 6.1 Operational Planning improvements
  - 6.2 Risk Management
  - 6.12 Information Management
- Municipal Freedom of Information and Protection of Privacy Act (MFIPPA)
- Personal Health Information Protection Act (PHIPA)

Program: Information Technology

SECTION D

COMPONENT(S) OF TEAM PROGRAM #1 APPLICATIONS

- Business analysis, software development, project management, computer software selection/implementation.
- Improving business processes to improve program delivery, improve efficiency or increase capacity.
- "Standard" applications, including e-mail, common desktop applications, ministry specific applications, web/intranet services, database services, telephone/voice applications etc.

COMPONENT(S) OF TEAM PROGRAM #2 INFRASTRUCTURE

- Personal computers (desktop and laptop) and mobile devices.
- Server computers, data storage, backup, and backup power.
- Wired and wireless network devices, and physical cabling.
- Inter-site network/data transmission and communication.
- Internet and eHealth application access.
- Telephony devices—telephone handsets, voicemail servers, phone switches, etc.

COMPONENT(S) OF TEAM PROGRAM #3 SECURITY

- Standards & policy development and documentation.
- Data security technologies and approaches including encryption.
- E-mail security/filtering.
- Password policies and procedures.
- Investigation and audit of various systems to ensure security of data.
- Firewalls and remote access.

COMPONENT(S) OF TEAM PROGRAM #4 SUPPORT & OPERATIONS

- Helpdesk—client support.
- Network logon account management.
- Monitoring and responding to system problems.
- Personal computer loading and configuration management.
- Computer and software upgrades and deployment.
- Security updates installation.
- E-mail support and troubleshooting.
- Technology asset tracking/management.
- Preventative maintenance.
- Data backup/restore.
- Trending, budgeting & planning of future technology needs.

2018 Planning & Budget Template

Program: Information Technology

SECTION E **PERFORMANCE/SERVICE LEVEL MEASURES**			
	2016	**2017 (estimate)**	**2018 (estimate)**
Component of Team #1 Applications			
Desktop Software/hardware upgrades and implementations (Div/Program/Team)*	5		Not applicable
Desktop Software/hardware upgrades and implementations (Organization)*	4		Not applicable
Component of Team #2 Infrastructure			
Application/Database backend system upgrades migrations and implementations (Division/Program/Team)*	9		Not applicable
Core backend infrastructure system hardware/software upgrades/migrations and implementations*	13		Not applicable
% of systems with 'up to date' security patch level			
Client workstations**	100%	85%	increase
Servers**	99%	80%	increase
% of systems with latest antivirus signatures			
Client workstations	100%	85%	same
Servers	100%	90%	same
% of backend systems actively monitored			
Server and networking infrastructure	100%	80%	increase
% of services covered in continuity plan			
Server and networking infrastructure	90%	50%	increase
Telephony	100%	25%	increase
Success rate of system backups			
System backups and offsite replication	N/A	85%	increase
Helpdesk request resolution rate			
Requests addressed by 1st Level Helpdesk	82%	84%	same

Notes:
*These legacy performance metrics will be redefined in 2018.
** Hardware asset management is under review. The full integration of Stronghold MSP agents and processes will provide more accurate measurement for 2018.
*** Stronghold MSP will be implementing a new ticketing system and process in 2018 which will result in revised metrics.

2018 Planning & Budget Template

Program: Information Technology

SECTION F STAFFING COSTS:	2017 TOTAL FTEs	2018 ESTIMATED FTEs
	6.5	**3.0**
Helpdesk Analyst	1.0	1.0
Desktop & Applications Analyst	1.0	1.0
Network & Telecom Analyst	1.0	1.0
Program Assistant	0.5	0
Program Manager	1.0	0
Supervisor	1.0	0
Software Development Analyst (formerly a Business Analyst)	1.0	0

SECTION G

EXPENDITURES:

Object of Expenditure	2016 Budget	2016 Actual	2017 Budget	2018 Draft Budget	$ increase ($ decrease) over 2017	% increase (% decrease) over 2017
Salary & Wages	$ 455,188	$ 387,044	$ 452,026	$ 189,617	$ (262,409)	(58.1)%
Benefits	117,750	95,880	115,966	48,657	(67,309)	(58.0)%
Travel	1,850	137	1,850		(1,850)	(100.0)%
Program Supplies	10,300	11,868	10,300	10,300		
Staff Development	7,250	6,575	7,250		(7,250)	(100.0)%
Professional Services	45,300	56,498	45,300	350,899	305,599	>(100.0)%
Furniture & Equipment	366,200	359,284	366,200	346,200	(20,000)	(5.5)%
Other Program Costs	2,308	2,605	2,308	2,308		
Total Expenditures	**$ 1,006,146**	**$ 919,891**	**$ 1,001,200**	**$ 947,981**	**$ (53,219)**	**(5.3)%**

2018 Planning & Budget Template

Program: Information Technology

SECTION H

FUNDING SOURCES:

Object of Revenue	2016 Budget	2016 Actual	2017 Budget	2018 Draft Budget	$ increase ($ decrease) over 2017	% increase (% decrease) over 2017
Cost-Shared	$ 1,006,146	$ 914,281	$ 1,001,200	$ 947,981	$ (53,219)	(5.3)%
MOHLTC – 100%						
MCYS – 100%						
User Fees						
Other Offset Revenue		5,610				
Total Revenues	**$ 1,006,146**	**$ 919,891**	**$ 1,001,200**	**947,981**	**$ (53,219)**	**(5.3)%**

SECTION I

KEY HIGHLIGHTS/INITIATIVES PLANNED FOR 2018

Projects approved in 2016 but not started and relevant has been rolled over:

1. Strategic and Operational Improvements
   - 1.1. Network Penetration Security Audit – gap analysis and implementation planning
   - 1.2. Telephone Intake Line Redesign – Needs analysis, assessment of the current phone system, implementation planning
2. Core IT Infrastructure (Server, Networking, Storage, Capital Hardware)
   - 2.1. Storage Area Network Upgrade and Enhancement
   - 2.2. Virtual Server Farm Software Upgrade
   - 2.3. Planned replacement of physical servers (201 Queens and Strathroy)
3. Systems, Capital Enterprise Software
   - 3.1. Replace FRX System – Needs analysis, software review, POC, implementation planning
   - 3.2. Finance Systems GP and MyTime related upgrades – Needs analysis, planning, maintenance
   - 3.3. Public Health Inspection Software Upgrade – Needs analysis, planning

Program: Information Technology

Project Initiatives Planned for 2018

1. Strategic and Operational Improvements
   - 1.1. Stronghold Services MSP Onboarding, integration of MSP technical resources, workflows, service desk and processes
   - 1.2. Electronic Payments – Needs analysis, planning and implementation
   - 1.3. Disaster Recovery and Business Continuity Plan (DR and BCP)
2. Core IT Infrastructure
   - 2.1. Exchange Server on-premises migration to Office365
   - 2.2. Windows 10 Rollout and Replacement Testing and Planning (direct impact on legacy applications – e.g. FRX)
3. Systems, Capital Enterprise Software
   - 3.1. Electronic Client Records (ECR) – Assessment, review of data elements, workflow, process
4. Software Development Lifecycle Management (SDLC)
   - 4.1. Review of all legacy, in-house and adhoc software development efforts
   - 4.2. Line-of-Business (Divisional and Team) software development – Needs analysis, POC, implementation planning
   - 4.3. Electronic Payments – Needs analysis, planning and implementation

SECTION J

PRESSURES AND CHALLENGES

1. Onboarding of the Stronghold Services MSP, coordination of workflows with MLHU IT staff and development of staff regarding new processes, tools, management, etc.
2. Integration and/or replacement of existing tools, agents and functionality as is identified by Stronghold through the discovery process.
3. Managing organizational staff expectations and change management with respect to the changes in the service delivery model.
4. Ministry application and software upgrades that cannot be planned for appropriately along with a volume of legacy and adhoc application development not currently being managed or controlled at the organizational level.

Program: Information Technology

SECTION K

RECOMMENDED ENHANCEMENTS, REDUCTIONS AND EFFICIENCIES FOR 2018

- PBMA #1-0041 – IT Managed Contract (one-time) The Health Unit has a traditional IT infrastructure that provides services across all of the health unit programs and staff. In addition to day-to-day maintenance and IT support, we are required by a number of regulations to protect the confidential personal information our clients. This proposal aims to augment our current technology offering with a Managed IT Services program that could manage the tasks of site assessment; network and security consistency; and service delivery systems.
- PBMA # 1-0048 – Corporate Services re-alignment of the Program Assistant to Strategic Projects. Program Manager shifted to a Managed IT Services resource assigned onsite. The following functions shifted to Managed IT Services: Supervisor (eliminated); System Administration functions of the Supervisor; Software Development Analyst.
- $20,000 – PBMA #1-0010 – Computer Hardware replacement (one-time) Current desktop hardware is sufficient for staff that only require desktops, the need to replace to ensure warranty is not necessary with easily replaceable parts and several spare units onsite while some desktops on the list that are under warranty replacement until 2019.

CORPORATE SERVICES DIVISION

PRIVACY, RISK & GOVERNANCE

BUREAU DE SANTÉ DE MIDDLESEX-LONDON HEALTH UNIT
www.healthunit.com

2018 Planning & Budget Template

SECTION A

DIVISION	Corporate Services	**MANAGER NAME**	Vanessa Bell	**DATE**
PROGRAM TEAM	Privacy, Risk & Governance	**DIRECTOR NAME**	Laura Di Cesare	January 2018

SECTION B

SUMMARY OF TEAM PROGRAM

The Health Unit's privacy, risk and governance programs facilitate compliance with the requirements of the Municipal Freedom of Information and Protection of Privacy Act (MFIPPA), the Personal Health Information Protection Act (PHIPA) and the Ontario Public Health Accountability Framework. This is achieved by supporting the Board of Health and the Senior Leadership Team in the continued development and maturation of each program through the identification, monitoring and/or resolution of prioritized organizational risks. The program also supports divisions across the organization when specific issues respecting these areas arise.

SECTION C

ONTARIO PUBLIC HEALTH STANDARD(S), RELEVANT LEGISLATION OR REGULATION

- Health Protection and Promotion Act
- Municipal Freedom of Information and Protection of Privacy Act
- Personal Health Information Protection Act
- Ontario Public Health Organizational Standards

Program: Privacy, Risk & Governance

SECTION D

COMPONENT(S) OF TEAM PROGRAM #1: PRIVACY

Facilitate activities to enhance the Health Unit's compliance with the applicable privacy laws and reduce the occurrence of privacy risks and incidents.

COMPONENT(S) OF TEAM PROGRAM #2 – RISK MANAGEMENT

This component is responsible for the development and implementation of the organizational risk management plan. The risk management plan identifies, assesses and prioritizes risk of the organization and seeks to minimize, monitor or control the probability and impact of these events.

COMPONENT(S) OF TEAM PROGRAM #3 – BOARD OF HEALTH SUPPORT

This component provides the support for the Board of Health and associated committees to facilitate generative governance and an effective Board of Health. This consists of review and recommendations for Board of Health correspondence, coordination of Board of Health orientation and development, coordination of the Board of Health self-assessment, facilitating the Board of Health nomination and appointment processes and other tasks as assigned.

COMPONENT(S) OF TEAM PROGRAM #4 – GOVERNANCE & ADMINISTRATIVE MANUAL REVIEW AND DEVELOPMENT

Policy development and review takes an in depth look at existing Governance and Administrative policies to ensure that appropriate education, monitoring and ongoing review of policies is occurring. This program is consistent with MLHU's commitment to providing a consistent approach to effective, open and supportive systems of governance and management.

2018 Planning & Budget Template

Program: Privacy, Risk & Governance

SECTION E **PERFORMANCE/SERVICE LEVEL MEASURES**			
	2016	**2017**	**2018 (estimate)**
COMPONENT OF TEAM #1 : MONITORING LEGISLATIVE COMPLIANCE AND ORGANIZATIONAL RISK - PRIVACY			
# of privacy breach investigations	5	5	Decrease
# of privacy breaches	4	4	Decrease
# of access requests received and % completed within the required 30 days (PHIPA, MFIPPA)	27 (88)%	30 (90%)	Increase % complete
# of staff requests for privacy consultations	16	13	Increase
COMPONENT OF TEAM #2 : RISK MANAGEMENT			
Status of MLHU Risk Management Program	In development	In development	Implemented
COMPONENT OF TEAM #3 GOVERNANCE AND ADMINISTRATIVE MANUAL REVIEW AND DEVELOPMENT			
% of Policies that are Up to Date (have been reviewed in the past two years)	54%	29% (32/32 Governance & 10/104 Administrative)	75%
COMPONENT OF TEAM #4 BOARD OF HEALTH SUPPORT			
Board of Health Self-Assessment Completed	Y	Y	Y
Board of Health Development Session Completed	Y	Y Board of Health Program Updates (2)	Y
Board of Health Orientation Session Completed	Y	Y	Y

SECTION F **STAFFING COSTS:**	**2017 TOTAL FTEs**	**2018 ESTIMATED FTEs**
	1.5	**1.5**
Program Manager	1.0	1.0
Program Assistant	0.5	0.5

2018 Planning & Budget Template

Program: Privacy, Risk & Governance

SECTION G

EXPENDITURES:

Object of Expenditure	2016 Budget	2016 Actual	2017 Budget	2018 Draft Budget	$ increase ($ decrease) over 2017	% increase (% decrease) over 2017
Salary & Wages	$ 119,912	$ 96,668	$ 119,287	$ 121,543	$ 2,256	1.9%
Benefits	30,384	29,629	30,572	29,438	(1,134)	(3.7)%
Travel	3,000	1,287	3,000		(3,000)	(100.0)%
Program Supplies	2,708	2,064	2,708	2,458	(250)	(9.2)%
Staff Development	4,500	4,976	4,500		(4,500)	(100)%
Professional Services						
Furniture & Equipment						
Other Program Costs	660	535	660	660		
Total Expenditures	**$ 161,164**	**$ 135,159**	**$ 160,727**	**$ 154,099**	**$ (6,628)**	**(4.1)%**

SECTION H

FUNDING SOURCES:

Object of Revenue	2016 Budget	2016 Actual	2017 Budget	2018 Draft Budget	$ increase ($ decrease) over 2017	% increase (% decrease) over 2017
Cost-Shared	$ 161,164	$ 135,009	$ 160,727	$ 154,099	$ (6,628)	(4.1)%
MOHLTC – 100%						
MCYS – 100%						
User Fees						
Other Offset Revenue		150				
Total Revenues	**$ 161,164**	**$ 135,159**	**$ 160,727**	**$ 154,099**	**$ (6,628)**	**(4.1)%**

2018 Planning & Budget Template

Program: Privacy, Risk & Governance

SECTION I

KEY HIGHLIGHTS/INITIATIVES PLANNED FOR 2018

Privacy

- Release and train staff on a Privacy Breach Investigation and Response policy
- Provide continued input into the adoption and use of the MLHU Program and Evaluation Framework, particularly as it relates to the completion of Privacy Impact Assessments (PIAs) for all new collections, uses or disclosures of Personal Information or Personal Health Information (i.e. new programs or significant changes to existing programs).
- Organizational Content Management Strategy

Risk & Governance

- Board of Health Development Planning
- Governance By-law and Policy Program Review and Development
- Coordination of MLHU Administrative Policy Review and Development
- Continued Development of MLHU Risk Management Strategy

SECTION J

PRESSURES AND CHALLENGES

- Long-term absence of Manager in this portfolio may impact the ability to deliver on a number of the initiatives
- Amendments to the *Personal Health Information Protection Act (PHIPA)* under Bill 119 requires mandatory reporting of privacy breaches to the Information and Privacy Commissioners Office and any applicable regulatory college. This requirement is not yet in force because the Regulations to clarify the types of breaches that require this reporting have not yet been drafted.
- Staff requests for privacy consultations can involve significant learning (i.e. understanding a new technology and the threats to privacy that it poses) and/or require data sharing agreements or the development of specific contracted terms.
- Volume of work within these portfolios remains challenging within existing resources.
- Administrative Policy Review requires considerable agency-wide collaboration.
- Municipal election in 2018 could result in a considerable number of new board members that will require orientation

Program: Privacy, Risk & Governance

SECTION K

RECOMMENDED ENHANCEMENTS, REDUCTIONS AND EFFICIENCIES FOR 2018

- PBMA #1-0048 – Corporate Services Restructuring – Realigned Health and Safety function to the Human Resources team enabling the focus on Risk and Governance, which better aligns with privacy.

CORPORATE SERVICES DIVISION

PROCUREMENT & OPERATIONS

BUREAU DE SANTÉ DE MIDDLESEX-LONDON HEALTH UNIT
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2018 Planning & Budget Template

SECTION A				
DIVISION	Corporate Services	**MANAGER NAME**	Joe Belancic	**DATE**
PROGRAM TEAM	Procurement & Operations	**DIRECTOR NAME**	Laura Di Cesare	January 2018

SECTION B

SUMMARY OF TEAM PROGRAM

- Provides for the procurement of goods and services required of the organization ensuring the Health Unit obtains the best value in compliance with the Procurement Policy.
- Provides oversight for the health unit "Operations" which include facility management services such as furniture and equipment, leasehold improvements, insurance and risk management, security, janitorial, parking, on-site and off-site storage and inventory management.
- Provides for Reception services at 50 King Street which includes greeting and redirecting clients, switchboard and mail services. Receptionists provide for coverage for vaccine distribution. Manages Strathroy office location.

SECTION C

ONTARIO PUBLIC HEALTH STANDARD(S), RELEVANT LEGISLATION OR REGULATION

The following legislation/regulations are relevant to the work performed in Procurement and Operations: Health Protection & Promotion Act, Ontario Public Health Organizational Standards, Income Tax Act, Occupational Health & Safety Regulations, Workers Safety Insurance Board, AODA, Fair Wage and other relevant contractual legislations.

Program: Procurement & Operations

SECTION D

COMPONENT(S) OF TEAM PROGRAM #1 – PROCUREMENT

Procurement:

- Provide accurate and timely procurement advice to internal programs and services (customers).
- Procurement of goods and services in a fair, transparent, and open manner through Request for Tenders, Quotes, and Proposals, and at all times ensuring value for money.
- Upon award, provides contract management to ensure Health Unit is not at risk (Insurance & WSIB certificates, WHMIS documents, licenses, etc.). Prepares necessary purchase orders, contracts and agreements.
- Review of contract language to ensure compliance with MLHU policies and procedures for both contract value and liability
- Manage contract life cycle to ensure service levels are maintained and the prevention of contract expirations
- Participates in the Elgin Middlesex Oxford Purchasing Cooperative (EMOP) to enhance or leverage procurement opportunities to lower costs.
- Participate in Ontario Public Buyers Association/Supply Chain Management Association of Ontario to keep up to date on procurement activities and processes
- Utilize and participate in provincial contracts such as office furniture, chairs, courier, photocopier, and cell phone providers to lower costs to the programs and services.
- Perform general purchasing and receiving activities for program areas.

COMPONENT(S) OF TEAM PROGRAM #2 – OPERATIONS

- Manage the Operations staff at King Street and manages the Strathroy Office.
- Space planning – liaisons with program areas to ensure facilities meet program requirements. This may involve leasehold improvements, furniture and equipment purchasing, and relocation of employees.
- Coordinates management response to monthly Joint Occupational Health & Safety Committee (JOHSC) inspection reports.
- Manages property leases including any new negotiations, renegotiations and dispute resolution (50 King Street, 201 Queens Ave in London, and 51 Front Street in Strathroy).
- Security – manages and maintains the controlled access and panic alarm systems, and the daytime and after-hours security contract at 50 King Street. At Queens Avenue location provides access control cards for employees, and liaises with landlord for issues.
- Custodial Services – manages and maintains the contract for janitorial services for two locations. This includes day-time and evening cleaning for the 50 King Street office and evening cleaning at 51 Front Street
- IT Managed Service Provider – Manage contract and performance of Stronghold Services with respect to timelines and service levels.

2018 Planning & Budget Template

Program: Procurement & Operations

- Receives goods at King Street location, and manages and maintains both on-site and off-site storage facilities, keeping inventory of supplies and equipment for corporate use.
- Responsible for the issue of parking cards and maintenance of data base. Enforcement of parking violations.
- Performs general facility maintenance including minor repairs, disposal of bio-hazardous materials, meeting room set-up and take-downs, van repairs and maintenance. Responds to Operations Help Desk for maintenance, supplies, deliveries, etc. Liaises with general contractors for various projects (electrical, plumbing, drywall, painting, etc.).
- Identification of assets into data base. Removal and disposal of obsolete/broken equipment through various disposal methods.
- Responsible for routine maintenance and service requests for photocopiers, folding machines, cutters, laminators
- Provides for Reception services at 50 King Street which includes greeting and redirecting clients, switchboard for 50 King Street and Strathroy Offices and mail services. Receptionists provide for coverage for vaccine distribution.

SECTION E PERFORMANCE/SERVICE LEVEL MEASURES			
	2016	**2017**	**2018 (estimate)**
Component of Team #1 Procurement			
Number of competitive bid processes (tender, quotation, or proposal	24	21	Not Applicable
Number of competitive bid processes where (3) bids were received	66% (16)	42% (9)	Not Applicable
Number of competitive bid processes where less than (3) bids were received	4% (1)	16% (3)	Not Applicable
Number of competitive bids where option year was accepted	12% (3)	11% (2)	Not Applicable
Number of non-competitive bid process (sole source)	16% (4)	16% (2)	Same
% of non-Labour Spend managed through Competitive Process	TBD	42%	Increase
% Supplier Contracts meeting 85% Service Level	Not Available	Not Available	Benchmarking
Cost savings due to new contract/supplier arrangements or purchasing initiatives	Not Available	Not Available	$100,000 (2.5%)
Component of Team #2 Operations			
Number of Operations requests	(Avg. 9 req./day)	323*	Increase
Number of Operations requests completed within 48 hours	N/A	297 (92%)	Increase
Number of Operations requests outstanding for >48 hrs	N/A	26 (8%)	Reduce

SECTION F STAFFING COSTS:	2017 TOTAL FTEs	2018 ESTIMATED FTEs
	3.18	**3.18**
Program Assistants	1.18	1.18
Program Manager	1.00	1.00
Receiving & Operations Coordinator	1.00	1.00

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2018 Planning & Budget Template

Program: Procurement & Operations

SECTION G

EXPENDITURES:

Object of Expenditure	2016 Budget	2016 Actual	2017 Budget	2018 Draft Budget	$ increase ($ decrease) over 2017	% increase (% decrease) over 2017
Salaries & Wages	$ 208,003	$ 208,235	$ 210,283	$ 204,078	$ (6,205)	(3.0)%
Benefits	56,074	56,629	56,408	55,266	(1,142)	(2.0)%
Travel	300	598	300		(300)	(100.0)%
Program Supplies	300	146	300	300		
Staff Development	500	473	500		(500)	(100.0)%
Professional Services						
Furniture & Equipment						
Other Program Costs	1,200	986	1,200	1,200		
Total Expenditures	**$ 266,377**	**$ 267,067**	**$ 268,991**	**$ 260,844**	**$ (8,147)**	**(3.0)%**

SECTION H

FUNDING SOURCES:

Object of Revenue	2016 Budget	2016 Actual	2017 Budget	2018 Draft Budget	$ increase ($ decrease) over 2017	% increase (% decrease) over 2017
Cost-Shared	$ 266,377	$ 267,067	$ 268,991	$ 260,844	$ (8,147)	(3.0)%
MOHLTC – 100%						
MCYS – 100%						
User Fees						
Other Offset Revenue						
Total Revenues	**$ 266,377**	**$ 267,067**	**$ 268,991**	**$ 260,844**	**$ (8,147)**	**(3.0)%**

2018 Planning & Budget Template

Program: Procurement & Operations

SECTION I

KEY HIGHLIGHTS/INITIATIVES PLANNED FOR 2018

- Support the opening of the Temporary Overdose Prevention Site and future location of the Supervised Consumption Facility
- Procurement activities required to determine future location of the Health Unit. Assist with competitive bid processes, leasehold and/or building requirements involving architects, construction firms, and legal services. Relocation planning and implementation.
- Project management of Activity Based Work (ABW) project and the procurement of furniture and equipment
- Assist in needs assessment, procurement and Implementation of financial reporting, HR and Procurement Information System to replace FRX
- Creation of Performance Management framework to evaluate external contracts and Service Level Agreements
- Furniture replacement program to support improved ergonomics and Occupational Health and Safety
- Procurement of system to support Electronic Client Records
- Development of supplier performance metrics based on Service Level Agreement
- Creation of a Business Continuity Plan with the support of Emergency Preparedness for the operation of our three facilities
- Implementation of the Intake-line Project.
- Consider an alternative procurement platform (currently using Biddingo.com).

SECTION J

PRESSURES AND CHALLENGES

- If decision to relocate Health Unit in 2018 occurs, this will impact the Procurement work plan for 2018-2019. Time will need to be dedicated for this project.
- Competitive bid processes may increase or decrease depending on outcome of relocation decision.
- Operations requests may increase/decrease as a result of relocation.
- Learning curve for Procurement and Operations Manager.
- Intake Line Project outcomes may have impacts on Reception duties/positions.
- On-line operations requests are expected to increase as requests issued verbally are not currently tracked.

Program: Procurement & Operations

SECTION K **RECOMMENDED ENHANCEMENTS, REDUCTIONS AND EFFICIENCIES FOR 2018**
• None

CORPORATE SERVICES DIVISION

PROGRAM PLANNING & EVALUATION

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2018 Planning & Budget Template

SECTION A				
DIVISION	Corporate Services	**MANAGER NAME**	Jordan Banninga	**DATE**
PROGRAM TEAM	Program Planning & Evaluation	**DIRECTOR NAME**	Laura Di Cesare	January 2018

SECTION B

SUMMARY OF TEAM PROGRAM

The Program Planning and Evaluation Team provides support for evidence-informed practice across MLHU and project management of strategic initiatives and prioritized projects. The support provided aligns to the components of the Ontario Public Health Foundational Standards. In providing this support, the Program Planning and Evaluation Team also helps teams meet their accountabilities outlined in their respective Ontario Public Health Standards, i.e., Chronic Disease and Injury, Family Health, Infectious Diseases, Environmental Health, and Emergency Preparedness.

SECTION C

ONTARIO PUBLIC HEALTH STANDARD(S), RELEVANT LEGISLATION OR REGULATION

Health Protection and Promotion Act

Standards for Public Health Programs and Services

- Effective Public Health Practice
- Support for all Program Standards

Program: Program Planning & Evaluation

SECTION D

COMPONENT(S) OF TEAM PROGRAM #1: PROGRAM PLANNING AND EVALUATION

In general, program planning and evaluation activities aim to provide information to assist with program decision making, e.g., planning a new program or a new component of a program; assessing the impact, effectiveness or efficiency of existing programs to identify if changes are needed. Support provided in this component is varied, and often includes consideration of program rationale and need, inputs, activities, outputs and outcomes. Specific activities include:

- Identify, adapt and implement an organizational Planning and Evaluation Framework, including the development of a visual, guides, and tools
- Provide team- and project-specific planning and evaluation support, including skills building
- Consult on and provide planning and evaluation deliverables for strategic initiatives and projects prioritized by the Senior Leadership Team, including several program reviews
- Consult on emerging planning and evaluation projects

COMPONENT(S) OF TEAM PROGRAM #2: LIBRARY SERVICES AND RESOURCE LENDING SYSTEM

In general, research and knowledge exchange activities within the organization with an aim to provide services and resources to explore an emerging issue, or to support knowledge exchange with community partners. Specific activities include:

- Perform literature searches and provide library resources, to explore emerging issues. This service is provided to both MLHU and to client health units participating in the Shared Library Services Partnership (SLSP).
- Curate the Resource Lending System (RLS) collection and coordinate the provision of MLHU teaching resources, to support knowledge exchange with community partners and community members
- Participate in knowledge exchange initiatives involving community collaborators and researchers
- Consult on emerging planning and evaluation projects
- Records management and organizational content management

2018 Planning & Budget Template

Program: Program Planning & Evaluation

SECTION E **PERFORMANCE/SERVICE LEVEL MEASURES**			
	2016	**2017 (estimate to Nov 26, 2016)**	**2018 (estimate)**
COMPONENT OF TEAM #1: PROGRAM PLANNING & EVALUATION			
Adapt and implement an organizational Planning and Evaluation Framework	Adapt: Complete Implement: In progress	Implement: In Progress	Complete Implementation
# of planning and evaluation (P&E) programs/projects prioritized by SLT and supported by FS staff (% completed)	27 (100%)	26 (67%)	Increase
# of P&E consultations delivered for emerging projects	34	28	Increase
COMPONENT OF TEAM #2: RESEARCH & KNOWLEDGE EXCHANGE			
# (%) of library literature searches delivered within 2-4 weeks of receipt of request	1033/1064 (97%)	773/781 (99%)	Maintain
# (%) of library knowledge resources (e.g., articles, books) delivered within 5 business days	3806/3845 (99%)	2688/2727 (99%)	Maintain
# of Resource Lending System (RLS) resource requests filled	2,112	1,396	Maintain
# of projects involving partnership/collaboration with community researchers	9	-	Maintain

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2018 Planning & Budget Template

Program: Program Planning & Evaluation

SECTION F STAFFING COSTS:	2017 Total FTEs	2018 Estimated FTEs
		9.5
Librarians Program Assistant Program Evaluators Program Manager		2.0 0.5 6.0 1.0

SECTION G

EXPENDITURES:

Object of Expenditure	2016 Budget	2016 Actual	2017 Budget	2018 Draft Budget	$ increase ($ decrease) over 2017	% increase (% decrease) over 2017
Salary & Wages	$ 0	$ 0	$ 0	$ 639,094	$ 639,094	
Benefits				170,684	170,684	
Travel				1,100	1,100	
Program Supplies				44,736	44,736	
Staff Development				100	100	
Professional Services						
Furniture & Equipment						
Other Program Costs				1,695	1,695	
Total Expenditure	**$ 0**	**$ 0**	**$ 0**	**$ 857,409**	**$ 857,409**	

Staff Development of $100 is Library-Shared Services-100% funding

2018 Planning & Budget Template

Program: Program Planning & Evaluation

SECTION H

FUNDING SOURCES:

Object of Expenditure	2016 Budget	2016 Actual	2017 Budget	2018 Draft Budget	$ increase ($ decrease) over 2017	% increase (% decrease) over 2017
Cost-Shared	$ 0	$ 0	$ 0	$ 750,883	750,883	
MOHLTC – 100%						
MCYS – 100%						
Public Health Ontario				106,526	106,526	
User Fees						
Other Offset Revenue						
Total Revenue	**$ 0**	**$ 0**	**$ 0**	**$ 857,409**	**$ 857,409**	

SECTION I

KEY HIGHLIGHTS/INITIATIVES PLANNED FOR 2018

- Provide support for emerging strategic initiatives and priorities
- Provide support for planning and evaluation projects prioritized by the Senior Leadership team
- Continue to support strategic initiatives involving external stakeholders initiated in 2017, including the Opioid IMS, HIV Strategy and the Community Drug and Alcohol Strategy
- Develop and deliver a variety of training to support the continued implementation of the Planning and Evaluation Framework, including training workshops for program staff, topic-specific workshops, and online learning modules
- Support efforts to increase organizational capacity for literature review and synthesis in planning and evaluation, in collaboration with internal and external collaborators
- Migrate the MLHU/SLSP library to a unified website and catalogue with the other three Ontario SLSP libraries
- Collaborate with IT, Privacy, Risk and Governance, Procurement & Operations and Strategic Projects on organizational content management

2018 Planning & Budget Template

Program: Program Planning & Evaluation

SECTION J

PRESSURES AND CHALLENGES

- Continued roll-out of agency-wide Planning and Evaluation Framework.
- Increased demand for programs planning and evaluation support.
- Introduction of the Modernized Standards for Public Health Programs and Services which has increased emphasis on program planning and evaluation.
- Introduction of Annual Service Plans with requirements to complete community assessments, identify local population health issues and priority populations, program plans (summary of community need, key partners / stakeholders)
- Requirements to complete Ministry Performance Reports and Annual Reports and Attestations.
- New team leadership and recruitment for vacant positions.

SECTION K

RECOMMENDED ENHANCEMENTS, REDUCTIONS AND EFFICIENCIES FOR 2018

- $44,663 - PBMA #1-0001- One-Time Program Evaluator – Due to the introduction of the Ontario Standards for Public Health Programs and Services (OSPHPS) and the Accountability Framework (AF) and enhance emphasis on program planning and evaluation, additional Program Evaluation capacity is required. An assessment of the current MLHU Program Evaluator complement suggests that additional Program Evaluator support is required to help MLHU meet its strategic priorities and to better meet the emerging accountabilities in the OPHPS and AF.

CORPORATE SERVICES DIVISION

STRATEGIC PROJECTS

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2018 Planning & Budget Template

SECTION A				
DIVISION	Corporate Services	**MANAGER NAME**	TBD	**DATE**
PROGRAM TEAM	Strategic Projects	**DIRECTOR NAME**	Laura Di Cesare	January 2018

SECTION B

SUMMARY OF TEAM PROGRAM

- Strategic Projects (SP) provides support across all MLHU programs and services. The program consists of several areas of responsibility including:
  - Strategic Planning and Monitoring;
  - Project Management and Other Duties.

SECTION C

ONTARIO PUBLIC HEALTH STANDARD(S), RELEVANT LEGISLATION OR REGULATION

- Health Protection and Promotion Act
- Ontario Public Health Organizational Standards
- Personal Health Information Protection Act
- Municipal Freedom of Information and Protection of Privacy Act

Program: Strategic Projects

SECTION D

Component(s) Of Team Program #1 – Strategic Planning and Monitoring

This component aims to advance the expressed strategic priorities of the Health Unit Board and Staff. This includes the planning, development, launch and implementation of a Middlesex-London Health Unit strategic plan and balanced scorecard. Additional roles include participating and supporting workgroups associated with the strategic priorities and reporting on the progress/performance to the Senior Leadership Team and the Board of Health.

Component(s) Of Team Program #2 – Project Management & Other Duties

This component provides organization support for project management across MLHU. This includes the development of project management methodologies, standardization of tools and providing project coordination and leadership to all divisions and teams. This can include, but is not limited to the development of a project repository, management of specific projects and coaching and consultation for projects being lead by other divisions and teams.

Scoping and implementation of strategic projects and initiatives as determined by the Director, Corporate Services; the MOH/CEO, and the Senior Leadership Team. Current projects / duties include, but are not limited to:

- Non-Union Leadership Team Administration and Development
- Organizational Structure and Location Project – Site Selection, Site Development and Move Planning
- Activity-Based Workspaces
- Intake Lines
- City Hall Next Week

2018 Planning & Budget Template

Program: Strategic Projects

SECTION E PERFORMANCE/SERVICE LEVEL MEASURES	2016	2017 (estimate)	2018 (estimate)
COMPONENT OF TEAM #1 STRATEGIC PLANNING AND MONITORING			
% of Teams with Balanced Scorecards in place	N/A	N/A	100%
MLHU Strategic Initiatives Progress (Complete / On-track) Reported to the Board of Health	Y	Y	Y
COMPONENT OF TEAM #2 PROJECT MANAGEMENT			
% of Strategic Initiatives Complete / On-Track	75%	80% (16/20)	Increase

SECTION F STAFFING COSTS:	2017 TOTAL FTEs	2018 ESTIMATED FTEs
	1.2	**2.5**
Project Manager	1.0	1.0
Project Coordinator	0.0	1.0
Program Assistant	0.2	0.5

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Program: Strategic Projects

SECTION G

EXPENDITURES:

Object of Revenue	2016 Budget	2016 Actual	2017 Budget	2018 Draft Budget	$ increase ($ decrease) over 2017	% increase (% decrease) over 2017
Salary & Wages	$ 95,043	$ 94,995	$ 98,852	$ 192,272	$ 93,426	94.5%
Benefits	21,525	21,531	22,233	45,505	23,272	104.7%
Travel	1,515	441	1,000		(1,000)	(100.0)%
Program Supplies	1,600	1,345	1,600	1,279	(321)	(20.1)%
Staff Development	441	3,345	1,000		(1,000)	(100.0)%
Professional Services	6,100	8,064	7,500	7,500		
Furniture & Equipment						
Other Program Costs	2,380	601	2,380	1,880	(500)	(21.0)%
Total Expenditures	**$ 128,604**	**$ 130,322**	**$ 134,565**	**$ 248,436**	**$ 113,871**	**84.6%**

SECTION H

FUNDING SOURCES:

Object of Revenue	2016 Budget	2016 Actual	2017 Budget	2018 Draft Budget	$ increase ($ decrease) over 2017	% increase (% decrease) over 2017
Cost-Shared	$ 128,604	$ 130,322	$ 134,565	$ 248,436	$ 113,871	84.6%
MOHLTC – 100%						
MCYS – 100%						
User Fees						
Other Offset Revenue						
Total Revenues	**$ 128,604**	**$ 130,322**	**$ 134,565**	**$ 248,436**	**$ 113,871**	**84.6%**

2018 Planning & Budget Template

Program: Strategic Projects

SECTION I

KEY HIGHLIGHTS/INITIATIVES PLANNED FOR 2018

- 2015-2020 Strategic Plan Balanced Scorecards to all MLHU teams.
- Continued roll-out of Activity-Based Workspaces
- Organizational Structure and Location Project
  - Continuation of procurement process and potential move
  - Project initiation for "Additional Considerations"
  - Implementation of Intake Line Project
- Development of MLHU Project Management methodology
- Continued support for Administrative and Governance Policy Review

SECTION J

PRESSURES AND CHALLENGES

- All members of the team will be newly recruited in 2018
- The Strategic Projects Team will play an important role in the implementation of the Modernized Standards and Accountability Framework
- Uncertainty regarding next stage of the OSL project
- Strategic Projects serves in an organization-wide role to move forward initiatives. Prioritization of projects is necessary as there are many potential organization initiatives that could be done, but capacity must be allocated to the ones with the greatest organizational need
- Many of the projects tasked to Strategic Projects require cross-MLHU collaboration and change management to be employed. These challenges need to be managed effectively to ensure successful task completion

Program: Strategic Projects

SECTION K

RECOMMENDED ENHANCEMENTS, REDUCTIONS AND EFFICIENCIES FOR 2018

- $98,160 PBMA #1-0044 – Project Management Hire - (+1.0 FTE Project Coordinator)
- PBMA #1-0048 – Corporate Services Restructuring - This restructuring accomplishes realignment and allows for increased Corporate Services capacity to support our front-line services +0.3 FTE Program Assistant reallocated.

HEALTHY LIVING DIVISION

OFFICE OF THE DIRECTOR

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2018 Planning & Budget Template

SECTION A				
DIVISION	Healthy Living	**MANAGER NAME**	Suzanne Vandervoort	**DATE**
PROGRAM TEAM	Office of the Director	**DIRECTOR NAME**	Suzanne Vandervoort	January 2018

SECTION B

SUMMARY OF TEAM PROGRAM

The Healthy Living Division includes Child Health Team, Chronic Disease Prevention & Tobacco Control Team, Healthy Communities & Injury Prevention Team, Oral Health Team, Southwest Tobacco Control Area Network Team and Young Adult Team. The division aims to improve, promote and protect the health of our communities and region across the lifespan. Staff in this division partner with community agencies, coalitions, schools and school boards, southwest health units as well as provide direct clinic services for oral health and tobacco. The Healthy Living Division works to influence policy and enforce relevant legislation at the municipal, provincial and federal level to positively shape the health of our communities.

SECTION C

ONTARIO PUBLIC HEALTH STANDARD(S), RELEVANT LEGISLATION OR REGULATION

Ontario Public Health Standards:

- Chronic Disease Prevention and Well being
- School Health
- Substance Use and Injury Prevention
- Healthy Environments
- Population health Surveillance
- Public Health Practice
- Healthy Equity

- Relevant Legislation:
    - Bill 174, *An Act to Amend the Cannabis Act, 2017, the Ontario Cannabis Retail Corporation Act, 2017, and the Smoke-Free Ontario Act, 2017, to repeal two Acts (Smoke-free Ontario Act and the Electronic Cigarettes Act, 2015)*
    - The City of London, the Municipality of Strathroy-Caradoc and the Township of Lucan-Biddulph tobacco-related bylaws

- The *Skin Cancer Prevention Act*

- OPHS Protocols
  - Tobacco Protocol, 2018
  - Tanning Beds Compliance Protocol, 2014 (or as Current)
  - Electronic Cigarettes Protocol, 2018
  - Safe Drinking Water & Fluoride Monitoring Protocol, 2018
  - Vision Protocol (not released yet)
  - Healthy Smiles Ontario (HSO) Program Protocol, 2016 (or as Current)
  - Oral Health Assessment and Surveillance Protocol, 2016 (or as Current)

- Child & Family Services Act, 1990
- Duty to Report Legislation
- Thames Valley School Board Partnership Agreement

SECTION D

COMPONENT(S) OF TEAM PROGRAM #1 BUDGET

- Responsible for the divisional variance process
- Divisional PBMA process

COMPONENT(S) OF TEAM PROGRAM #2 STRATEGIC PRIORITIES

- Creation and implementation of a divisional balanced scorecard

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Program: Office of the Director – Healthy Living

SECTION E **PERFORMANCE/SERVICE LEVEL MEASURES**			
	2016	**2017**	**2018**
COMPONENT OF TEAM #1 BUDGET			
Divisional Variance	4.8%	6.5% Staff vacancies	<5%
Approved PBMA proposals prioritized and implemented	Complete	Complete	Complete
COMPONENT OF TEAM #2 STRATEGIC PRIORITIES			
Completion of Balanced Scorecard activities, tasks and measures.	Complete	Complete	Complete

SECTION F **STAFFING COSTS:**	**2017 Total FTEs**	**2018 Estimated FTEs**
	2.0	**2.0**
Director Administrative Assistant to the Director	1.0 1.0	1.0 1.0

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Program: Office of the Director – Healthy Living

SECTION G

EXPENDITURES:

Object of Expenditure	2016 Budget	2016 Actual	2017 Budget	2018 Draft Budget	$ increase ($ decrease) over 2017	% increase (% decrease) over 2017
Salary & Wages	$ 171,401	$ 171,401	$ 178,176	$ 190,241	$ 12,065	6.8%
Benefits	42,699	42,790	44,001	46,094	2,093	4.8%
Travel	4,000	1,597	4,000	4,000		
Program Supplies	10,450	5,462	10,450	5,450	(5,000)	(47.8)
Staff Development	3,125	3,536	3,125	3,125		
Professional Services				5,000	5,000	
Furniture & Equipment	1,301		1,301	1,301		
Other Program Costs	2,100	1,043	2,100	2,100		
Total Expenditure	**$ 235,076**	**$ 225,829**	**$ 243,153**	**$ 257,311**	**$ 14,158**	**5.8%**

SECTION H

FUNDING SOURCES:

Object of Expenditure	2016 Budget	2016 Actual	2017 Budget	2018 Draft Budget	$ increase ($ decrease) over 2017	% increase (% decrease) over 2017
Cost-Shared	$ 235,076	$ 225,829	$ 243,153	$ 257,311	$ 14,158	5.8%
MOHLTC – 100%						
MCYS – 100%						
User Fees						
Other Offset Revenue						
Total Revenue	**$ 235,076**	**$ 225,829**	**$ 243,153**	**$ 257,311**	**$ 14,158**	**5.8%**

2018 Planning & Budget Template

Program: Office of the Director – Healthy Living

SECTION I

KEY HIGHLIGHTS/INITIATIVES PLANNED FOR 2018

- The HL Division leadership team will work together to create and implement action plan templates from the Employee Engagement Survey
- Implementation of the Ontario Public Health Standards

SECTION J

PRESSURES AND CHALLENGES

The Healthy Living Division has staff at both 201 Queens Avenue and 50 King Street. This makes collaboration and communication challenging at times. There will also be more efficiencies realized when staff are in the same building. There have been two manager vacancies (4 months each) that required coverage from the leadership team. There have been multiple staff vacancies during 2017.

SECTION K

RECOMMENDED ENHANCEMENTS, REDUCTIONS AND EFFICIENCIES FOR 2018

None

HEALTHY LIVING DIVISION

CHILD HEALTH TEAM

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SECTION A				
DIVISION	Healthy Living	**MANAGER NAME**	Darrell Jutzi	**DATE**
PROGRAM TEAM	Child Health Team	**DIRECTOR NAME**	Suzanne Vandervoort	January, 2018

SECTION B

SUMMARY OF TEAM PROGRAM

The Child Health Team works with elementary schools in partnership with school boards (4), administrators, teachers, parents, neighbouring health units and communities to address health issues impacting children and youth. This work is approached using the Foundations for a Healthy School model which includes 5 components: Curriculum, Teaching and Learning; School and Classroom Leadership; Student Engagement; Social and Physical Environments; Home, School and Community Partnerships. The focus of child health initiatives is healthy eating, physical activity, mental wellness, growth and development and parenting. Schools are prioritized based on need, readiness and capacity to engage resulting in vulnerable schools receiving more focused PHN time.

SECTION C

ONTARIO PUBLIC HEALTH STANDARD(S), RELEVANT LEGISLATION OR REGULATION

Ontario Public Health Standards:

- School Health
- Chronic Disease Prevention and Well-Being
- Substance Use and Injury Prevention
- Healthy Growth and Development
- Foundational Standards

Child & Family Services Act, 1990

- Duty to Report Legislation

Thames Valley School Board Partnership Agreement

Program: Child Health Team

SECTION D

COMPONENT(S) OF TEAM PROGRAM #1: SUPPORT THE DEVELOPMENT AND IMPROVEMENT OF HEALTHY SCHOOLS

It is undisputed that healthy students are better prepared to learn. Studies demonstrate that promoting student health and well-being can help schools meet their educational goals, such as reduced absenteeism, fewer behavioural problems, and higher school-wide test scores and grades (Centers for Disease Control and Prevention, 2014). A healthy school not only provides educational opportunities but creates a supportive environment for health and well-being. The Child Health Team works with students, parents, teachers, principals, board staff and community partners to plan and implement evidence-based activities that contribute to comprehensive school health. Specifically, we have developed topic based toolkits to support the Ministry of Education's The Foundations for a Healthy School resource and we work in schools to influence the development and implementation of healthy policies, and the creation or enhancement of supportive environments to address key topics.

COMPONENT(S) OF TEAM PROGRAM #2: PROVIDE POPULATION HEALTH INFORMATION

The new School Standard in the 2018 OPHS Standards requires that the board of health provide population health information to school. The Child Health Team will work with the Foundational Standards team, school board staff, administrators and teachers to provide up to date population health information impacting students in their schools. Population health information will be reviewed, collected and distributed to key school board stakeholders.

COMPONENT(S) OF TEAM PROGRAM #3: PROVIDE CURRICULUM SUPPORTS TO SCHOOL BOARDS & SCHOOLS

Providing up to date and evidence-based health information (including facts and best practices) to school boards, schools and teachers helps ensure credible health information is being taught in classrooms and practiced in school settings. The Child Health Team works with multiple teams within MLHU (e.g., Injury Prevention, Communicable Diseases, Immunizations) to collect and disseminate relevant health information to schools and teachers. The team routinely reviews, creates and disseminates these curriculum resources.

COMPONENT(S) OF TEAM PROGRAM #4: PARENTING

Positive parenting is fundamental for optimal child development. Currently, parenting information is provided by the Healthy Start and Healthy Living Divisions. As parenting is the most modifiable risk factor in the prevention of abuse, chronic disease and mental illness, parenting is a critical component of our work and includes:

- Implementing iParent social and mass media information campaign which communicates positive parenting messages and directs parents to resources.
- Development of a 'Parenting in Canada' and other parenting presentation for the Syrian newcomers, and
- MLHU is working with the City of London, as well as other community partners, to create a comprehensive evidence-based parenting strategy for London and Middlesex.

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Program: Child Health Team

SECTION E PERFORMANCE/SERVICE LEVEL MEASURES	2016 (actual)	2017 (actual)	2018 (target)
COMPONENT OF TEAM #1: SUPPORT THE DEVELOPMENT AND IMPROVEMENT OF HEALTHY SCHOOLS			
# of evidence-based resources created to support healthy schools	1	3	Develop a process for tracking implementation and outcomes
# of schools with a comprehensive action plan (Level 2 and 3 schools only-total 78 schools	78	78	78
# of Healthy Living Champion Awards	41	52	55
# of Healthy School (or other) Committees	49	51	55
# of Facilitators trained for Let's Get Cooking"	84	52	Maintain
Increase public health communication with schools and parents through social media	NA	NA	Pilot the use of Twitter for CHT
COMPONENT OF TEAM #2: PROVIDE POPULATION HEALTH INFORMATION			
Create/Review partnership declaration and data sharing agreements	NA	NA	2 School Boards
COMPONENT OF TEAM PROGRAM #3: PROVIDE CURRICULUM SUPPORTS TO SCHOOL BOARDS & SCHOOLS			
Create/Update Curriculum Resources for Elementary Schools	NA	NA	Review and revise all substance use resources
COMPONENT OF TEAM #4 PARENTING			
Distribution of School Enterers Magazine	6000 Packages	6000 Magazines	6000 Magazines
Positive Parenting iParent Campaign –	To promote parents communicating with their teens	Produced 7 6-second bumpers to promote via social media in 2018	Estimated Impressions: 750,000; Estimated Clicks: 13,000
# of Newcomer presentations	27	21	Maintain

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Program: Child Health Team

SECTION F STAFFING COSTS:	2017 TOTAL FTEs	2018 ESTIMATED FTEs
	16.0	**15.0**
Program Manager	1.0	1.0
Public Health Nurses	13.5	12.5
Program Assistant	0.5	0.5
Public Health Dietitian	1.0	1.0

SECTION G

EXPENDITURES:

Object of Expenditure	2016 Budget	2016 Actual	2017 Budget	2018 Draft Budget	$ increase ($ decrease) over 2017	% increase (% decrease) over 2017
Salary & Wages	$ 1,287,861	$ 1,161,854	$ 1,290,110	$ 1,226,177	$ (63,933)	(5.0)%
Benefits	318,308	288,838	318,616	305,562	(13,054)	(4.1)%
Travel	22,200	13,952	26,200	22,200	(4,000)	(15.3)%
Program Supplies	58,454	54,479	54,454	54,454		
Staff Development	18,725	11,773	13,725	13,725		
Professional Services	2,000	1,226	2,000	2,000		
Furniture & Equipment						
Other Program Costs	17,610	11,347	17,610	17,610		
Total Expenditures	**$ 1,725,158**	**$ 1,543,469**	**$ 1,722,715**	**$ 1,641,728**	**$ (80,987)**	(4.7)%

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2018 Planning & Budget Template

Program: Child Health Team

SECTION H

FUNDING SOURCES:

Object of Expenditure	2016 Budget	2016 Actual	2017 Budget	2018 Draft Budget	$ increase ($ decrease) over 2017	% increase (% decrease) over 2017
Cost-Shared	$ 1,712,598	$ 1,529,770	$ 1,710,155	$ 1,629,168	$ (80,987)	
MOHLTC – 100%						
MCYS – 100%						
User Fees						
Other Offset Revenue	12,560	13,699	12,560	12,560		
Total Revenues	**$ 1,725,158**	**$ 1,543,469**	**$ 1,722,715**	**$ 1,641,728**	**$ (80,987)**	(4.7)%

SECTION I

KEY HIGHLIGHTS/INITIATIVES PLANNED FOR 2018

- Increase use of social media to engage educators and school communities
- Continue the promotion and implementation of the evidence informed toolkits to support school staff in and out of the classroom.
- Continue the promotion of public health in the schools to support health enhancing school policy.
- Preliminary planning with City of London and Middlesex regarding a new parenting strategy
- Engage internal teams who work within the elementary schools to increase and improve communication, planning and collaboration of information, programs, and services within the school setting.

SECTION J

PRESSURES AND CHALLENGES

- Unknown details regarding the vision screening to take place in all elementary schools starting September 2018
- Ongoing and increasing number of requests from schools to support newcomer families in the school setting
- Recruitment for bilingual PHN

Program: Child Health Team

SECTION K

RECOMMENDED ENHANCEMENTS, REDUCTIONS AND EFFICIENCIES FOR 2018

- ($4,000) PBMA #1-0027- Disinvest travel budget due to change in ways schools are prioritized and assigned.
- ($100,940) PBMA #1-0028- (1.0) FTE PHN for Triple P program – resource no longer required as database has been developed and many staff members are now trained.

HEALTHY LIVING DIVISION

CHRONIC DISEASE AND TOBACCO CONTROL

2018 Planning & Budget Template

SECTION A				
DIVISION	Healthy Living	**MANAGER NAME**	Linda Stobo	**DATE**
PROGRAM TEAM	Chronic Disease Prevention and Tobacco Control	**DIRECTOR NAME**	Suzanne Vandervoort	January 2018

SECTION B

SUMMARY OF TEAM PROGRAM

- The Chronic Disease Prevention and Tobacco Control Team aims to improve, promote and protect the health of our community through the prevention of chronic disease. Program areas include: food security, food literacy, food systems and promoting healthy eating; sun safety, ultraviolet radiation protection and enforcement of the *Skin Cancer Prevention Act*; tobacco use prevention, cessation, protection from second-hand smoke and emerging products, and enforcement of the new S*moke-free Ontario Act*; *2017.*

SECTION C

ONTARIO PUBLIC HEALTH STANDARD(S), RELEVANT LEGISLATION OR REGULATION

- **OPHS:** Population Health Surveillance; Effective Public Health Practice; Health Equity; Chronic Disease Prevention and Well-Being; Healthy Environments
- **Relevant Legislation:**
  - Bill 174*, An Act to Amend the Cannabis Act, 2017, the Ontario Cannabis Retail Corporation Act, 2017, and the Smoke-Free Ontario Act, 2017, to repeal two Acts (Smoke-free Ontario Act and the Electronic Cigarettes Act, 2015)*
  - The City of London, the Municipality of Strathroy-Caradoc and the Township of Lucan-Biddulph tobacco-related bylaws
  - The *Skin Cancer Prevention Act*
- **OPHS Protocols**
  - Nutritious Food Basket Protocol, 2014 (or as current)
  - Tobacco Protocol, 2018
  - Tanning Beds Compliance Protocol, 2014 (or as current)
  - Electronic Cigarettes Protocol, 2018
- **Relevant Funding Agreements and Directives**
  - Ministry of Health and Long-Term Care ***Smoke Free Ontario*** Program Guidelines and Enforcement Directives
  - Ministry of Health and Long-Term Care ***Electronic Cigarettes Act*** Program Guidelines and Enforcement Directives

SECTION D

COMPONENT(S) OF TEAM PROGRAM #1: SUN SAFETY AND ULTRAVIOLET RADIATION (UVR) EXPOSURE

Goal: Decrease the rates of melanoma and other types of skin cancer

- promote sun protective behaviours and support the development of policies within municipalities, workplaces, schools and childcare facilities that protect people from exposure to UVR
- promote the *Skin Cancer Prevention Act* to reduce youth access to artificial tanning services
- promote skin checks and increase capacity within the healthcare community to facilitate the early detection of skin cancer cells
- conduct an inspection of new tanning bed operators and respond to complaints and inquiries
- promote compliance with the *Skin Cancer Prevention Act* through vendor education, inter-agency enforcement activities and public disclosure of results of inspections of tanning bed operators

COMPONENT(S) OF TEAM PROGRAM #2: FOOD SECURITY, FOOD LITERACY, FOOD SYSTEMS AND PROMOTION OF HEALTHY EATING

Goal: Decrease the morbidity and mortality from preventable chronic diseases through the adoption of healthy eating behaviours and increased access to nutritious, culturally appropriate foods

- the provision of food literacy workshops to high risk youth and other priority populations, and the development and validation of a food literacy measurement tool to better assess the impact of food literacy programs on eating behaviours and health outcomes
- annual collection of the Nutritious Food Basket Survey data; advocacy efforts for food insecurity and impact of income on health
- promote/support the development of policies within workplaces and municipalities, and advocacy/enactment of municipal, provincial and federal legislation to support the creation of healthy food environments
- promote healthy eating and increased access to fruits and vegetables
- support the creation of a sustainable, healthy and accessible local food system
- increase awareness of the health risks associated with sugar-sweetened beverages

COMPONENT(S) OF TEAM PROGRAM #3: THE PREVENTION OF TOBACCO USE AND EMERGING PRODUCTS, AND YOUTH ENGAGEMENT

Goal: Decrease the morbidity and mortality from the use of tobacco and emerging products (e-cigarettes, vapes, shisha, etc.) by preventing the initiation of use in youth and young adults

- *One Life One You* - increase the actionable knowledge among youth about health risks and correlated risk factors, and to decrease the social acceptability of the tobacco industry and tobacco use by changing social norms through creative health promotion initiatives, community events and advocacy efforts to support legislation
- policy development and partnerships with school boards, post-secondary campuses and municipalities to promote tobacco-free and smoke-free cultures, and to reduce retail density and accessibility
- education on the impact of tobacco impressions in youth-rated movies and advocate for the implementation of the Ontario Coalition for Smoke-Free Movies' policy recommendations

COMPONENT(S) OF TEAM PROGRAM #4: TOBACCO CESSATION

Goal: Decrease tobacco-related disease and death in Middlesex-London through the provision of cessation services targeted to priority populations

- encourage tobacco users to quit through collaborative communication campaigns
- support the development of policies within workplaces, healthcare facilities and municipalities to promote cessation
- increase the number of healthcare providers who engage clients/patients in a cessation intervention (BCI, Intensive Interventions, provision of NRT)
- provision of cessation counselling services and increased access to nicotine replacement therapy/aids to priority populations (e.g. low income, living with mental illness, LGBTQ, etc.)

COMPONENT(S) OF TEAM PROGRAM #5: PROTECTION FROM SECOND-HAND SMOKE AND EMERGING PRODUCTS

Goal: Decrease disease and death from chronic diseases in Middlesex-London through: reduced exposure to second-hand smoke from tobacco, cannabis and shisha; and reduced retail accessibility and promotion of tobacco and other emerging products, including e-cigarettes, cannabis, vapes and shisha.

- Engage with municipal, school board, hospital and enforcement partner agencies to prepare for and promote the enactment of Bill 174, *An Act to Amend the Cannabis Act, 2017, the Ontario Cannabis Retail Corporation Act, 2017, and the Smoke-Free Ontario Act, 2017, to repeal two Acts (Smoke-free Ontario Act and the Electronic Cigarettes Act, 2015)*
- Increase municipal prohibitions on tobacco use (e.g. smoke-free private market and social housing, 100% smoke-free property)
- promote compliance with the *Smoke-Free Ontario Act, 2017* through vendor education and collaboration with enforcement agencies and city licensing/bylaw enforcement
- Work with municipal partners to implement tobacco and e-cigarette retail licensing and zoning measures to reduce retail density

COMPONENT(S) OF TEAM PROGRAM #6: ENFORCEMENT (*SMOKE-FREE ONTARIO ACT, 2017* AND MUNICIPAL BYLAWS)

Goal: Decrease youth access to tobacco and e-cigarette products in Middlesex-London and reduced exposure to vapour and e-cigarette use to normalize a smoke-free and vape-free culture.

- conduct three rounds of youth access inspections and at least one display, promotion and handling inspection at all tobacco retailers
- conduct mandated inspections at secondary schools, public places and workplaces (e.g. proactive inspections, responding to complaints/inquiries)
- conduct one round of youth access inspections and at least one display, promotion and handling inspection at all e-cigarette retailers
- decreased exposure to the marketing and promotion of electronic cigarettes through new proposed legislative restrictions

2018 Planning & Budget Template

Program: Chronic Disease & Tobacco Control

SECTION E

PERFORMANCE/SERVICE LEVEL MEASURES

	2016	2017 (anticipated)	2018 (estimate)
Component of Team #1 SUN SAFETY AND UVR EXPOSURE (UVR)			
% of Middlesex-London adults who reported getting a sunburn in the last 12 months	39.2 (2013 data)	36.6 (2014 data)	Decrease
Component of Team #2 FOOD SECURITY, FOOD SKILLS, FOOD SYSTEMS AND PROMOTING HEALTHY EATING			
% of Middlesex-London residents 12 years and older reporting eating fruits and vegetables, 5 or more times per day	36.8 (2011/12 data)	39.1 (2013/14 data)	Increase
% of households in Middlesex-London that are food insecure	12.3 (2011-2013)	11.9 (2012-2014)	Decrease
% of adults 18 years and over in Middlesex-London who think that drinking sugar sweetened beverages can affect health	N/A	92.9 (2017)	Increase
Component of Team #3 TOBACCO USE PREVENTION AND YOUTH ENGAGEMENT			
% youth (12-19 years) smoking abstinence rate in Middlesex-London (never smokers)	83.8 (2011/12 data)	89.2 (2013/2014 data)	Increase
Component of Team #4 TOBACCO USE CESSATION			
% of adults aged 19 years and over in Middlesex-London that are current smokers (daily or occasional)	21.6 (2011/12 data)	18.3 (2013/14 data)	Decrease
Component of Team #5 PROTECTION FROM SECOND-HAND SMOKE AND EMERGING PRODUCTS			
% of adults aged 18 years and over in Middlesex-London support banning smoking inside multi-unit dwellings	66.3% (2011/12 data)	75.6% (2017)	Increase
# of tobacco and e-cigarette retailers in Middlesex-London	E-Cigarette: 226 Tobacco: 313	E-Cigarette: 201 Tobacco: 298	Decrease
Component of Team #6 ENFORCEMENT (*SMOKE-FREE ONTARIO ACT, 2017* AND MUNICIPAL BYLAWS)			
% of e-cigarette retailers test-shopped once annually	N/A	100	100
% of tobacco vendors in compliance with youth access legislation at last inspection	99.7	99.0	≥90
# of inspections of public places and workplaces	1134	1067	1200

Due to sample size and confidence intervals, trends based on year-to-year comparisons need to be interpreted with caution – long-term trend monitoring is required.

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2018 Planning & Budget Template

Program: Chronic Disease & Tobacco Control

SECTION F STAFFING COSTS:	2017 TOTAL FTEs	2018 ESTIMATED FTEs
	13.9	**13.9**
Program Manager	1.0	1.0
Public Health Dietitians	3.0	3.0
Public Health Nurses	2.5	2.5
Public Health Promoter	1.0	1.0
Tobacco Enforcement Officers	3.3	3.3
Program Assistants	2.0	2.0
Youth Leaders (6-8 students, approx. 7-10 hours/week)	0.9	0.9
Test Shoppers (6 students, approx. 4 to 8 hours per month)	0.2	0.2

SECTION G

EXPENDITURES:

Object of Expenditure	2016 Budget	2016 Actual	2017 Budget	2018 Draft Budget	$ increase ($ decrease) over 2017	% increase (% decrease) over 2017
Salary & Wages	$ 935,851	$ 871,758	$ 935,552	$ 935,868	$ 316	0.0%
Benefits	233,714	219,813	229,817	235,850	6,033	2.6%
Travel	31,853	25,961	26,500	23,873	(2,627)	(9.9)%
Program Supplies	142,799	227,765	158,575	169,664	11,089	7.0%
Staff Development	2,400	3,507	2,400	2,400		
Professional Services	19,900	26,291	17,907	12,486	(5,421)	(30.3)%
Furniture & Equipment		3,087				
Other Program Costs	42,280	41,266	41,535	41,150	(385)	(0.9)%
Total Expenditure	**$ 1,408,797**	**$ 1,419,448**	**$ 1,412,286**	**$ 1,421,291**	**$ 9,005**	**0.6%**

2018 Planning & Budget Template

Program: Chronic Disease & Tobacco Control

SECTION H

FUNDING SOURCES:

Object of Expenditure	2016 Budget	2016 Actual	2017 Budget	2018 Draft Budget	$ increase ($ decrease) over 2017	% increase (% decrease) over 2017
Cost-Shared	$ 756,997	$ 747,955	$ 769,986	$ 778,991	$ 9,005	1.2%
MOHLTC – 100%	651,800	647,893	642,300	642,300		
MCYS – 100%						
User Fees						
Other Offset Revenue		23,600				
Total Revenue	**$ 1,408,797**	**$ 1,419,448**	**$ 1,412,286**	**$ 1,421,291**	**$ 9,005**	**0.6%**

SECTION I

KEY HIGHLIGHTS/INITIATIVES PLANNED FOR 2018

- Middlesex Hospital Alliance - support SJHC and LHSC hospitals and Western University to implement smoke-free/vape-free policies, including proposed amendments to City of London smoking bylaws to designate security staff as enforcement officers.
- The enactment and promotion of Bill 174, prohibiting the use of medicinal cannabis and electronic cigarettes in places where smoking is already banned under the *Smoke-Free Ontario Act,* and the enactment of advertising restrictions for vaping products.
- The engagement of municipal partners and enforcement agencies to prepare for the legal retail sale and use of cannabis under Ontario's proposed *Cannabis Act,* and to explore the application of zoning restrictions for the sale of cannabis to the retail sale of tobacco and e-cigarette products.
- Support the implementation of the City of London's amended Licensing Bylaw that requires annual licensing fees/inspections for tanning bed operators, tobacco retailers and e-cigarette retailers, and the implementation of OPHS mandated public disclosure.
- The continued enhancement/evaluation of tobacco cessation services delivered by the Health Unit to reach priority populations.
- The establishment of a governance structure and a strategic plan for the Middlesex-London Food Policy Council, to create a healthy, sustainable and accessible food system in London and Middlesex County.
- Increase public awareness regarding the health risks associated with the consumption of sugar-sweetened beverages and support/promote the implementation of policy changes that would help to improve food environments in Middlesex-London.

SECTION J

PRESSURES AND CHALLENGES

- Smoke-Free Ontario strategy funding has been static since 2010; inflation is putting significant challenges on our comprehensive tobacco control program. Challenges are being mitigated by decreasing essential program supply dollars and through an ongoing cost-shared budget investment to offset the shortage in provincial funding.
- The amount of one-time, annual funding from MOHLTC to support the purchase of nicotine replacement therapy ($30,000) is exceeded by community demand for cessation assistance and there have been delays with the release of details regarding MOHLTC's cessation strategy. Therefore, a significant investment is being made to smoking cessation within the cost-shared budget to meet cessation needs of priority populations.
- The number of mandated inspections of tobacco retailers, e-cigarette retailers and schools, along with the complaints received regarding drifting second-hand in multi-unit housing are placing an increased demand on Tobacco Enforcement Officers' capacity, decreasing the number of inspections of workplaces and public places being completed annually. In addition, the requirement for public disclosure of convictions of tobacco sales-related offences will be a challenge.
- The enactment of Bill 174 and Ontario's proposed *Cannabis Act* is going to require additional program support from the Chronic Disease Prevention and Tobacco Control Team and the Healthy Communities and Injury Prevention Team. Program priorities and staff will need to be flexible to respond to imposed legislative, social norm changes and the anticipated increase in call volume from complaints regarding exposure to drifting cannabis smoke.
- The announced provincial funding cuts to the Health Promotion Resource Centres for 2017/2018 will reduce the amount of the centrally supplied evaluation, training and capacity building supports provided to support evidence-informed public health practice. Some services will be discontinued completely, while others may be offered, but on a fee for service model, increasing costs to the health unit. The reduction in tobacco control system enabler services is a disservice to the provincial tobacco strategy.

SECTION K

RECOMMENDED ENHANCEMENTS, REDUCTIONS AND EFFICIENCIES FOR 2018

- $30,000 **Nicotine Replacement Therapy (NRT) – 100% MOHLTC** - To maintain the Health Unit's cessation capacity to meet priority populations' needs, the ongoing investment of $86,000 (cost-shared) will be maintained to support the agency-wide purchase and distribution of NRT. It is anticipated that a $30,000 one-time grant from MOHLTC will be available through the 2018 granting process; the request for funding will be submitted as it is required to meet client load.

HEALTHY LIVING DIVISION

HEALTHY COMMUNITIES AND INJURY PREVENTION

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2018 Planning & Budget Template

SECTION A				
DIVISION	Healthy Living	**MANAGER NAME**	Rhonda Brittan	**DATE**
PROGRAM TEAM	Healthy Communities and Injury Prevention (HCIP)	**DIRECTOR NAME**	Suzanne Vandervoort	January 2018

SECTION B

SUMMARY OF TEAM PROGRAM

- The HCIP team promotes active living and workplace wellness, and works to prevent injuries across the lifespan. Injury prevention focus areas include child safety; helmet use and bicycle safety; poisoning and burns, drowning prevention; safe infant sleep, falls across the lifespan; road safety including vulnerable road users; and substance misuse prevention (alcohol, marijuana, and other illicit drugs) including the Community Drug and Alcohol Strategy. The team advocates for healthy community design and healthy public policy and works extensively with other MLHU teams and community partners in accomplishing this work.

SECTION C

ONTARIO PUBLIC HEALTH STANDARD(S), RELEVANT LEGISLATION OR REGULATION

- Ontario Public Health Standards: Requirements for Programs, Services, and Accountability: Chronic Disease Prevention and Well-Being; Substance Use and Injury Prevention; Healthy Environments (as it relates to healthy built and natural environments) School Health (as it relates supporting school boards and schools with the implementation of health-related curricula and health needs in schools) and Foundational Standards

SECTION D

COMPONENT(S) OF TEAM PROGRAM #1 HEALTHY WORKPLACE

- Work primarily with mid to small workplaces/employers with limited resources to support employee wellness programs through consultation and linking these workplaces with other MLHU and/or community programs and services.
- Broadly disseminate healthy workplace and relevant MLHU program information and resources to Middlesex –London workplaces via regular e-newsletter and online presence.
- Consult and advocate for the implementation of healthy policies and guidelines that create healthier environments in workplaces.

- Collaborate with Southwest Workplace Working Group, Ontario Workplace Community of Practice (COP) and the Ontario Workplace Health Coalition (OWHC), internal program experts as well as local organizations to create resources, provide educational opportunities and plan initiatives that help employers create physically and psychologically safe and healthy workplaces

COMPONENT(S) OF TEAM PROGRAM #2 ACTIVE LIVING/PHYSICAL ACTIVITY

- Promote active living including Canadian Physical Activity and 24-Hour Movement Guidelines to the entire community across the life course which includes the adoption of healthy behaviors; reducing sedentary behavior and improving sleep.
- Community and partner consultation and supports e.g., Active and Safe Routes to School, Workplace physical activity promotion.
- Raising awareness / Education/Skill building of those that work in childcare settings about the importance of physical activity, physical literacy and limited sedentary time for healthy growth and development and learning and to increase the use and promotion of physical literacy with children in child care centres; collaboration with SW Physical Activity Promoters Network and the MLHU Early Years Team.
- Partner with London Child and Youth Network – Healthy Eating Healthy Physical Activity Committee to implement programs including in Motion (Partner with HKCC in Middlesex County and City of London).

COMPONENT(S) OF TEAM PROGRAM #3 FALL PREVENTION & HEALTHY AGING

- Play a partnership role in the Stepping Out Safely Falls Prevention Coalition
- Member of the SW Ontario Fall Prevention (regional) Network
- Chair the Middlesex-London Fall Prevention Collaborative
- Collaborate with the Middlesex-London Fall Prevention Collaborative to organize activities for Fall Prevention Month in November
- Participate in the Age Friendly London Network and the Community Support and Health Services working group to enhance opportunities for active aging in London
- Providing Step Ahead Exercise Program certification/training to PSW students at 1 college in London.

COMPONENT(S) OF TEAM PROGRAM #4 ROAD SAFETY (INCLUDING VULNERABLE ROAD USERS)

- Member London-Middlesex Road Safety Committee who do educational campaigns e.g. share the road, distracted driving, winter driving etc.;
- Collaborate with City of London and other road safety partners to implement action items from the London Road Safety Strategy
- Provide input into the City of London and Middlesex County Official Plan reviews re infrastructure to promote walking and cycling and safe road use;
- Member of the City of London, Transportation Advisory Committee

COMPONENT(S) OF TEAM PROGRAM #5 CHILD SAFETY

- Chair, Middlesex-London Child Safety Committee

- Provide child safety information, including videos, newsletters & other resources to caregivers (parents, grandparents, day care workers, community partners etc.)
- Distribute education to parents and children re bicycle helmets for vulnerable school age children (Member of the Helmets on Kids Coalition)
- Increase the availability of resources in other languages for ethno-cultural populations in London and Middlesex County
- Distribution of booster seat use education to caregivers and parents.
- Collaborate with local and provincial partners e.g. Ontario Concussion Work Group, Community Safety and Crime Prevention Advisory committee, Risk Watch, Ontario Childhood Injury Prevention committee, YMCA Safety Village
- Partner with the Pool and Hot Tub Council of Canada to implement a pool safety campaign
- Provide professional development for community partners and internal staff

COMPONENT(S) OF TEAM PROGRAM #6 ALCOHOL AND SUBSTANCE MISUSE

- Support implementation of the provincial expansion of the Rethink Your Drinking campaign and website including the Low-Risk Alcohol Drinking Guidelines.
- Provide Fanshawe College and Western University with Residence Assistant Training (train the trainer) to increase knowledge of information and resources related to alcohol and other drugs.
- Engagement with key stakeholders in cannabis education and supportive environments to reduce harm.
- Advocate provincially for stricter alcohol pricing and control and stricter advertising legislation.
- Work with municipalities to update their Municipal Alcohol Policies.
- Collaborate on the Middlesex-London Community Drug and Alcohol Strategy.

COMPONENT(S) OF TEAM PROGRAM #7 HEALTHY COMMUNITIES- HEALTHY COMMUNITY DESIGN

- Review & provide recommendations to various land development applications / initiatives regarding healthy community design – Official Plans, Area Plans, Secondary Plans, Subdivision / Site Plans, Master Plans, Environmental Assessments as appropriate.
- Advocate for the continued support for infrastructure that supports physical activity and active transportation in the City of London Middlesex County and its municipalities.
- Increase awareness, support and implementation of healthy community design to planners /developers and public including school communities.
- Participate in the City of London Cycling Master Plan and Middlesex County Cycling Strategy.
- Chair, Active and Safe Routes to School, to promote active and safe school travel.
- Increase the effectiveness and efficiency of School Travel Planning through process evaluation and knowledge sharing with local and regional partners.
- Promotion of Active Transportation with continuation of Give Active Transportation a Go! Campaign

2018 Planning & Budget Template

SECTION E **PERFORMANCE/SERVICE LEVEL MEASURES**			
	2016	**2017**	**2018 (estimate)**
COMPONENT OF TEAM #1 HEALTHY WORKPLACE			
# participants in annual workplace health workshop	130 (SW workshop)	65(MLHU workshop)	MLHU workshop planned
# of workplace e-newsletter editions disseminated	26	24	24
COMPONENT OF TEAM #2 ACTIVE LIVING/ PHYSICAL ACTIVITY			
– # registered participants and # of minutes of Physical Activity submitted for in Motion Community Challenge	10,215 participants 5,218,076 minutes	10,243 participants 4,717,830 minutes	Community wide Challenge to Stop in 2018
# of Elementary Schools with School Travel Plans (STPs)	5 new – 18 active	5 new – 21 active	5 new
COMPONENT OF TEAM #3 FALL PREVENTION & HEALTHY AGING			
# of Step Ahead Exercise Program training for PSW students	48 students trained	30 students trained	Maintain and reassess
COMPONENT OF TEAM #4 ROAD SAFETY INCLUDING VULNERABLE ROAD USERS			
# of YouTube views with Distracted Driving/Road Safety Campaigns	36,000 – Distracted Driving Lego brick ®	17,100 –"Tony" crossing at lights	"Tony" – Crossing at PXO's to be released
# of secondary school based events r/t road safety and # of students reached	------	3 events 600 students	Increase
COMPONENT OF TEAM #5 CHILD SAFETY			
# of booster seats distributed to families with need	196	84	Reassess
# of bicycle helmets distributed with Helmet on Kids Coalition to children with need	800	600	Maintain
COMPONENT OF TEAM #6 ALCOHOL AND SUBSTANCE MISUSE			
# of Municipal Alcohol Policies (MAP) reviewed and consultation/input support provided	None reviewed	6 out of 7 municipalities	Next review 2019
# post-secondary institution Residence Advisors trained re substance misuse	Not done – gap in MLHU staffing	30 RAs (oversee ~1700 students)	maintain
# of partners engaged in Community Drug and Alcohol Strategy	40 (Steering and Pillars)	>50 (Steering and Pillars)	Will shift as move to implementation
COMPONENT OF TEAM #7 HEALTHY COMMUNITIES – HEALTHY COMMUNITY DESIGN			
# of land development / municipal initiatives where official MLHU input provided re healthy community design	5 land development proposals	3 EAs, 1 Community Energy Action Plan	provide recommendations as relevant

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2018 Planning & Budget Template

Program: Healthy Communities & Injury Prevention

SECTION F **STAFFING COSTS:**	**2017 Total FTEs**	**2018 Estimated FTEs**
	11.2	**10.6**
Program Manager	1.0	1.0
Health Promoter	0.6	1.0
Public Health Nurses	9.0	8.0
Program Assistant	0.6	0.6

SECTION G

EXPENDITURES:

Object of Expenditure	2016 Budget	2016 Actual	2017 Budget	2018 Draft Budget	$ increase ($ decrease) over 2017	% increase (% decrease) over 2017
Salary & Wages	$ 915,535	$ 876,318	$ 897,187	$ 865,480	$ (31,707)	(3.5)%
Benefits	230,694	226,171	226,074	215,745	(10,329)	(4.6)%
Travel	11,610	7,888	11,610	11,610		
Program Supplies	43,002	31,417	35,002	30,002	(5,000)	(14.3)%
Staff Development	5,300	4,771	5,300	5,300		
Professional Services			5,500	5,500		
Furniture & Equipment	600	308	600	600		
Other Program Costs	7,058	105,588	7,058	7,058		
Total Expenditures	**$ 1,213,799**	**$ 1,252,461**	**$ 1,188,331**	**$ 1,141,295**	**$ (47,036)**	**(4.0)%**

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2018 Planning & Budget Template

Program: Healthy Communities & Injury Prevention

SECTION H

FUNDING SOURCES:

Object of Expenditure	2016 Budget	2016 Actual	2017 Budget	2018 Draft Budget	$ increase ($ decrease) over 2017	% increase (% decrease) over 2017
Cost-Shared	$ 1,213,799	$ 1,151,801	$ 1,188,331	$ 1,141,295	$ (47,036)	(4.0)%
MOHLTC – 100%						
MCYS – 100%						
User Fees						
Other Offset Revenue		100,660				
Total Revenue	**$ 1,213,799**	**$ 1,252,461**	**$ 1,188,331**	**$ 1,141,295**	**$ (47,036)**	**(4.0)%**

SECTION I

KEY HIGHLIGHTS/INITIATIVES PLANNED FOR 2018

- HCIP Road Safety program will enhance partnership with LHSC IMPACT program. This will result in enhanced delivery of road safety messaging and programming to teens/young adults.
- Cannabis related work is expected to increase related to expected July 1, 2018 opening of legalized regulated Cannabis market.
- Discontinuation of the in Motion partnership and community wide campaign. Evolution of in Motion tools and resources that community groups can use.
- Middlesex-London Community Drug and Alcohol Strategy will be finalized and the Strategy will move to implementation.
- Workplace newsletters will move to the Upankee platform which will allow for enhanced metrics for reach and impact.
- Team will be assessing and aligning HCIP programs to revised OPHS.

SECTION J

PRESSURES AND CHALLENGES

- Breadth of HCIP program area and competing priorities between multiple programs
- Alcohol and Substance Misuse: Community Drug and Alcohol Strategy CDAS and impending Cannabis legalization have increased program work

Program: Healthy Communities & Injury Prevention

SECTION K

RECOMMENDED ENHANCEMENTS, REDUCTIONS AND EFFICIENCIES FOR 2018

- ($106,686) - PBMA #1-0019 (1.0) FTE Public Health Nurse – Decreased dedicated resources to in Motion campaign and promotion
- $30,045 - PBMA #1-0039 - (one-time) 0.4 FTE Health Promoter- Cannabis to support substance misuse prevention with the legalization of recreational cannabis in July 2018

HEALTHY LIVING DIVISION

ORAL HEALTH

2018 Planning & Budget Template

SECTION A				
DIVISION	Healthy Living	**MANAGER NAME**	Misty Deming	**DATE**
PROGRAM TEAM	Oral Health	**DIRECTOR NAME**	Suzanne Vandervoort	January 2018

SECTION B
SUMMARY OF TEAM PROGRAM

The overall goal of the Oral Health Team is to enable an increased proportion of children to have optimal oral health. The Team achieves this through identifying those at risk of poor oral health outcomes and ensuring they have appropriate information, education and access to oral health care.

SECTION C
ONTARIO PUBLIC HEALTH STANDARD(S), RELEVANT LEGISLATION OR REGULATION

Ontario Public Health Standards: Requirements for Programs, Services, and Accountability (2017)

- Healthy Smiles Ontario (HS0) Program, 2016 (or as Current)
- Oral Health Assessment and Surveillance Protocol, 2016 (or as Current)
- Safe Drinking Water & Fluoride Monitoring Protocol (2018)
- Foundational Standards

SECTION D
COMPONENT(S) OF TEAM PROGRAM #1 School Screening

School screening is completed in all elementary schools for students in Junior Kindergarten, Senior Kindergarten, and Grade 2 (and also by parental request). Currently, the Oral Health team screens all grade 8's because that is the last opportunity to provide dental screening in schools. A Registered Dental Hygienist, with the support of a Clinical Dental Assistant, checks children's teeth to determine whether they have urgent dental needs, such as cavities. Follow-up with those identified with dental needs is completed to ensure dental care (treatment and prevention) is provided. For those who cannot afford dental care or already enrolled in the Healthy Smiles Ontario (HSO) program, assistance is offered to help them access dental services.

COMPONENT(S) OF TEAM PROGRAM #2 Monitoring, Reporting and Quality Improvement

Oral health trends and the associated risk factors within the community are monitored and reported in the Annual Oral Health Report. The intended outcomes include the classification of schools according to different screening intensities, which determines if additional

grades should receive screening, and the adjustment of programs and services in response to observed trends. Evidence-informed interventions are provided when programs and services are adjusted.
COMPONENT(S) OF TEAM PROGRAM #3 Clinical Services
During 2017, it was decided the Dental Treatment Clinic would no longer offer treatment services. A transition plan was developed to assist current HSO clients in accessing local dental providers. The Dental Treatment Clinic will be closed as of December 15, 2017. Preventive services will continue to be offered. The Registered Dental Hygienist provides preventive services such as cleaning, dental sealants, fluoride and oral health education. Preventive services are provided to children with financial hardship and who are not on any government funded program. Adults can also receive cleanings at the Dental Clinic for a small fee if they are on Ontario Works or have children in the HSO Program.
COMPONENT(S) OF TEAM PROGRAM #4 Fluoride Varnish
Fluoride strengthens teeth to prevent and repair cavities. The level of fluoride in community water is reported to the Oral Health Manager at the Health Unit, for monitoring purposes. Regular application of fluoride varnish is an evidence-based preventive strategy that can positively impact oral health outcomes, particularly in high risk settings. The team will continue the delivery of fluoride varnish programs in selected high risk schools, daycares and other childcare settings.

2018 Planning & Budget Template

Program: Oral Health

SECTION E **PERFORMANCE/SERVICE LEVEL MEASURES**			
	2016	**2017 (anticipated)**	**2018 (estimate)**
Component of Team #1 School Screening			
# of eligible students screened / % of eligible students screened	16,231 / 81%	15,735 / 80%	Increase / Increase
Percent of publicly-funded schools screened (Accountability Indicator)	100%	100%	Maintain
% of children screened that are identified as requiring urgent care / preventive services only (cleaning, sealants, fluoride varnishes)	4.7% / 12.5%	11% / 21%*	Increase / Increase
Component of Team #2 Monitoring, Reporting and Quality Improvement			
% of schools classified as "High Risk" / % of schools classified as "Medium Risk" based on dental screening in Grade 2 students.	11.7% / 14.1%	14% / 18%**	Decrease / Decrease
% of children absent during the school-based dental screening program / % of children excluded from school based screening	5.9% /13.1%	6% / 14%	Decrease / Decrease
Component of Team #3 Clinical Services			
# of HSO Unique Clients	935	1047	NA
# of EESS Clients screened	433	415	Maintain
# of Smile Clean Clients	225	218	Maintain
# of eligible children who received preventive services (cleaning, sealants, fluoride varnish)	315	385	Increase
Component of Team #4 Fluoride Varnish			
# of fluoride varnish applications	1411	2072	Increase

Note:
*The eligibility criteria for the HSO program changed which increased the number of children who qualify for dental services.
**The eligibility criteria for the HSO program changed which increased the number of children who qualify for dental services. This may have caused an increase in the number of children who have two or more decayed teeth in grade 2, which impacts the classification of the school

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2018 Planning & Budget Template

Program: Oral Health

SECTION F STAFFING COSTS:	2017 TOTAL FTEs	2018 ESTIMATED FTEs
	14.05	**13.0**
Dental Consultant - 0.2 in 2018 (half of 0.4 FTE AMOH)	0.25	0.2
Program Manager	1.0	1.0
Dentist	0.7	0.7
Dental Hygienists	4.6	4.6
Dental Assistants	7.0	6.0
Program Assistant	0.5	0.5

SECTION G

EXPENDITURES:

Object of Expenditure	2016 Budget	2016 Actual	2017 Budget	2018 Draft Budget	$ increase ($ decrease) over 2017	% increase (% decrease) over 2017
Salary & Wages	$ 1,061,360	$ 966,551	$ 1,021,527	$ 893,533	$ (127,994)	(12.5)%
Benefits	256,477	246,859	255,767	217,988	(37,779)	(14.8)%
Travel	21,900	14,641	21,900	16,000	(5,900)	(26.9)%
Program Supplies	84,356	46,741	84,356	48,075	(36,281)	(43.0)%
Staff Development	5,800	3,287	5,800	4,640	(1,160)	(20.0)%
Professional Services	520	265	520	520		
Furniture & Equipment	14,400	5,410	14,400	12,800	(1,600)	(11.1)%
Other Program Costs	57,368	50,067	56,368	56,368		
Total Expenditures	**$ 1,502,181**	**$ 1,333,821**	**$ 1,460,638**	**$ 1,249,924**	**$ (210,714)**	**(14.4)%**

2018 Planning & Budget Template

Program: Oral Health

SECTION H

FUNDING SOURCES:

Object of Revenue	2016 Budget	2016 Actual	2017 Budget	2018 Draft Budget	$ increase ($ decrease) over 2017	% increase (% decrease) over 2017
Cost-Shared	$ 409,424	$ 347,341	$ 409,323	$ 407,224	$ (2,099)	(0.5)%
MOHLTC – 100%	692,700	674,165	692,700	692,700		
MCYS – 100%						
User Fees	289,312	203,305	247,870	150,000	(97,870)	(39.5)%
Other Offset Revenue	110,745	109,010	110,745		(110,745)	(100)%
Total Revenues	**$ 1,502,181**	**$ 1,333,821**	**$ 1,460,638**	**$ 1,249,924**	**$ (210,714)**	**(14.4)%**

SECTION I

KEY HIGHLIGHTS/INITIATIVES PLANNED FOR 2018

- Continued expansion of the school-based fluoride varnish program
- Continued expansion of the daycare-based dental screening and fluoride varnish programs
- Continued development of community partnerships

SECTION J

PRESSURES AND CHALLENGES

- The new protocol has not yet been released for the 2018-2019 school year.
- IPAC regulations for school screening.

Program: Oral Health

SECTION K

RECOMMENDED ENHANCEMENTS, REDUCTIONS AND EFFICIENCIES FOR 2018

- ($52,366) PBMA #1-0016 0.25 FTE of Dental Consultant – Dental Clinic closing at end of 2017 will reduce the need for consultant
- $49,382 PBMA #1-0045 – (one-time) 0.5 of 0.4 FTE Associate Medical Officer of Health-consultation across oral health programs

HEALTHY LIVING DIVISION

SOUTHWEST TOBACCO CONTROL AREA NETWORK (SW TCAN)

2018 Planning & Budget Template

SECTION A				
DIVISION	Healthy Living	**MANAGER NAME**	Donna Kosmack	**DATE**
PROGRAM TEAM	Southwest Tobacco Control Area Network (SW TCAN)	**DIRECTOR NAME**	Suzanne Vandervoort	January 2018

SECTION B

SUMMARY OF TEAM PROGRAM

- The SW TCAN coordinates the implementation of the Smoke-Free Ontario Strategy (SFOS) in the Southwestern region of Ontario. Through regular meetings of the SW TCAN Steering Committee and subcommittees the SW TCAN staff engage all partners (9 Public Health Units, and SFOS resource centers and NGOs) in the development of a regional action plan based on local need. The TCAN staff manage the budget, act as project managers to carry out the regional plan, and report to the MOHLTC on progress. TCAN staff are members of provincial SFO task forces, ensure communication from the TCAN to the MOHLTC and provincial partners, and help guide the progress of the Smoke-Free Ontario Strategy provincially.

SECTION C

ONTARIO PUBLIC HEALTH STANDARD(S), RELEVANT LEGISLATION OR REGULATION

- **OPHS Standards:** Foundational -Effective Public Health Practice, Health Equity, Healthy Environments & Chronic Disease Prevention and Wellbeing
- **Protocols under the OPHS**: Tobacco Protocol, 2018 & Electronic Cigarettes Protocol 2016
- **Relevant Acts**: *Health Protection and Promotion Act*, *Smoke-Free Ontario Act*, *Tobacco Control Act*, Municipal by-laws in local PHU areas. **NEW:** *Bill 174, An Act to Amend the Cannabis Act, 2017, the Ontario Cannabis Retail Corporation Act, 2017, and the Smoke-Free Ontario Act, 2017, to repeal two Acts (Smoke-free Ontario Act and the Electronic Cigarettes Act, 2015)*

2018 Planning & Budget Template

Program: Southwest Tobacco Control Area Network (SW TCAN)

SECTION D

COMPONENT(S) OF TEAM PROGRAM #1 TOBACCO CESSATION

- Increase capacity of PHUs to work with heath care providers to speak to their patients/clients about tobacco use.
- Increase cessation messages and specific opportunities for cessation support for Young Adults – with a focus on YA males

COMPONENT(S) OF TEAM PROGRAM #2 TOBACCO PREVENTION AND YOUTH ENGAGEMENT

- Findings from the social identities research project conducted in 2013 will continued to be used to implement a tobacco prevention strategy targeting alternative youth. Goal: To increase by 5-10% the number of alternative youth age 13-18 yrs. surveyed in SW/CW ON exposed to Uprise who intend to remain smoke-free by 2020. In 2015 42% of alternative youth never tried n=67 of 158.
- Continue to work regionally and provincially to increase public awareness of the influence that smoking in movies has on youth smoking rates. Additionally, will work with the ON Coalition for Smoke-Free Movies to educate MPPs on the issue.

COMPONENT(S) OF TEAM PROGRAM #3 PROTECTION AND ENFORCEMENT

- Increase capacity of PHUs to implement tobacco control initiatives aimed at youth access to tobacco products
- Work regionally to increase compliance of the *Smoke-Free Ontario Act* in workplaces
- In conjunction with the Smoke-Free Housing Ontario Coalition will continue to educate and advocate for additional smoke-free housing in the SW TCAN.

COMPONENT(S) OF TEAM PROGRAM #4 KNOWLEDGE EXCHANGE AND TRANSFER

- SW TCAN Manager chairs the SW TCAN Steering Committee which brings together all 9 SW PHUs for knowledge exchange and transfer
- SW TCAN YDS chairs the Youth Prevention Subcommittee and the TCAN Manager attends the Tobacco-Free Spaces and Policy and Cessation Subcommittees for knowledge exchange and transfer.
- Both the SW TCAN Manager and YDS sit on and chair provincial committees and are involved in the provincial Smoke-Free Ontario Strategy governance structure.
- SW TCAN is facilitating a situational assessment process in the areas of cessation, protection and prevention in the SW TCAN to inform planning for the 2019 program year.

Program: Southwest Tobacco Control Area Network (SW TCAN)

SECTION E **PERFORMANCE/SERVICE LEVEL MEASURES**			
	2016 Actual	**2017 Anticipated**	**2018 Estimate**
COMPONENT OF TEAM #1 TOBACCO CESSATION			
# total of Health Care Providers who are members of the cessation community of practice in each of the 9 TCAN health units	202	456	Increase by 20 HCPs
# of earned/paid media impressions in the SW TCAN promoting provincial campaigns (Wouldurather and the Smokers' Helpline First Week Challenge Contest)	WuR = 246,584 D2Q= 999,650	WuR=376, 991 FWCC=283,667	Maintain
COMPONENT OF TEAM #2 TOBACCO PREVENTION AND YE			
# of engagements with Uprise	Facebook likes:824 Materials Distributed at events:1697 Facebook ad impressions: 961,980	Facebook likes:1,416 Materials Distributed at events: 2,155 Facebook ad impressions: 1,520,298	Maintain
The percent of people 18 years and older who support changing movie ratings so that new movies containing onscreen smoking receive an 18A (adult) rating.	Ipsos Results- 2011 Unaided: 22% strongly support and 30% somewhat support Aided: 33% strongly support and 30% somewhat support	Ipsos Results- 2015 Unaided: 28% strongly support and 34% somewhat support Aided: 36% strongly support and 31% somewhat support	Ipsos survey to be repeated in 2018- expecting slight increase in support.
COMPONENT OF TEAM #3 PROTECTION AND ENFORCEMENT			
% of workplace complaints in the SW TCAN were followed up on and provided a SW TCAN package	100%	100%	100%
Component of Team #4 Knowledge Exchange and Transfer			
# of SW TCAN Steering Committee meetings	11	11	11
# of subcommittee meetings (4 committees)	36	32	32
3 situational assessments completed	N/A	N/A	3/3

2018 Planning & Budget Template

Program: Southwest Tobacco Control Area Network (SW TCAN)

SECTION F **STAFFING COSTS:**	**2017 TOTAL FTES**	**2018 ESTIMATE FTES**
	2.4	**2.4**
Program Manager	1.0	1.0
Health Promoter (Youth Development Specialist)	1.0	1.0
Program Assistant	0.4	0.4

SECTION G

Expenditures:

Object of Expenditure	2016 Budget	2016 Actual	2017 Budget	2018 Draft Budget	$ increase ($ decrease) over 2017	% increase (% decrease) over 2017
Salary & Wages	$ 178,397	$ 178,779	$ 180,901	$ 184,063	$ 3,162	1.7%
Benefits	43,727	43,840	44,142	44,576	434	1.0%
Travel	32,303	11,824	8,000	7,000	(1,000)	(12.5)%
Program Supplies	90,702	91,204	159,086	159,581	495	0.3%
Staff Development	1,500	380	1,500	1,500		
Professional Services	45,000	14,230				
Furniture & Equipment						
Other Program Costs	44,871	96,243	108,271	39,780	(68,491)	(63.3)%
Total Expenditure	**$ 436,500**	**$ 436,500**	**$ 501,900**	**$ 436,500**	**$ (65,400)**	**(13.0)%**

2018 Planning & Budget Template

Program: Southwest Tobacco Control Area Network (SW TCAN)

SECTION H

FUNDING SOURCES:

Object of Expenditure	2016 Budget	2016 Actual	2017 Budget	2018 Draft Budget	$ increase ($ decrease) over 2017	% increase (% decrease) over 2017
Cost-Shared						
MOHLTC – 100%	$ 436,500	$ 436,500	$ 501,900	$ 436,500	$ (65,400)	(13.0)%
MCYS – 100%						
User Fees						
Other Offset Revenue						
Total Revenue	**$ 436,500**	**$ 436,500**	**$ 501,900**	**$ 436,500**	**$ (65,400)**	**(13.0)%**

SECTION I

KEY HIGHLIGHTS/INITIATIVES PLANNED FOR 2018

- SW TCAN will continue to implement Uprise, a tobacco prevention strategy targeted at the alternative peer crowd. 2017 evaluation preliminary data is showing promising interim results.
- The SW TCAN will assist PHUs to educate and consistently enforce the *Smoke-Free Ontario Act*, 2017 when it is proclaimed (anticipated July 1, 2018).
- The TCAN will continue to support PHUs locally and play a key role provincially in the smoke-free movies and multi-unit dwelling initiatives.

Program: Southwest Tobacco Control Area Network (SW TCAN)

SECTION J

PRESSURES AND CHALLENGES

- The SW TCAN has not seen a budget increase since the creation of the TCAN in 2005, thus wage and benefit increases have put a strain on the program budget for the TCAN.
- The announced provincial funding cuts to the Health Promotion Resource Centres for 2017/2018 will reduce the amount of the centrally supplied evaluation, training and capacity building supports provided to support evidence-informed public health practice. Some services will be discontinued completely, while others may be offered, but on a fee for service model. This will present many challenges to the TCAN and will result in increased workload for TCAN staff without increased capacity or funding.

SECTION K

RECOMMENDED ENHANCEMENTS, REDUCTIONS AND EFFICIENCIES FOR 2018

- TCAN meetings will continue to be reduced where possible to save costs.
- Meetings are being planned strategically to allow for staff from partner agencies to travel together to save travel expenses.
- A one-time ECA grant was provided for 2017 which significantly helped with staffing costs, however, funding is not anticipated for 2018.

HEALTHY LIVING DIVISION

YOUNG ADULT TEAM

BUREAU DE SANTÉ DE MIDDLESEX-LONDON HEALTH UNIT
www.healthunit.com

2018 Planning & Budget Template

SECTION A				
SERVICE AREA	Healthy Living	**MANAGER NAME**	Anita Cramp	**DATE**
PROGRAM TEAM	Young Adult Team	**DIRECTOR NAME**	Suzanne Vandervoort	January, 2018

SECTION B

SUMMARY OF TEAM PROGRAM

The overall goal of the Young Adult Team is to improve the health of youth and contribute to a positive and healthy school climate. The team works in 27 secondary schools and in several community settings. Specifically, the team supports the planning and implementation of activities relating to key health topics identified by the Ministry of Education's Foundations of a Healthy School document (e.g., health eating, physical activity, growth and development, mental health, substance use and addiction, and personal safety and injury prevention). The team strives to address these health topics using a comprehensive approach that recognizes that health is impacted by multiple levels of influence and thus programs and services need to target the individual, home, school, and social and physical environments. The team works in partnership with four local school boards, school administrators, teachers, youth groups, neighbouring health units, community agencies, and various teams from within MLHU. Schools are assessed yearly in order to determine the level of service they will receive and identify the key health topic for promotion efforts.

SECTION C

ONTARIO PUBLIC HEALTH STANDARD(S), RELEVANT LEGISLATION OR REGULATION

Ontario Public Health Standards:

- School Health
- Healthy Growth and Development
- Chronic Disease Prevention and Well-Being
- Substance Use and Injury Prevention
- Foundational Standard

Child & Family Services Act, 1990

- Duty to Report Legislation

Program: Young Adult Team

SECTION D

COMPONENT(S) OF TEAM PROGRAM #1: SITUATIONAL SUPPORTS

The purpose of situational supports is to provide youth with one-on-one confidential health services relating to personal matters. Key issues addressed include mental health and sexual health including administering pregnancy tests, early contraception, birth control, safe sex practices and healthy relationships. Most situational supports are conducted in schools. The PHN role is to assess the health concern, link the student with necessary community supports, and follow up with the student to further support them to make healthy and sustainable lifestyle changes. This component of the team supports individual health and wellbeing.

COMPONENT(S) OF TEAM PROGRAM #2: SUPPORT THE DEVELOPMENT AND IMPROVEMENT OF HEALTHY SCHOOLS

It is undisputed that healthy students are better prepared to learn. Studies demonstrate that promoting student health and well-being can help schools meet their educational goals, such as reduced absenteeism, fewer behavioural problems, and higher school-wide test scores and grades (Centers for Disease Control and Prevention, 2014). A healthy school not only provides educational opportunities but creates a supportive environment for health and well-being. The YAT works with students, parents, teachers, principals, board staff and community partners to plan and implement evidence-based activities that contribute to comprehensive school health. Specifically, we have developed topic based toolkits to support the Ministry of Education's The Foundations for a Healthy School resource and we work in schools to influence the development and implementation of healthy policies, and the creation or enhancement of supportive environments to address key topics.

COMPONENT(S) OF TEAM PROGRAM #3: PROVIDE POPULATION HEALTH INFORMATION

The new School Standard in the 2018 OPHS Standards requires that the board of health provide population health information to school. The Young Adult Team will work with the Foundational Standards team, school board staff, administrators and teachers to provide up to date population health information impacting students in their schools. Population health information will be reviewed, collected and distributed to key school board stakeholders.

COMPONENT(S) OF TEAM PROGRAM #4: PROVIDE CURRICULUM SUPPORTS TO SCHOOL BOARDS & SCHOOLS

Providing up to date and evidence-based health information (including facts and best practices) to school boards, schools and teachers helps ensure credible health information is being taught in classrooms and practiced in school settings. The Young Adults Team works with multiple teams within MLHU (e.g., Injury Prevention, Communicable Diseases, Immunizations) to collect and disseminate relevant health information to schools and teachers. The team routinely reviews, creates and disseminates these curriculum resources.

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2018 Planning & Budget Template

Program: Young Adult Team

SECTION E **PERFORMANCE/SERVICE LEVEL MEASURES**			
	2016 (actual)	**2017 (actual)**	**2018 (target)**
COMPONENT OF TEAM #1: SITUATIONAL SUPPORTS			
# of student receiving one-on-one support from school nurse	2533 supports	2437 supports	2500
Most significant change: Stories of impact.	12	10	10
COMPONENT OF TEAM #2: SUPPORT THE DEVELOPMENT AND IMPROVEMENT OF HEALTHY SCHOOLS			
% of schools that YAT staff services on a regular basis (e.g., once a week during the school year).	73% (19/26)	66% (18/27)	74% (20/27)
# of evidence-based resources created to support healthy schools	1 (Healthy Eating)	3 (Connectedness, Sedentary Behaviour, Growth & Development)	Create an award program to support all 4 resources
% of schools that deliver activities using a comprehensive approach	52% (10/19)	83% (15/18)	100%
% of parenting resources that are reviewed and updated to align with the best available evidence,	50%	100%	NA – MLHU Parenting program under review
Increase health communication by adopting new social media strategies.	706 tweets 383 followers, 94 new 16,787 profile visits	713 tweets 516 followers, 133 new 20, 099 profile visits Instagram: 147 followers since July 2017 launch	Continue to improve twitter and Instagram profile and followers
COMPONENT OF TEAM #3: PROVIDE POPULATION HEALTH INFORMATION			
Create/Review partnership declaration and data sharing agreements	NA	NA	2 School Boards
COMPONENT OF TEAM #4: PROVIDE CURRICULUM SUPPORTS TO SCHOOL BOARDS & SCHOOLS			
Create/Update Curriculum Resources		All Sexual Health resources reviewed and revised	Review and revise all substance use resources

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2018 Planning & Budget Template

Program: Young Adult Team

SECTION F STAFFING COSTS:	2017 TOTAL FTEs	2018 ESTIMATED FTEs
	10.5	**10.5**
Program Manager	1.0	1.0
Public Health Nurses	7.5	7.5
Program Assistant	0.5	0.5
Public Health Dietitian	1.0	1.0
Health Promoter	.5	.5

SECTION G

EXPENDITURES:

Object of Expenditure	2016 Budget	2016 Actual	2017 Budget	2018 Draft Budget	$ increase ($ decrease) over 2017	% increase (% decrease) over 2017
Salary & Wages	$ 857,053	$ 855,983	$ 849,438	$ 877,772	$ 28,334	3.3%
Benefits	214,897	210,759	218,949	222,446	3,497	1.6%
Travel	16,500	6,462	16,500	11,500	(5,000)	(30.3)%
Program Supplies	30,895	19,336	28,395	28,395		
Staff Development	3,650	2,241	3,650	3,650		
Professional Services	4,000	1,295	4,000	4,000		
Furniture & Equipment						
Other Program Costs	4,050	2,767	4,050	4,050		
Total Expenditures	**$ 1,131,045**	**$ 1,098,843**	**$ 1,124,982**	**$ 1,151,813**	**$ 26,831**	**2.4%**

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2018 Planning & Budget Template

Program: Young Adult Team

SECTION H

FUNDING SOURCES:

Object of Expenditure	2016 Budget	2016 Actual	2017 Budget	2018 Draft Budget	$ increase ($ decrease) over 2017	% increase (% decrease) over 2017
Cost-Shared	$ 1,131,045	$ 1,098,843	$ 1,124,982	$ 1,151,813	$ 26,831	2.4%
MOHLTC – 100%						
MCYS – 100%						
User Fees						
Other Offset Revenue						
Total Revenues	**$ 1,131,045**	**$ 1,098,843**	**$ 1,124,982**	**$ 1,151,813**	**$ 26,831**	**2.4%**

SECTION I

KEY HIGHLIGHTS/INITIATIVES PLANNED FOR 2018

- Continue to build staff's capacity for evidence-informed decision making (EIDM) and to use MLHU's program planning and evaluation framework.
- Continue to implement 3-month birth control pill starts by school PHNs. Three staff on the team are trained to carry out this task, consider training all PHNs on YAT.
- Increased engagement in social media targeted at youth.
- Create an implementation plan for the evidence-based healthy schools toolkits.
- Begin to work out the process for YAT PHNs to conduct STI testing in schools.
- Work with School Boards to create a Partnership Declaration.

SECTION J

PRESSURES AND CHALLENGES

- YAT manager provided coverage for CHT manager (approx. 4 months)
- Gapping of French PHN

Program: Young Adult Team

SECTION K

RECOMMENDED ENHANCEMENTS, REDUCTIONS AND EFFICIENCIES FOR 2018

- ($5,000) PBMA #1-0027- Disinvest travel budget due to change in way schools are prioritized and assigned

OFFICE OF THE MEDICAL OFFICER OF HEALTH

OMOH

BUREAU DE SANTÉ DE MIDDLESEX-LONDON HEALTH UNIT
www.healthunit.com

2018 Planning & Budget Template

Program: Office of the Medical Officer of Health (OMOH)

SECTION A				
DIVISION	Office of the Medical Officer of Health (OMOH)	**MANAGER NAME**	Dr. Chris Mackie	**DATE**
PROGRAM TEAM	Office of the Medical Officer of Health (OMOH)	**DIRECTOR NAME**	Dr. Chris Mackie	January, 2018

SECTION B

SUMMARY OF TEAM PROGRAM

Provides support to the Board of Health and Board Committees as well as overall leadership to the Health Unit, including strategy, planning, budgeting, financial management and supervision of all Directors, OMOH Managers, and OMOH administrative staff.

SECTION C

ONTARIO PUBLIC HEALTH STANDARD(S), RELEVANT LEGISLATION OR REGULATION

Health Promotion and Protection Act

- Overall compliance
- Requirement to have a full time medical officer of health.

Ontario Public Health Standards**:**

- Foundational Standard
- Organizational Standard

Program: Office of the Medical Officer of Health (OMOH)

SECTION D

COMPONENT(S) OF TEAM PROGRAM #1 - Overall Leadership and Strategy

- Developing and renewing strategy in partnership with the Board of Health and the Senior Leadership Team
- Ensuring decisions are guided by relevant research ("evidence-informed")

COMPONENT(S) OF TEAM PROGRAM #2 - Financial Management

- Developing and implementing annual budget in partnership with the Director of Corporate Services and the Senior Leadership Team

COMPONENT(S) OF TEAM PROGRAM #3 - Board of Health Support

- Preparing materials for meetings of the Board of Health and Board Committees
- Providing support for decision making during meetings of the Board and Committees
- Ensuring the provision of Secretary/Treasurer functions
- Ensuring implementation of decisions of the Board of Health

SECTION E

PERFORMANCE/SERVICE LEVEL MEASURES

	2016	2017 (anticipated)	2018 (estimate)
COMPONENT OF TEAM #1 - OVERALL LEADERSHIP			
Strategic Plan Progress	95% On Track or Completed	100% On Track or Completed	100% On Track or Completed
COMPONENT OF TEAM #2 - FINANCIAL MANAGEMENT			
Budget Change – Municipal Funding	0%	0%	0%
Year-End Variance	<1%	<2%	<1%
COMPONENT OF TEAM #3- BOARD OF HEALTH SUPPORT			
Board of Health Members Satisfied or Very Satisfied with Meeting Processes (support during meetings and timeliness and quality of materials)	91%	93.3%	Maintain

2018 Planning & Budget Template

Program: Office of the Medical Officer of Health (OMOH)

SECTION F **STAFFING COSTS:**	**2017 TOTAL FTES**	**2018 ESTIMATED FTES**
	2.3	**3.5**
Medical Officer of Health & Chief Executive Officer	1.0	1.0
Associate MOH - .5 of 0.40 FTE (one-time)	0.0	0.2
Executive Assistants	1.3	1.3
Policy Analyst	0.0	1.0

SECTION G

EXPENDITURES:

Object of Expenditure	2016 Budget	2016 Actual	2017 Budget	2018 Draft Budget	$ increase ($ decrease) over 2017	% increase (% decrease) over 2017
Salary & Wages	$ 372,386	$ 379,415	$ 374,698	$ 482,662	$ 107,964	28.8%
Benefits	79,298	79,707	79,217	103,302	24,085	30.4%
Travel	6,000	4,185	6,000	6,000		
Program Supplies	5,148	1,712	2,648	2,648		
Staff Development	5,000	4,640	5,000	5,000		
Professional Services		1,624	1,700	1,700		
Furniture & Equipment						
Other Program Costs	2,272	3,963	3,072	3,072		
Total Expenditures	**$ 470,104**	**$ 475,246**	**$ 472,335**	**$ 604,384**	**$ 132,049**	**28.0%**

2018 Planning & Budget Template

Program: Office of the Medical Officer of Health (OMOH)

SECTION H

FUNDING SOURCES:

Object of Revenue	2016 Budget	2016 Actual	2017 Budget	2018 Draft Budget	$ increase ($ decrease) over 2017	% increase (% decrease) over 2017
Cost-Shared	$ 416,083	$ 431,043	$ 418,314	$ 550,363	$ 132,049	31.6%
MOHLTC – 100%	54,021	44,203	54,021	54,021		
MCYS – 100%						
User Fees						
Other Offset Revenue						
Total Revenues	**$ 470,104**	**$ 475,246**	**$ 472,335**	**$ 604,384**	**$ 132,049**	**28.0%**

SECTION I

KEY HIGHLIGHTS/INITIATIVES PLANNED FOR 2018

- Implementation of revised public health standards
- Continued work on the location project
- Submission of application for federal exemption for Supervised Consumption Facility and other work championing harm reduction

SECTION J

PRESSURES AND CHALLENGES

- Balance of internal and external demands and priorities

Program: Office of the Medical Officer of Health (OMOH)

SECTION K

RECOMMENDED ENHANCEMENTS, REDUCTIONS AND EFFICIENCIES FOR 2018

- $80,000 – PBMA #1-0035 Policy Analyst. The revised Ontario Public Health Standards describe policy development as a core component of public health work. MLHU currently has a gap in terms of leadership experience working inside a policy environment. There is additional consultation work to be done to finalize this role, and as such, this amount would be for a partial year of the position.
- $49,383 – PBMA #1-0045 – Associate MOH (one-time) - Providing part-time (0.5 of 0.40 FTE) temporary (one-year) support to various programs throughout the health unit. Cost split with HSO program.

OFFICE OF THE MEDICAL OFFICER OF HEALTH

COMMUNICATIONS

2018 Planning & Budget Template

Program: Communications – OMOH

SECTION A				
DIVISION	Office of the Medical Officer of Health	**MANAGER NAME**	Dan Flaherty	**DATE**
PROGRAM TEAM	Communications	**DIRECTOR NAME**	Dr. Chris Mackie	January, 2018

SECTION B

SUMMARY OF TEAM PROGRAM

Communications acts as an internal Media and Stakeholder Relations, Advertising, Marketing, Graphic Design and Communications agency for the Health Unit. Its role is to promote and enhance the MLHU brand and profile as a leader in public health in London and Middlesex County, and across Ontario. This is done through a communications support program that includes: strategic and risk communications initiatives, media relations support and training, the development and coordination of targeted advertising, marketing and promotional campaign materials; the development and maintenance of the Health Unit's website, online content and social media channels and a Healthcare Provider Outreach program that establishes close contacts with local professionals in the healthcare sector.

SECTION C

ONTARIO PUBLIC HEALTH STANDARD(S), RELEVANT LEGISLATION OR REGULATION

OPHS Organizational Standard (Communications strategy), as well as the Communications and Health Promotion aspects of most other standards.

SECTION D

COMPONENT(S) OF TEAM PROGRAM #1- MEDIA RELATIONS

Through the Media Relations Program, awareness of the Health Unit's programs and services and their value to the residents of London and Middlesex County is enhanced. Communications issues periodic media releases and updates, which highlight program initiatives, services, announcements and achievements. Communications also responds to media requests, then works with staff and prepares spokespeople for interviews. Communications also assists in developing key messages, Q&As, media lines, backgrounders and other resources with staff members, as necessary.

COMPONENT(S) OF TEAM PROGRAM #2 ADVERTISING AND PROMOTION

The Advertising and Promotion Program supports agency initiatives and services through the development of campaign materials and marketing products (graphics, posters, videos, audio files, displays, marketing and/or promotional products etc.) and the placement of advertisements in print, broadcast, online and/or display media. The development of campaign materials is coordinated by the Marketing Coordinator, with support as needed from other Communications Department staff. Communications staff work in collaboration with program team members and MLHU-contracted design firms to develop appropriate and effective resources as needed. Projects are initiated using the *Communications Services Request Form* and projects are tracked using a docket system. Proposals are developed in consultation with program teams, with a focus on target audience, demographics, program goals, budget and success indicators. Communications coordinates the booking of advertising with media companies and liaises with contracted graphic design firms as necessary.

COMPONENT(S) OF TEAM PROGRAM #3 ONLINE ACTIVITIES

Communications maintains, updates and coordinates all MLHU online activities. The goal of these online activities is to provide credible, up-to-date public health information to local residents through www.healthunit.com as well as other online resources, such as www.healthunit.com/inspections (food premises, public pools and spas; personal service settings and tattoo shop inspections disclosure website) and www.iparent.net (Triple P, parenting workshops, resources, etc.). Additional opportunities for staff interaction with MLHU clients and community members are provided through the MLHU's social media channels (Instagram, Twitter, Facebook, YouTube). Communications also supports the @MLTeens Twitter account, which is audience-specific and program-managed by PHNs and staff who support students, families and secondary schools in London and Middlesex County. Instagram was added as an MLHU social media platform in 2017. Web-based activities also include online contests, response to user submitted comments and feedback posted on social media, as well as the sharing, and responses to, feedback and inquiries sent to the MLHU via the "health@mlhu.on.ca" email account.

Program: Communications – OMOH

COMPONENT(S) OF TEAM PROGRAM #4 GRAPHIC SERVICES PROCUREMENT
The role of Marketing Coordinator was increased from 0.5 to 1.0 FTE in 2017, thanks to the support of many MLHU teams. This has enabled teams to have increased and more cost effective access to the services of the Marketing Coordinator, including internal graphic design services, as well as coordination with the Health Unit's contracted design firms. Since the creation of the Marketing Coordinator role, teams have benefitted from the Health Unit having an experienced marketing and design professional on staff. In a part-time role, the Marketing Coordinator has been able to support some teams by doing design work in house at no charge. It is expected that the demand for marketing and design support will remain as strong as it was in 2017. The current non-exclusive design contracts in place with Keyframe Communications, Si Design and Kreative! Advertising expired in October, 2017. A decision will be made whether to continue with the system of non-exclusive service agreements that has been in place for several years or if ad hoc arrangements with external design firms are preferred.
COMPONENT(S) OF TEAM PROGRAM #5 MLHU ANNUAL REPORT
Communications drafts the Health Unit's Annual Report. The MLHU's 2017 Annual Report will be available primarily in an online format, with a limited number of hard copies also being produced. A production schedule, which sets out that the 2017 Annual Report will be delivered on March 16th, 2018, has been shared with SLT. A significant amount of content has already been gathered as part of preparations for Staff Day 2017. Program Managers will be contacted for additional information in early-December, 2017. Design and layout work will be done in-house in order to keep costs low. Hard copy versions of any of the MLHU's previous annual reports may be printed directly from the online pdf versions available on the MLHU website, as needed.
COMPONENT(S) OF TEAM PROGRAM #6 STAFF RECOGNITION
Communications coordinates the planning of the MLHU's Annual Staff Day event. The Staff Day Planning Committee is chaired by the Communications Manager and includes representation from all Service Areas. Staff Day celebrates the MLHU's achievements from the current year, acknowledges staff contributions, recognizes the winner of the Charlene E. Beynon Award, and presents awards to staff for their years of service. Each year, Board of Health members are invited to attend Staff Day.
COMPONENT(S) OF TEAM PROGRAM #7 HEALTHCARE PROVIDER OUTREACH
Since becoming part of Communications, this program is proving its value in increasing awareness of the MLHU's role and brand among London and Middlesex County healthcare providers. Resource binders continue to be popular among practitioners. The monthly eNewsletters now reach in excess of 1,100 email addresses and data has shown these are being opened by more than 45% of recipients within a few days of receipt. Contact lists are managed through the Health Unit's Upaknee account. The MLHU's Healthcare Provider Outreach Lead, Healthcare Provider Outreach Nurse (part of the Early Years team) and 0.5 FTE Program Assistant ensure consistency of message, distribution of program and service area resources and information, providing a feedback mechanism for healthcare providers about MLHU services, programs and initiatives and advising of potential communications challenges or opportunities that may exist with this important audience group. In-person visits with healthcare providers are conducted in the fall.

2018 Planning & Budget Template

Program: Communications – OMOH

SECTION E **PERFORMANCE/SERVICE LEVEL MEASURES**			
	2016	**2017**	**2018 (est.)**
COMPONENT OF TEAM #1: MEDIA RELATIONS			
Media stories	613*	500*	550 (est.)
COMPONENT OF TEAM #2: ADVERTISING AND PROMOTION			
Advertising Campaigns (Billboards, bus advertising, transit shelters, print, radio, online, etc.)	Campaigns included: *We're HERE for YOU,* Winter Driving, Vector-Borne Disease, Sun Safety, Smoke-Free Movies, Rethink Your Drinking, inMotion, Drowning Prevention, Pedestrian Safety, Distracted Driving.	Campaigns included: *We're HERE for YOU*, Sugary Drinks, Smoke-Free Movies, Drowning Prevention, Smoke-Free Housing, Prenatal Classes, Artificial Tanning, Booster Seats, Breastfeeding, Child Car Seats, Fire Prevention Week, Food Insecurity, Early Years, Little Minds Matter, NFP, Nutri eStep, SCF Consultations, Rethink Your Drinking, Skin-to-Skin.	Campaigns to be developed in consultations with Service Area teams.
Social Media metrics	**Facebook:** 5.11 million impressions **Ad Tube:** 55,224 views; 281,834 impressions **Twitter:** 3,394 tweets; 1,277 new followers	**Facebook:** 6.96 million impressions **AdTube:** 69,980 views; 200,934 impressions **Twitter:** 2,500 tweets; 747 new followers	Maintain
COMPONENT OF TEAM #3: ONLINE ACTIVITIES			
Enhancements to online presence	- "Hair & Esthetics" now part of online inspection reports. - Redesign of Healthcare Provider section of website	- Creation of new MLHU Instagram account. - Refresh online prenatal registration and other new online registration projects.	. Increase

	- New bi-monthly HCP e-newsletter & contact database - Staff participation in six online Twitter chats. -Coordination of Living Wage London website.	- Overhaul of Healthcare Provider section of website. - Creation of new opioids section of website. - On-going QA work on the MLHU website and social media presence.	
COMPONENT OF TEAM #3: HEALTHCARE PROVIDER OUTREACH			
HCP Metrics	N/A	- 187 binders distributed. - 273 meetings with HCPs. - 211 Office Visits. - 5,846 eNewsletter emails sent to HCPs (45% avg. open rate, 18% avg. click-through) - 19,979 resources shared.	. Maintain

*This number is likely higher, but as most news stories airing on CJBK radio are now based on interviews done by CTV, and not CJBK, reporters, it is challenging to estimate the number of MLHU news stories, produced by CTV, that reach the CJBK audience. It is also difficult to count the online stories that result from local media coverage, as many are shared in other markets and communities.

SECTION F **STAFFING COSTS:**	**2017 TOTAL FTES**	**2018 ESTIMATED FTES**
	5.2	**5.2**
Program Manager	1.0	1.0
Online Communications Coordinator	1.0	1.0
Executive Assistant	0.7	0.7
Program Assistant	0.5	0.5
Marketing Coordinator	1.0	1.0
Public Health Nurse	1.0	1.0

* A 0.5 FTE Program Assistant was added in mid-October to provide support to the Communications Team through the end of 2017.

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2018 Planning & Budget Template

Program: Communications – OMOH

SECTION G

EXPENDITURES:

Object of Expenditure	2016 Budget	2016 Actual	2017 Budget	2018 Draft Budget	$ increase ($ decrease) over 2017	% increase (% decrease) over 2017
Salary & Wages	$ 345,040	$ 346,270	$ 383,747	$ 389,989	$ 6,242	1.6%
Benefits	88,831	85,070	96,664	97,515	851	0.9%
Travel	3,485	2,803	3,485	3.485		
Program Supplies	41,860	38,948	28,860	6,460	(22,400)	(77.6)%
Staff Development	2,265	2,000	2,265	2,265		
Professional Services						
Furniture & Equipment	650		650	650		
Other Program Costs	16,830	12,936	16,830	16,830		
Total Expenditures	**$ 498,961**	**$ 488,027**	**$ 532,501**	**$ 517,194**	**$ (15,307)**	**(2.9)%**

SECTION H

FUNDING SOURCES:

Object of Revenue	2016 Budget	2016 Actual	2017 Budget	2018 Draft Budget	$ increase ($ decrease) over 2017	% increase (% decrease) over 2017
Cost-Shared	$ 498,961	$ 488,027	$ 532,501	$ 517,194	$ (15,307)	(2.9)%
MOHLTC – 100%						
MCYS – 100%						
User Fees						
Other Offset Revenue						
Total Revenues	**$ 498,961**	**$ 488,027**	**$ 532,501**	**$ 517,194**	**$ (15,307)**	**(2.9)%**

2018 Planning & Budget Template

Program: Communications – OMOH

SECTION I

KEY HIGHLIGHTS/INITIATIVES PLANNED FOR 2018

- Implementation of new production schedule for Annual Reports;
- Continuation of the corporate graphic standards refresh started in 2017 will continue, with a particular focus on the implications of a possible re-location and/or provincial restructuring decision.
- On-going effort to seek out and promote stories about the MLHU's programs, services and activities;
- Continued enhancement of the MLHU's Social Media presence, including exploration of new platforms and program-managed accounts.
- Improve customer service by increasing efforts to enhance knowledge of Communications' role and communicate processes effectively to staff members;
- Continued development of the Healthcare Provider Outreach program.
- Announcement of the results of the Organizational Structure and Location process.
- Investigation of feasibility of engaging the services of a media monitoring service to gain a more accurate understanding of media activities related to the Health Unit's programs and services.

SECTION J

PRESSURES AND CHALLENGES

- Continued changes to London's media landscape, including the recent decision to cease operations at *Our London*, and the potential impact on London of potential staff reductions announced by Bell Media, as well as potential changes at AM980 due to a rebranding as *Global News Radio 980 CFPL*, will continue to present challenges in obtaining traditional coverage of MLHU stories and announcements.
- Because of the multi-platform nature of local news reporting it is becoming increasingly difficult to track the number of stories featuring MLHU programs and services. The use of a media monitoring service such as Infomart or Meltwater is beyond the current capacity of the Communications budget.
- The increase in requests for in-house design and marketing support that followed the transition of the Marketing Coordinator role to full-time, has resulted in increased demands on communications resources.

- Despite implementing and enhancing the communications process, and presenting it across all teams, there are still challenges in ensuring it is followed and that Communications is consulted when projects are first considered or initiated, and before resources are developed.
- Despite 0.7 FTE of the Executive Assistant role being assigned to Communications, the majority of their work was focused on Board of Health activities, often leaving the team without the support it needed to be as effective as it could otherwise be.

SECTION K

RECOMMENDED ENHANCEMENTS, REDUCTIONS AND EFFICIENCIES FOR 2017

- ($22,400) – PBMA #1-0031 – Reduction in general advertising

OFFICE OF MEDICAL OFFICER OF HEALTH

OFFICE OF ASSOCIATE MEDICAL OFFICER OF HEALTH

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2018 Planning & Budget Template

SECTION A				
DIVISION	OMOH	**MANAGER NAME**	Gayane Hovhannisyan	**DATE**
PROGRAM TEAM	OAMOH	**DIRECTOR NAME**	Dr. Chris Mackie	January 2018

SECTION B

SUMMARY OF TEAM PROGRAM

1. Associate Medical Officer of Health-supports (case and outbreak management, medical directives, etc.) Environmental Health and Infectious Disease Division; provides overall lead and oversight of medical student and resident placement and teaching; has faculty appointment at the Interfaculty Program of Public Health, UWO and teaches at Healthy Communities course; provides on-call coverage and covers for the MOH as needed.
2. Medical Director of Sexual Health (SH) Clinic-provides support (case consultations, medical directives, clinic policies and procedures, forms, etc.) to SH manager and staff, ensures consistent and evidence based practices, physician leadership, ensures alignment of clinic scope to the PH mandate.
3. Clinic physician, SH clinics-direct clinical services to the clients of Family Planning clinics.
4. Director, Population Health Assessment and Surveillance.

SECTION C

ONTARIO PUBLIC HEALTH STANDARD(S), RELEVANT LEGISLATION OR REGULATION

Legislation: Health Protection and Promotion Act
Primary Accountability:

- Foundational Standard
- Population Health Assessment and Surveillance Protocol

Provide support for:

- Chronic Diseases and Injuries program standards
- Family Health program standards
- Infectious Diseases program standards
- Environmental Health program standards
- Emergency Preparedness program standard

2018 Planning & Budget Template

Program: Office of the Associate Medical Officer of Health

SECTION D

COMPONENT(S) OF TEAM PROGRAM #1: Associate Medical Officer of Health (0.6FTE)

- Supports Environmental Health and Infectious Disease Division, e.g. consultations on case and outbreak management, development of new and updating existing medical directives
- Supports Planning and Evaluation
- Provides overall lead and oversight of medical student and resident placement and teaching
- Has faculty appointment at the Interfaculty Program of Public Health, UWO and teaches at Healthy Communities course
- Provides on-call coverage
- Covers for the MOH as needed

COMPONENT(S) OF TEAM PROGRAM #2: Acting Medical Director of Sexual Health Clinic and Clinic Physician (0.2FTE)

- Provides support (case consultations, medical directives, clinic policies and procedures, forms, etc.) to SH manager and staff
- Ensures consistent and evidence-based practices in SH clinics
- Physician leadership
- Ensures alignment of clinic scope and billing practices to the PH mandate
- Direct clinical services to the clients of Sexual Health clinics

COMPONENT(S) OF TEAM PROGRAM #3: Director, Population Health Assessment and Surveillance(0.2FTE)

- Overall leadership for Population Health Assessment and Surveillance
- Budget oversight
- Direct supervisor of three Epidemiologists, and Administrative Assistant

2018 Planning & Budget Template

Program: Office of the Associate Medical Officer of Health

SECTION E **PERFORMANCE/SERVICE LEVEL MEASURES**			
	2016	**2017**	**2018 (estimate)**
COMPONENT OF TEAM #1: AMOH			
Medical Directives, review and update	80% up-to-date	80% up-to-date	Maintain or improve
Consults, case and outbreak management	90% within the same day	80% within the same day	Maintain or improve
# of medical students, residents and field epidemiologists supervised	6	7	Maintain
COMPONENT OF TEAM #2: MEDICAL DIRECTOR OF SH CLINICS			
Alignment of clinic scope to Public Health mandate	In-progress	Complete	Alignment with New Standards
Review of clinic flow and roles and responsibilities		Not started	Complete
COMPONENT OF TEAM #3: DIRECTOR, PO			
Adaptation and implementation of planning and evaluation framework	Adaptation complete	Implementation in progress	Implementation complete
Supporting priority projects identified by the SLT	100%	100%	100% (including 70% of PBMA projects)
Budget, end-of year variance		2.1%	<5%

SECTION F **STAFFING COSTS:**	**2017 Total FTEs**	**2018 Estimated FTEs**
	2.0	**2.0**
Administrative Assistant to the Director Associate Medical Officer of Health	1.0 1.0	1.0 1.0

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Program: Office of the Associate Medical Officer of Health

SECTION G

EXPENDITURES:

Object of Expenditure	2016 Budget	2016 Actual	2017 Budget	2018 Draft Budget	$ increase ($ decrease) over 2017	% increase (% decrease) over 2017
Salary & Wages	$ 289,890	$ 292,109	$ 290,508	$ 282,323	$ (8,185)	(2.8)%
Benefits	63,614	58,301	61,700	61,925	225	0.4%
Travel		713				
Program Supplies		76				
Staff Development	2,000	2,181	2,000	2,000		
Professional Services						
Furniture & Equipment						
Other Program Costs	500	826	500	500		
Total Expenditure	**$ 356,004**	**$ 354,206**	**$ 354,708**	**$ 346,748**	**$ (7,960)**	**(2.2)%**

SECTION H

FUNDING SOURCES:

Object of Expenditure	2016 Budget	2016 Actual	2017 Budget	2018 Draft Budget	$ increase ($ decrease) over 2017	% increase (% decrease) over 2017
Cost-Shared	$ 305,089	$ 315,672	$ 313,793	$ 305,833	$ (7,960)	(2.2)%
MOHLTC – 100%	30,915	28,534	30,915	30,915		
MCYS – 100%						
User Fees						
Other Offset Revenue	20,000	10,000	10,000	10,000		
Total Revenue	**$ 356,004**	**$ 354,206**	**$ 354,708**	**$ 346,748**	**$ (7,960)**	**(2.2)%**

2018 Planning & Budget Template

Program: Office of the Associate Medical Officer of Health

SECTION I

KEY HIGHLIGHTS/INITIATIVES PLANNED FOR 2018

- Continue monitoring HIV situation and work with key stakeholders:
  - To increase HIV testing by implementing HIV testing in acute care setting;
  - To complete data collection and analysis for the iTRACK special study on injection drug use risk factors;
  - To continue raising awareness among vulnerable populations about HIV and promoting safe injection practices.
- Continue investigating invasive Group A streptococcal outbreak and preventing the spread of infection:
  - Increasing awareness among health care providers and community frontline workers;
  - Develop training module with the SWLHIN and other key stakeholders on wound recognition and care pathways;
  - Enhancing Infection Prevention Practices in shelters.

SECTION J

PRESSURES AND CHALLENGES

Investigating and responding to concurrent outbreaks of HIV, Hep C, and invasive Group A streptococcal disease, as well as opioid surveillance development took considerable Epidemiology, Data analyst and AMOH time and is expected to continue in 2018.

SECTION K

RECOMMENDED ENHANCEMENTS, REDUCTIONS AND EFFICIENCIES FOR 2018

None

OFFICE OF THE MEDICAL OFFICER OF HEALTH

POPULATION HEALTH ASSESSMENT & SURVEILLANCE

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2018 Planning & Budget Template

SECTION A				
DIVISION	OMOH	**MANAGER NAME**	Epidemiologist Manager: Gayane Hovhannisyan Data Analysis Manager: Sarah Maaten	**DATE**
PROGRAM TEAM	Population Health Assessment & Surveillance	**DIRECTOR NAME**	Dr. Chris Mackie	January 2018

SECTION B

SUMMARY OF TEAM PROGRAM

The Population Health Assessment & Surveillance (PHA&S) team is comprised of data analysts and epidemiologists. The Data Analysts report to one Epidemiologist. All Epidemiologists report to one of the Associate Medical Officers of Health.

The PHA&S team provides support for measuring, monitoring and reporting on the population's health, including determinants of health and health inequities. The support provided aligns to the components of several Ontario Public Health Standards and helps teams meet their accountabilities outlined in their respective standards.

SECTION C

ONTARIO PUBLIC HEALTH STANDARD(S), RELEVANT LEGISLATION OR REGULATION

Ontario Public Health Standards – effective Jan 1, 2018
Primary Accountability:

- Foundational Standards:
  - Population Health Assessment
    - Population Health Assessment and Surveillance Protocol

Provide support for all other Foundational and Program Standards:

2018 Planning & Budget Template

Program: Population Health Assessment & Surveillance

SECTION D

COMPONENT(S) OF TEAM

In general, population health assessment and surveillance activities aim to monitor, assess, and report on the status of the health of residents of Middlesex-London, such as demographic information, the prevalence of health behaviours, the occurrence of diseases and other health events, and factors that contribute to health and wellness. This information is used to better understand the local health priorities, to inform program planning that addresses the identified needs. Specific activities include:

- Consult on and provide population health assessment and surveillance data and analysis for programs according to Population Health Assessment and Surveillance Protocol to support planning and evaluation
- Provide team-specific surveillance data and analysis on an ongoing and/or as-needed basis, including data required for Accountability Agreement indicator reporting to the Ministry of Health and Long-Term Care
- Provide support for outbreaks and other emerging investigations
- Consult and develop tools to build infrastructure to collect and maintain local data

SECTION E

PERFORMANCE/SERVICE LEVEL MEASURES

	2016	2017	2018
# (%) of OPHS Population Health Assessment and Surveillance (PHA&S) Protocol (2016) requirements supported	15/19 (79%)	15/19 (79%)	Proposed: Indicator to change with the new requirements from new PHA&S protocol
# (%) of accountability agreement reporting indicators supported	28/28 (100%)	6/15 (100% of all requests fulfilled)	Proposed: % of indicators where support from PHAS was requested was delivered
# of P&E projects and consultations in which population health assessment & surveillance data were provided	39	40	Proposed: # of projects and in which population health assessment was provided # of projects in which surveillance data were provided
# of databases developed and/or supported by FS staff	24	19	
			Proposed: # of Research Advisory consultations/reviews provided

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Program: Population Health Assessment & Surveillance

SECTION F **STAFFING COSTS:**	**2017 Total FTEs**	**2018 Estimated FTEs**
	13.50	**5.00**
Data Analysts	2.00	2.00
Epidemiologists	3.00	3.00
Librarian	2.00	
Program Assistant	0.50	
Program Evaluator	5.00	
Program Manager	1.00	

SECTION G

EXPENDITURES:

Object of Expenditure	2016 Budget	2016 Actual	2017 Budget	2018 Draft Budget	$ increase ($ decrease) over 2017	% increase (% decrease) over 2017
Salary & Wages	$ 977,690	$ 949,445	$ 995,633	$ 409,822	$ (585,811)	(58.8)%
Benefits	249,006	246,247	249,851	103,760	(146,091)	(58.5)%
Travel	7,350	3,003	7,350	3,000	(4,350)	(59.2)%
Program Supplies	51,667	50,685	48,997	2,800	(46,197)	(94.3)%
Staff Development	6,350	5,319	6,350	3,000	(3,350)	(52.8)%
Professional Services	56,343	52,218	41,344		(41,344)	(100)%
Furniture & Equipment						
Other Program Costs	3,030	5,276	3,030	891	(2,139)	(70.6)%
Total Expenditure	**$ 1,351,436**	**$ 1,312,193**	**$ 1,352,555**	**$ 523,273**	**$ (829,282)**	**(61.3)%**

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2018 Planning & Budget Template

Program: Population Health Assessment & Surveillance

SECTION H

FUNDING SOURCES:

Object of Expenditure	2016 Budget	2016 Actual	2017 Budget	2018 Draft Budget	$ increase ($ decrease) over 2017	% increase (% decrease) over 2017
Cost-Shared	$ 1,128,072	$ 1,083,829	$ 1,129,191	$ 403,096	$ (726,095)	(64.3)%
MOHLTC – 100%	116,838	116,838	116,838	120,177	3,339	2.9%
MCYS – 100%						
Public Health Ontario	106,526	106,526	106,526		(106,526)	(100.0)%
User Fees						
Other Offset Revenue		5,000				
Total Revenue	**$ 1,351,436**	**$ 1,312,193**	**$ 1,352,555**	**$ 523,273**	**$ (829,282)**	**(61.3)%**

SECTION I

KEY HIGHLIGHTS/INITIATIVES PLANNED FOR 2018

- Have surge capacity to provide support for emerging outbreaks and issues requiring timely surveillance data
- Provide support under the new Ontario Public Health Standards, including indicator development and measurement
- Work with LHIN to ensure population health assessment requirements are met

2018 Planning & Budget Template

Program: Population Health Assessment & Surveillance

SECTION J

PRESSURES AND CHALLENGES

With the change in reporting structure for the PHA&S team and the Program Planning & Evaluation team, consideration will need to be given to how to effectively work together and deliver services to the programs.

The PHA&S team supported several emerging public health crises in 2017 including the iGAS outbreak, HIV outbreak and escalation of opioid poisonings with data analysis and surveillance activities.
There were additional pressures to the team with a number of staffing changes and secondments in 2017. Between February and June, the FS Director/AMOH was the Acting Medical Officer of Health. All three epidemiologist roles transitioned from one individual to another during 2017 with one new hire, one returning from secondment and one returning from leave.

SECTION K

RECOMMENDED ENHANCEMENTS, REDUCTIONS AND EFFICIENCIES FOR 2018

- ($41,788) **PBMA#1-0012 Disinvestment: Discontinuation of the Rapid Risk Factor Surveillance System (RRFSS) -** Rapid Risk Factor Surveillance System is an ongoing random digit-dialed telephone survey of adults in Middlesex-London designed to produce local data. Despite the value to some program areas, not all areas are served by this data. Investment in other surveillance systems and, perhaps, developing new ones will be needed to support our population health assessment and surveillance mandate to provide meaningful data for program planning.

ENVIRONMENTAL HEALTH AND INFECTIOUS DISEASE DIVISION

OFFICE OF THE DIRECTOR

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2018 Planning & Budget Template

SECTION A				
DIVISION	EHID	**MANAGER NAME**	Stephen Turner	**DATE**
PROGRAM TEAM	Office of the Director	**DIRECTOR NAME**	Stephen Turner	January 2018

SECTION B

SUMMARY OF TEAM PROGRAM

- Oversight of the activities and staff of the EHID service area in all areas including program and service delivery, performance, human resources, and finance, is provided by the Director and supported by the Executive Assistant. The Environmental Health and Infectious Disease Division programs include: Vaccine Preventable Disease; Infectious Disease Control; Sexual Health; Emergency Management; Safe Water, Rabies and Vector-Borne Disease; Food Safety and Healthy Environments.

SECTION C

ONTARIO PUBLIC HEALTH STANDARD(S), RELEVANT LEGISLATION OR REGULATION

- Ontario Public Health Standards
  - Infectious Diseases Prevention and Control
  - Rabies Prevention and Control
  - Sexual Health, Sexually Transmitted Infections, and Blood-borne Infections (including HIV)
  - Tuberculosis Prevention and Control
  - Vaccine Preventable Disease
  - Food Safety
  - Safe Water
  - Health Hazard Prevention and Management
  - Public Health Emergency Preparedness
- Relevant Legislation
  - Health Protection and Promotion Act
  - Personal Health Information Protection Act
- Protocols
  - Drinking Water Protocol

- Exposure of Emergency Service Workers to Infectious Disease Protocol
- Food Safety Protocol
- Identification, Investigation and Management of health Hazards Protocol,
- Immunization Management Protocol
- Infection Prevention and Control in Child Care Centres
- Infection Prevention and Control in Personal Services Settings Protocol
- Infection Prevention and Control Practices Complaint Protocol
- Infectious Diseases Protocol
- Institutional / Facility Outbreak Prevention and Control Protocol
- Public Health Emergency Preparedness Protocol
- Rabies Prevention and Control Protocol
- Recreational Water Protocol
- Risk Assessment and Inspection of Facilities Protocol
- Sexual Health and Sexually Transmitted Infections, Prevention and Control Protocol
- Tuberculosis Prevention and Control Protocol
- Vaccine Storage and Handling Protocol

SECTION D

COMPONENT(S) OF TEAM PROGRAM #1: BUDGET

- Responsible for coordination, review and presentation of Division PBMA submissions
- Responsible for ongoing budgetary monitoring through quarterly variance reviews.

COMPONENT(S) OF TEAM PROGRAM #2: STRATEGIC PRIORITIES

- Update EHID Division Balanced Scorecard
- Develop Team-level Balanced Scorecards reflecting objectives in Division
- Identify opportunities for improved collaboration

COMPONENT(S) OF TEAM PROGRAM #3: TRAVEL IMMUNIZATION CLINIC SERVICE CONTRACT

- Monitors and oversees the Travel Immunization Clinic service contract

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2018 Planning & Budget Template

Program: Office of the Director - EHID

SECTION E **PERFORMANCE/SERVICE LEVEL MEASURES**			
	2016	**2017 (anticipated)**	**2018 (estimate)**
COMPONENT OF TEAM #1: BUDGET			
Year-End Division Variance	N/A	5% (under)	<2%
Division PBMAs Submitted (approved)	N/A	9 (4)	4
COMPONENT OF TEAM #2: STRATEGIC PRIORITIES			
Completion of Division Balanced Scorecard	N/A	Complete	Updated
Progress on Balanced Scorecard Implementation	N/A	>95% Complete	Maintain or Increase

SECTION F **STAFFING COSTS:**	**2017 Total FTEs**	**2018 Estimated FTEs**
	2.6	**2.6**
Director	1.0	1.0
Administrative Assistant to the Director	1.0	1.0
Program Assistant (Travel Clinic)	0.6	0.6

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2018 Planning & Budget Template

Program: Office of the Director - EHID

SECTION G

EXPENDITURES:

Object of Expenditure	2016 Budget	2016 Actual	2017 Budget	2018 Draft Budget	$ increase ($ decrease) over 2017	% increase (% decrease) over 2017
Salary & Wages	$ 214,833	$ 214,337	$ 210,043	$ 206,716	$ (3,327)	(1.6)%
Benefits	53,941	58,201	53,284	51,378	(1,906)	(3.6)%
Travel	2,258	2,147	2,258	2,258		
Program Supplies	6,400	5,111	4,060	4,060		
Staff Development	1,300	1,602	1,300	1,300		
Professional Services	14,400	14,400	14,400	14,400		
Furniture & Equipment						
Other Program Costs	3,824	2,229	3,164	3,164		
Total Expenditure	**$ 296,956**	**$ 298,027**	**$ 288,509**	**$ 283,276**	**$ (5,233)**	**(1.8)%**

SECTION H

FUNDING SOURCES:

Object of Expenditure	2016 Budget	2016 Actual	2017 Budget	2018 Draft Budget	$ increase ($ decrease) over 2017	% increase (% decrease) over 2017
Cost-Shared	$ 291,956	$ 293,131	$ 283,509	$ 278,276	$ (5,233)	(1.8)%
MOHLTC – 100%						
MCYS – 100%						
User Fees						
Other Offset Revenue	5,000	4,896	5,000	5,000		
Total Revenue	**$ 296,956**	**$ 298,027**	**$ 288,509**	**$ 283,276**	**$ (5,233)**	**(1.8)%**

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2018 Planning & Budget Template

Program: Office of the Director - EHID

SECTION I

KEY HIGHLIGHTS/INITIATIVES PLANNED FOR 2018

- Continue to refine Team and Division-level Balanced Scorecards
- Complete revisions to all team-level high priority policies and procedures
- Oversight of harm reduction activities and supervised consumption facility implementation

SECTION J

PRESSURES AND CHALLENGES

- Implementation of new requirements under the modernized OPHS
- Ensuring all teams are meeting mandates within current resources

SECTION K

RECOMMENDED ENHANCEMENTS, REDUCTIONS AND EFFICIENCIES FOR 2018

- ($13,614) - PBMA #1-0029 - Reduction in Travel Clinic Program Administration costs

ENVIRONMENTAL HEALTH AND INFECTIOUS DISEASE DIVISION

EMERGENCY PREPAREDNESS, RESPONSE AND RECOVERY

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2018 Planning & Budget Template

Program: Emergency Management

SECTION A				
DIVISION	EHID	**MANAGER NAME**	Sean Bertleff	**DATE**
PROGRAM TEAM	Emergency Preparedness	**DIRECTOR NAME**	Stephen Turner	January 2018

SECTION B

SUMMARY OF TEAM PROGRAM

Effective emergency preparedness, response and recovery ensures that the Health Unit is ready to cope with and recover from threats to public health or disruptions to public health programs and services. This is accomplished through a range of activities carried out in coordination with other partners. The Health Unit will effectively prepare for emergencies to ensure timely, integrated, safe, and effective response to, and recovery from emergencies with public health impacts, in accordance with Ministry policy and guidance documents.

SECTION C

ONTARIO PUBLIC HEALTH STANDARD(S), RELEVANT LEGISLATION OR REGULATION

- Emergency Management & Civil Protection Act, R.S.O. 1990, c. E. 9.
- Ontario Standards for Public Health Programs and Services, Ministry Policy and Guidance Documents (TBA)
- Health Protection and Promotion Act, R.S.O. 1990, c. H. 7
- Incident Management System (IMS) for Ontario Doctrine, 2008
- Occupational Health and Safety Act and Regulations, R.S.O. 1990
- Fire Protection and Prevention Act and Ontario Fire Code (2016)
- Exposure of Emergency Service Workers to Infectious Diseases Protocol (MOHLTC)

Program: Emergency Management

SECTION D

COMPONENT(S) OF TEAM PROGRAM #1 ASSESS HAZARDS AND RISKS

a) Maintain an accurate and timely assessment of hazards and risks to public health, and threats to the continuity of public health time critical programs and services
b) Contribute to city, county and local municipal hazard identification and risk assessments to ensure integration of the hazards and risks to public health
c) Create public awareness and education materials to provide information on risks to public health and threats to public health time critical programs and services
d) Ensure compliance with the Ontario Standards for Public Health Programs and Services requirements

COMPONENT(S) OF TEAM PROGRAM #2 EMERGENCY RESPONSE PLAN AND BUSINESS CONTINUITY PLAN

a) Ensure that both documents are accurate, appropriate and up to date
b) Ensure that all Health Unit employees with responsibilities outlined in both documents are trained and able to preform those duties as required including all designated alternates
c) Ensure that external partner agencies are aware of the Health Unit Emergency Response Plan and Business Continuity Plan
d) Ensure that both plans align with the City of London, County of Middlesex and Local Municipal Emergency Plans
e) Develop Incident Management System - Standard Operating Guidelines
f) Continue training and testing related to Fire Safety Plans
g) Ensure compliance with the Ontario Standards for Public Health Programs and Services requirements

COMPONENT(S) OF TEAM PROGRAM #3 EMERGENCY NOTIFICATION

a) Ensure all Incident Management Team members and all Health Unit employees can be contacted and given appropriate instructions during any emergency or continuity of operations event
b) Work in partnership with the City of London to use the Alert London technology as the primary tool used to accomplish Incident Management Team and Health Unit employee notifications
c) Use the Ministry of Health and Long Term Care Emergency Management Communications Tool (EMCT) where appropriate to communicate and share information with public health sector partners
d) Ensure amateur radio system equipment is ready and operational in cooperation with local Amateur Radio Emergency Services.
e) Coordinate with external partner agencies to ensure appropriate notification of the Health Unit employees in response to emergency situations

2018 Planning & Budget Template

Program: Emergency Management

COMPONENT(S) OF TEAM PROGRAM #4 PUBLIC AWARENESS AND EDUCATION
a) Attend as appropriate community based events to provide education on public health emergency preparedness, response and recovery practices b) Support the public awareness and educations activities of the City of London, County of Middlesex and the nine Local Municipalities as appropriate and where able c) Prepare, maintain and distribute appropriate education materials (print and electronic) that educate the public on public health emergency preparedness, recovery and high risk situations
COMPONENT(S) OF TEAM PROGRAM #5 COMMUNITY EMERGENCY RESPONSE VOLUNTEERS
a) Recruit, train, educate and deploy as required an appropriate sized team of citizen Community Emergency Response Volunteers (CERV) to support the work efforts of Health Unit programs and services and in the compliance with the Ontario Standards for Public Health Programs and Services
COMPONENT(S) OF TEAM PROGRAM #6 RESPIRATOR FIT TESTING
a) Ensure in cooperation with Non Union Leadership Team members that all appropriate fit testing is conducted for staff that require it in compliance with MLHU Policy # 8-051 Respirator Protection – Fit-testing

SECTION E

PERFORMANCE/SERVICE LEVEL MEASURES

	2016	2017	2018
COMPONENT OF TEAM #1 ASSESS HAZARDS AND RISKS			
a) MLHU risk assessment and threat analysis		Identify Risks / Threats (NLT)	Analyze Top ten of each
b) Contribute to city, county and municipal HIRAs		Participated in 75%	Participate in 100%
c) Public awareness and education materials		Reviewed 100% handouts	Update 50% of materials
d) Ensure compliance OSPHPS		Complete annual review	Migrate to 100% of new
COMPONENT OF TEAM #2 EMERGENCY RESPONSE PLAN AND BUSINESS CONTINUITY			
a) Ensure plans accurate, appropriate and up to date		Draft BCP / Review ERP	Approve BCP / Rewrite ERP
b) Ensure employees with responsibilities are trained		34 PHO IMS (7 New)	46 PHO IMS (13 New)
c) Ensure that external partner agencies are aware		75% program reviews	100% program reviews
d) Ensure plans align with City, County and Municipalities		75% of exercises	100% exercises
e) Develop IMS - Standard Operating Guidelines		Amended IMS Templates	Develop SOG Doc
f) Continue training and testing of Fire Safety Plans		Train NLT / Test 50 K & 201 Q	Train all staff / Test All Sites
g) Ensure compliance with the OSPHPS		Annual Review	Annual Review

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Program: Emergency Management

COMPONENT OF TEAM #3 EMERGENCY NOTIFICATION			
a) IMT members and Health Unit employees b) Partnership with Alert London c) Use MOH&LTC EMCT where appropriate d) Ensure amateur radio system equipment e) Coordinate external notification of health unit		130 (40%) staff in Alert London Ongoing For Opioid Response Monthly test by Vols 100% of partners fan outs	Complete 100% staff Ongoing During Responses Monthly test by Vols 100% of partners fan outs
COMPONENT OF TEAM #4 PUBLIC AWARENESS AND EDUCATION			
a) Attend community based events to provide education b) Support the City, County and Local Municipalities c) Prepare, maintain and distribute education materials		Attended 4 local events Ongoing and EP Week Reviewed 100% materials	Attend 5 events EP Week and Ongoing Update 50% materials
COMPONENT OF TEAM #5 COMMUNITY EMERGENCY RESPONSE VOLUNTEERS			
a) Recruit, train, educate and deploy volunteers		Reviewed CERV program	Update program and train 35 new Volunteers
COMPONENT OF TEAM #6 RESPIRATOR FIT TESTING			
a) Compliance with MLHU Policy # 8-051		Discontinue external program	Update internal program

SECTION F **STAFFING COSTS:**	**2017 TOTAL FTES**	**2018 ESTIMATED FTES**
TOTAL	**1.5**	**1.5**
Program Manager	1.0	1.0
Program Assistant	0.5	0.5

SECTION G
EXPENDITURES:

Object of Expenditure	2016 Budget	2016 Actual	2017 Budget	2018 Draft Budget	$ increase ($ decrease) over 2017	% increase (% decrease) over 2017
Salary & Wages	$ 124,726	$ 134,636	$ 126,044	$ 124,026	$ (2,018)	(1.6)%
Benefits	29,488	32,066	29,626	31,203	1,577	5.3%
Travel	3,000	873	3,000	3,000		
Program Supplies	13,648	22,015	13,648	9,648	(4,000)	(29.3)%
Staff Development	1,250	2,362	1,250	1,250		
Professional Services						
Furniture & Equipment						

2018 Planning & Budget Template

Program: Emergency Management

Other Program Costs	12,190	6,923	12,190	12,190		
Total Expenditures	**$ 184,302**	**$ 198,875**	**$ 185,758**	**$ 181,317**	**(4,441)**	**(2.4)%**

SECTION H

FUNDING SOURCES:

Object of Revenue	2016 Budget	2016 Actual	2017 Budget	2018 Draft Budget	$ increase ($ decrease) over 2017	% increase (% decrease) over 2017
Cost-Shared	$ 42,592	$ 68,148	$ 55,546	$ 61,140	$ 5,594	10.1%
MOHLTC – 100%	126,710	114,199	115,212	120,177	4,965	4.3%
MCYS – 100%						
User Fees						
Other Offset Revenue	15,000	16,528	15,000		(15,000)	(100.0)%
Total Revenues	**$ 184,302**	**$ 198,875**	**$ 185,758**	**$ 181,317**	**$ (4,441)**	**(2.4)%**

SECTION I

KEY HIGHLIGHTS/INITIATIVES PLANNED FOR 2018

- Complete new Business Continuity Plan, IMS Standard Operating Guidelines and rewrite Emergency Response Plans
- Standardized competency based IMS training (PHO Model) for all Incident Management Team and alternates (100%)
- Exercise program consisting of minimum of MLHU Annual Exercise and participate in 100% of City and County Exercises
- Update 50% of Emergency Preparedness materials and 100% website content
- Participate in more public education opportunities and community events (attend at least one more than 2017)
- Implement new CERV structure, operational guidelines and train 35 new volunteers
- Continue Fire Safety Plan training for all staff and drill all MLHU sites
- Participate in refinements to improved MLHU Life, Health, Safety and Security initiatives
- Participate in Joint Occupational Health and Safety meetings and investigations where required and appropriate

Program: Emergency Management

SECTION J

PRESSURES AND CHALLENGES

- Implementation of OSPHPS with Emergency Preparedness, Response and Recovery as Foundational Standard. Standard compliance is effective January 2018 but ministry policy and guidance documents are not in place / currently under development.

SECTION K

RECOMMENDED ENHANCEMENTS, REDUCTIONS AND EFFICIENCIES FOR 2018

- ($12,182) – PBMA #1-0034-Discontinuation of external mask fit testing program

ENVIRONMENTAL HEALTH AND INFECTIOUS DISEASE DIVISION

FOOD SAFETY & HEALTHY ENVIRONMENTS

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SECTION A				
DIVISION	EHID	**MANAGER NAME**	David Pavletic	**DATE**
PROGRAM TEAM	Food Safety & Healthy Environments	**DIRECTOR NAME**	Stephen Turner	January 2018

SECTION B

SUMMARY OF TEAM PROGRAM

- The Food Safety & Healthy Environments (FS&HE) team aims to prevent and reduce the burden of foodborne illness through education, monitoring and enforcement activities.
- The FS&HE team aims to reduce exposure to health hazards and promote the development of healthy built and natural environments that support health and mitigate existing and emerging risks, including the impacts of climate change.

SECTION C

ONTARIO PUBLIC HEALTH STANDARD(S), RELEVANT LEGISLATION OR REGULATION

- Environmental Health Program Standards - Food Safety, Health Hazard Prevention and Management (*Obsolete Jan. 1, 2018)*
- Food Safety Program Standard, 2018 *(Jan. 1, 2018)*
- Healthy Environments Program Standard, 2018 *(Jan. 1, 2018)*
- Food Safety Protocol, 2016 *(Obsolete Jan 1. 2018)*
- Food Safety Protocol, 2018 *(Currently in draft – Jan. 1, 2018)*
- Identification, Investigation and Management of Health Hazard Protocol, 2008 *(Obsolete Jan. 1, 2018)*
- Risk Assessment and Inspection of Facilities Protocol, 2016 *(Obsolete Jan. 1, 2018)*
- Health Hazard Response Protocol, 2018 *(Currently in draft – Jan. 1, 2018)*
- Healthy Environments and Climate Change Guideline, 2018 *(Currently in draft – Jan. 1, 2018)*
- Menu Labelling Compliance Protocol, 2017, Menu Labelling Compliance Protocol, 2018 *(Jan. 1, 2018)*
- Guidance Document for the Provincial Food Handler Training Plan, 2013
- Guidance Document for the Risk Categorization of Food Premises, 2015
- Guidance Document for the Environmental Investigation of Legionella in Health Care Institutional Settings, 2016
- Health Protection and Promotion Act, R.S.O. 1990, c. H.7
- Homes for Special Care Act, R.S.O. 1990, c. H.12

- Reg. 562 Food Premises, Modernized Regulation *(Expected 2018)*
- Reg. 568 Recreational Camps, Modernized Regulation *(Expected 2018)*
- Healthy Menu Choices *Act, 2015, S.O. 2015, c.7- January 2017*
- Food Premises Inspection and Mandatory Food Handler Training Bylaws (City of London and Middlesex County)
- Informal Residential Care Facility Licensing By-Law, CP-21

SECTION D

COMPONENT(S) OF TEAM PROGRAM #1 SURVEILLANCE AND INSPECTION

- Maintain inventory of all food premises.
- Conduct annual risk assessments of all food premises.
- Inspect all food premises including year-round, seasonal, temporary and pre-operational (City of London licensing) and conduct re-inspections, legal action(s) as required in accordance with the Food Safety Protocol, 2016 requirements and Environmental Health Program Standards or as current.
- Monitor all O. Reg. 562 exempted facilities (farmer's markets, residential homes, churches / service clubs / fraternal organizations for special events).
- Enforce Food Premises bylaws (City of London, Middlesex County) for the posting of inspection summaries and mandatory food handler training certification.
- Approve homes for habitation, which were previously used as Marijuana Grow Operations (MGO), based on air quality reports.
- Maintain inventory of Demolition Permits, Land Use Plans, MGOs and Cooling Towers within the city of London and Middlesex County.
- Review planning documents, provide comments and attend community meetings when necessary with regards to planning notices (zoning changes, environmental assessments, infrastructure work etc.). Collaborate with other MLHU team representatives for a comprehensive and coordinated approach when feedback is necessary.
- Collaborate with community partners on Climate Change Adaptation strategies.
- Inspect and help provide supports to Special Risk Residents (Squalor, Hoarding) and Vulnerable Occupancies.
- Maintain inventory and inspect facilities including Seasonal Farm Worker Homes, Recreational Camps and Group Homes / Lodging Homes and provide additional supports to individuals at higher risk of negative health outcomes in these environments.

COMPONENT(S) OF TEAM PROGRAM #2 MANAGEMENT AND RESPONSE

- Investigate, assess the risks and respond to all food safety CSRs (Complaints and Service Requests) including all suspected foodborne illness and lab confirmed foodborne illness related to a food premises in a timely manner (within 24 hours).
- Investigate, assess the risks and respond to all Health Hazard CSRs in a timely manner (within 24 hours).

- Respond to notifications through the Vulnerable Occupancy Protocol (VOP) related to unhealthy and unsafe living conditions in homes considered to be vulnerable occupancies.
- Participate in food recall verification checks when directed by MOHLTC or locally under MOH direction.
- Collaborate with the Infectious Disease Control (IDC) team, other Public Health Units and agencies (Canadian Food Inspection Agency; Ontario Ministry of Agriculture, Food and Rural Affairs, Health Canada) during Ontario Outbreak Investigation Coordination Committee (OOICC) meetings or national Outbreak Investigation Coordination Committee (OICC) meetings for managing outbreaks.
- Respond to emergencies and collaborate with Manager of Emergency Preparedness.

COMPONENT(S) OF TEAM PROGRAM #3 AWARENESS, EDUCATION AND TRAINING

- Educate / Train food handlers during inspections and consult with food premises operators and staff.
- Provide food handler training courses to specified community groups and administer exams to the general public in accordance with the Provincial Food Handler Training Plan (Food Safety Protocol, 2016).
- Collaborate with the London Training Centre (LTC), a partner agency to MLHU, through a Memorandum of Understanding (MOU). The MOU requires the LTC to provide food handler training to residents in Middlesex County and London, in accordance with the Guidance Document for the Provincial Food Handler Training Plan, 2013.
- Provide food safety and healthy environments seminars and community presentations. Attend health fairs to promote safe food handling practices and promote healthy environments (bed bugs, safe housing).
- Provide education and awareness to the general public regarding environmental exposures to ultraviolet radiation, radon and $PM^{2.5}$.
- Communicate risks to public with respect to environmental hazards through liaison with partner agencies (City of London, MOL and MOECC). Conduct research to provide position statements and comments on potential health hazards for municipal decision making (air quality, noise, odours etc.).
- Make available food safety and healthy environments information for the general public and facility operators on-line www.healthunit.com .
- Respond to all media inquiries related to inspection results or any topics related to Food Safety and Healthy Environments and deliver media releases when appropriate.
- Issue Heat Warnings under the Heat Warning Information System (HWIS), and Cold Weather Alerts.

COMPONENT(S) OF TEAM PROGRAM #4 REPORTING AND DISCLOSURE

- Provide reports to the MOHLTC pertaining to the types of food premises, routine inspections, re-inspections, complaints, closures, legal actions, food handler training sessions (by BOH or agent of BOH), food handlers trained and pass / fail rate and certified food handlers present during inspection.

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Program: Food Safety & Healthy Environments

- Provide public disclosure of inspection results through the DineSafe website, on-site posting or through a request for information.
- Monitor DineSafe website for public inquiries (CSRs), website glitches and data input errors resulting in potential inaccuracies.
- Maintain DineSafe website by including legal actions taken and updated materials.
- Ensure that all DineSafe facilities receive a DineSafe Middlesex-London Inspection Summary (sign) posted at entrance of facility.

SECTION E

PERFORMANCE/SERVICE LEVEL MEASURES

	2016	2017	2018 (estimate)
Component of Team #1 Surveillance and Inspection			
High risk food premises inspected once every 4 months ***(Accountability Agreement Indicator)***	99.1%	100.0%	100.0%
Moderate risk food premises inspected once every 6 months ***(Accountability Agreement Indicator)***	99.3%	100.0%	100.0%
Compliance with Food Premises Inspection and Mandatory Food Handler Certification Bylaws (FHT Certification Requirement)	90.6%	89.2%	100.0%
Compliance with Food Premises Inspection and Mandatory Food Handler Certification Bylaws (Posting Requirement)	99.6%	99.8%	100.0%
Food Premises Legal Actions (Part 1 Tickets / Part 3 Summons / Closure Orders)	43 / 1 / 7	15 / 7 / 6	30 / 1/ 6
Notices Reviewed (Marijuana Grow Operations, Demolition Permits, Cooling Tower Registrations, Land Use Plans)	181	126	10 / 126
COMPONENT OF TEAM #2 MANAGEMENT AND RESPONSE			
Responses to Suspect foodborne illnesses / Lab Confirmed foodborne illnesses	113 / 3	137 / 2	137 / 3
Responses to Health Hazard CSRs	1130	1213	1213
COMPONENT OF TEAM #3 AWARENESS, EDUCATION AND TRAINING			
Number of Heat Warnings / Number of Cold Weather Alerts	7 / 3	1 / 1	Increase
RRFSS			

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2018 Planning & Budget Template

Program: Food Safety & Healthy Environments

SECTION F **STAFFING COSTS:**	**2017 Total FTEs**	**2018 Estimated FTEs**
	18.4	**18.0**
Program Manager	1.0	1.0
Public Health Inspectors	16.4	16.0
Program Assistant	1.0	1.0

SECTION G

EXPENDITURES:

Object of Expenditure	2016 Budget	2016 Actual	2017 Budget	2018 Draft Budget	$ increase ($ decrease) over 2017	% increase (% decrease) over 2017
Salary & Wages	$ 1,398,670	$ 1,394,848	$ 1,411,581	$ 1,410,892	$ (689)	0.0%
Benefits	344,748	343,157	346,396	341,026	(5,370)	(1.6)%
Travel	33,774	32,759	33,774	32,574	(1,200)	(3.6)%
Program Supplies	10,912	10,320	14,162	14,162		
Staff Development	7,845	8,014	7,845	7,845		
Professional Services						
Furniture & Equipment						
Other Program Costs	8,278	5,376	8,278	8,278		
Total Expenditures	**$ 1,804,227**	**$ 1,794,474**	**$ 1,822,036**	**$ 1,814,777**	**$ (7,259)**	**(0.4)%**

2018 Planning & Budget Template

Program: Food Safety & Healthy Environments

SECTION H

FUNDING SOURCES:

Object of Expenditure	2016 Budget	2016 Actual	2017 Budget	2018 Draft Budget	$ increase ($ decrease) over 2017	% increase (% decrease) over 2017
Cost-Shared	$ 1,711,477	$ 1,687,131	$ 1,722,036	$ 1,714,777	$ (7,259)	(0.4)%
MOHLTC – 100%	80,000	80,000	80,000	80,000		
MCYS – 100%						
User Fees	12,750	27,343	20,000	20,000		
Other Offset Revenue						
Total Revenues	**$ 1,804,227**	**$ 1,794,474**	**$ 1,822,036**	**$ 1,814,777**	**$ (7,259)**	**(0.4)%**

SECTION I

KEY HIGHLIGHTS/INITIATIVES PLANNED FOR 2018

- Collaborate with the Sexual Health Team to address unhealthy living conditions in vulnerable occupancies. Addressing health hazards related to IV drug use in these settings will help control the spread of blood borne infections. Additional, more proactive work, in vulnerable occupancies, including homes under the Informal Care Residential Licensing Bylaw CP-21 will be an area of focus.
- Collaborate with the Healthy Communities team and CDPTC team to provide for a more comprehensive and consistent feedback process in commenting on land use plans, environmental assessments, zoning changes etc.
- Collaborate with Emergency Management work will also be a focus, including having more staff trained in IMS 100 and Basic Emergency Management.
- MOHLTC enforcement of menu labelling inspections to complete added inspection work under the Health Menu Choices Act, 2015.
- Focus more attention on creating public awareness to the hazards associated with UV radiation, Radon and $PM^{2.5}$ which are the top 3 environmental carcinogens and a key focus area under the new Healthy Environments and Climate Change Guideline (draft).
- Complete all compliance inspections under the Healthy Menu Choices Act, 2015 and then maintain with ongoing inspections for new premises and on-complaint basis.
- Upgrade Hedgehog Classic version to allow for enhanced user functionality and reporting writing which will improve effectiveness and efficiencies for PHI work and monitoring of key indicators.

Program: Food Safety & Healthy Environments

- Complete the MLHU Policy & Procedure Review pilot lead by the EH team, by identifying areas for policy development and areas of redundancy. Begin creating policy reflecting new program direction through the modernized standards, protocols, guidelines and EH Regulations.
- Continue work with the ABW pilot in EH, and identify areas for improvement / lessons learned to inform future MLHU planning.
- Implement evidence-informed strategies originally identified through the 'Enhanced Compliance Initiative' project work (2016) and through project work focusing on cultural food preparation (chicken shawarma) anticipated to be completed in 2018. Explore an opportunity to have an MPH student work alongside a PHI lead for this work – utilizing the MLHU PEF.
- Develop and report on new performance indicators with a focus on quality and client service, and to incorporate into the PBT.
- Strengthen the MLHU Heat Alert Response System (HARS) with greater community coordination.

SECTION J

PRESSURES AND CHALLENGES

- In January 2017, PHIs began enforcement of the Healthy Menu Choices *Act, 2015, S.O. 2015, c.7*. This work added to the inspection duties, and Ministry funding was not announced until November 2017, thereby creating challenges for completing inspections for the Dec. 31, 2018 deadline. In 2018, the one-time MOHLTC funding through the PBG process will be utilized to compete the remainder of menu labelling inspections until March 31, 2018. Additional inspections and operator consultations will be required on a complaint driven basis moving forward to bring operators into compliance. Initial compliance inspections for all new premises is an ongoing requirement and added responsibility for the FS&HE team. The Healthy Environments & Climate Change Guideline, 2018 (draft), will bring forward new program requirements for the FS&HE team, including increased focus on Built Environment, Climate Change Adaptation and Exposures to Environmental Hazards. Some of this program work is currently being delivered however additional work will be required to meet the requirements under this guideline which will require additional staff training and time for program planning initiatives.
- The MOHLTC modernizing of the Food Premises Regulation, and other Environmental Health regulations, are anticipated to be completed in 2018. The new regulations will require changes to our inspection database, DineSafe website, MLHU website content, as well as program materials and could require additional resources in time.
- An upgrade to the existing database is anticipated for 2018, which will require training under the new platform and work to complete data conversion and data validation. It is expected that some time will be required in order to achieve competencies with the new program. The Hedgehog Classic version, currently used in EH, is 10 years old and many health units have recently moved to an upgraded system. With the new requirement to enhance the inspection disclosure program, to include additional inspection types, a new database solution should also be considered.

Program: Food Safety & Healthy Environments

SECTION K

RECOMMENDED ENHANCEMENTS, REDUCTIONS AND EFFICIENCIES FOR 2018

- (39,239) - PBMA #1-0017 - reduce public health inspector time by delivering a more risk-based approach to Complaints and Service Requests.

ENVIRONMENTAL HEALTH & INFECTIOUS DISEASE DIVISION

INFECTIOUS DISEASE CONTROL TEAM

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SECTION A				
DIVISION	EHID	**MANAGER NAME**	Mary Lou Albanese	**DATE:**
PROGRAM TEAM	Infectious Disease Control Team	**DIRECTOR NAME**	Stephen Turner	January 2018

SECTION B

SUMMARY OF TEAM PROGRAM

The goal of the Infectious Disease Control (IDC) Team is to prevent, reduce and control infectious diseases of public health importance in the community. The IDC Team provides the following programs and services: reportable disease follow-up and case management; outbreak investigation and management; inspections of institutional settings for food handling and/or infection control practices; and education and consultative support to institutions and the general public. As well, the IDC Team assists in influenza (and community outbreak) immunization clinics and verifies that vaccines are handled properly through cold chain inspections at institutional settings.

SECTION C

ONTARIO PUBLIC HEALTH STANDARD(S), RELEVANT LEGISLATION OR REGULATION

Ontario Public Health Standards (OPHS): Infectious Diseases Prevention and Control

- Food Safety Protocol (2013)
- Infection Prevention and Control in Personal Services Settings Protocol (2016)
- Infection Prevention and Control in Licenced Day Nurseries Protocol (2008; or, as current)
- Infection Prevention and Control Practices Complaint Protocol (2015)
- Exposure of Emergency Service Workers to Infectious Diseases Protocol (2008; or, as current)
- Infectious Diseases Protocol (2016)
- Institutional/Facility Outbreak Prevention and Control Protocol (2016)
- Risk Assessment and Inspection of Facilities Protocol (2008)
- Tuberculosis Prevention and Control Protocol (2008; or, as current)
- Public Health Emergency Preparedness Protocol (2015)

2018 Planning & Budget Template

Program: Infectious Disease Control Team

SECTION D

COMPONENT(S) OF TEAM PROGRAM #1: Reportable Disease Follow-up and Case Management

Required to investigate and follow up 150 reportable diseases to prevent or reduce spread to others. To prevent and determine outbreaks in community. Responses include multiple follow up with individual, family, and HCP regarding the infection; specific medical interventions for themselves and their contacts, and coordination of specimen collection.

COMPONENT(S) OF TEAM PROGRAM #2 : Outbreak Management

Responsible for responding to institutional (i.e. hospital, long-term care facility, retirement homes), child care and community outbreaks. Responses includes coordinating with the institution to ensure best-practices are followed to prevent infections, implement control measures, appropriate and timely specimen collection and ongoing communications during outbreak declared over. Specific preventive medications and/or vaccines recommended and/or provided.

COMPONENT(S) OF TEAM PROGRAM #3: Inspections

Inspection of institutional facilities (i.e. hospitals, long term care facilities, retirement homes) and child care centres to ensure safe food handling practices. Inspection of funeral homes and personal services settings (e.g. spas, nail salons, barber shops and tattoo/piercing premises) to ensure appropriate infection control practices are being implemented, and provides consultative support regarding infection control practices as needed. Inspections of vaccine handling practices (cold chain inspections) in hospitals, long-term care facilities and retirement home settings where publicly-funded vaccines are stored including cold chain lapses requiring notification of lost publically funded vaccine.

COMPONENT(S) OF TEAM PROGRAM #4 INFECTION PREVENTION AND CONTROL (IPAC) INVESTIGATIONS

Current and modernized Ontario Public Health Standards require public health to investigate infection prevention and control lapses also known as IPAC lapses. When a compliant regarding infection prevention and control practices are made to IDC Team, staff respond to and /or refer to appropriate regulatory bodies, including the regulatory college in accordance with applicable provincial legislation and in accordance with the Infection Prevention and Control Practices Complaint Protocol. With increasing education and awareness of the importance of infection control practices, there have been increased provincial complaints which may translate into MLHU receiving increased complaints requiring extensive investigation.

COMPONENT(S) OF TEAM PROGRAM #5: HEALTH PROMOTION / EDUCATION

Provides educational and consultative services to institutions, health care providers and the public. Staff operate a telephone information line which operates from 830 am to 430pm to address community and stakeholder questions/issues. On-call services are provided on weekends and holidays. Educational workshops provided to hospital and long term care/retirement home and child care settings to maintain their infection prevention and control knowledge. Extensive resources provided on Health Unit website with quarterly communication to HCP in the e-newsletter. TB education provided through physician office presentation and workshop being planned for spring 2018.

2018 Planning & Budget Template

Program: Infectious Disease Control Team

SECTION E **PERFORMANCE/SERVICE LEVEL MEASURES**			
	2016	**2017 (anticipated)**	**2018 (estimate)**
IDC Team Component #1: Reportable Disease Management/Case & Contact follow-up			
# of cases of reportable diseases followed-up *# of phone calls resolved through the phone duty intake line (New Indicator)* *# Active TB Suspect/Confirmed (New Indicator)* *# GARS Screened (New Indicator)* *# VPD Reported/Confirmed (New Indicator)*	969 - 35/9 160(160 TST)	970 1695 34/7 193(23 TST) 129/52 (since June 1st)	Same Same Same Same Double
IDC Team Component #2: Outbreak Management			
# of confirmed / potential outbreaks (OBs) managed (enteric and respiratory including iGAS) *In hospitals, long term care facilities, retirement homes, child care centers and other community settings.*	180	175	Same
IDC Team Component #3: Inspections			
# of personal services settings inspected / % inspection completion rate	620 (100%)	502/624 (80%) (122 hair only)	Same
Total # of food premise inspections (low, medium, high) % completed	10/20/399 100%	10/20/399 100%	Same
# of cold chain inspections/re-inspections/incidents (New indicator)		67/4/8	Same
Component of Team #4: IPAC Investigations (New Indicator)			
# IPAC Complaints # IPAC Lapses investigated by sector (Health care/alternative health/dental)	- -	8 3	Increase
Component of Team #5: Health Promotion & Education			
# Community Health Promotion and Educational (HCP newsletter, presentations, workshops, posters, fact sheets etc.).	34	45	Increase

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2018 Planning & Budget Template

Program: Infectious Disease Control Team

SECTION F **STAFFING COSTS:**	**2017 TOTAL FTEs**	**2018 ESTIMATED FTEs**
	16.0	**16.0**
Program Manager	1.0	1.0
Program Assistant	1.0	1.0
Health Promoter	0.5	0.5
Public Health Nurses	7.0	7.0
Public Health Inspectors	6.5	6.5

SECTION G

EXPENDITURES:

Object of Expenditure	2016 Budget	2016 Actual	2017 Budget	2018 Draft Budget	$ increase ($ decrease) over 2017	% increase (% decrease) over 2017
Salary & Wages	$ 1,312,721	$ 1,313,962	$ 1,302,510	$ 1,316,446	$ 13,936	1.1%
Benefits	309,336	308,623	307,451	311,225	3,774	1.2%
Travel	20,753	22,301	20,753	18,500	(2,253)	(10.9)%
Program Supplies	17,105	20,158	17,105	16,750	(355)	(2.1)%
Staff Development	3,600	5,236	3,600	7,500	3,900	108.3%
Professional Services	12,500	20,891	12,500	11,500	(1,000)	(8.0)%
Furniture & Equipment		828				
Other Program Costs	90,660	93,520	90,660	90,368	(292)	(0.3)%
Total Expenditures	**$ 1,766,675**	**$ 1,785,519**	**$ 1,754,579**	**$ 1,772,289**	**$ 17,710**	**1.1%**

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Program: Infectious Disease Control Team

SECTION H

FUNDING SOURCES:

Object of Revenue	2016 Budget	2016 Actual	2017 Budget	2018 Draft Budget	$ increase ($ decrease) over 2017	% increase (% decrease) over 2017
Cost-Shared	$ 763,925	$ 782,769	$ 751,829	$ 804,333	$ 52,504	7.0%
PHAC – 100%	160,430	160,430	160,430	160,430		
MOHLTC – 100%	842,320	842,320	842,320	807,526	(34,794)	(4.1)%
MCYS – 100%						
User Fees						
Other Offset Revenue						
Total Revenues	**$ 1,766,675**	**$ 1,785,519**	**$ 1,754,579**	**$ 1,772,289**	**$ 17,710**	**1.0%**

SECTION I

KEY HIGHLIGHTS/INITIATIVES PLANNED FOR 2018

- Health promotion specific to TB to local physicians (looking to host a TB workshop that will provide credits for attendance) and iGAS
- Improving and securing IDC Database to eliminate duplication in documentation and improved accountability
- Improving IPAC response system as per MOHLTC Protocol
- Continue Policy review and update including new medical directives.
- Coordination with Vaccine Preventable Disease Team re documentation and policies

SECTION J

PRESSURES AND CHALLENGES

- iGAS Outbreak Management
- Increase IPAC complaints from public requiring investigation.
- Increasing number of suspect TB active cases requiring staff to rule out active disease
- Increasing number of VPD case and contact follow up
- Increasing number of PSS inspections and community complaints due to home based businesses

2018 Planning & Budget Template

Program: Infectious Disease Control Team

SECTION K

RECOMMENDED ENHANCEMENTS, REDUCTIONS AND EFFICIENCIES FOR 2018

- None

ENVIRONMENTAL HEALTH AND INFECTIOUS DISEASE DIVISION

SAFE WATER, RABIES & VECTOR BORNE DISEASE TEAM

2018 Planning & Budget Template

SECTION A				
DIVISION	EHID	**MANAGER NAME**	Fatih Sekercioglu	**DATE**
PROGRAM TEAM	Safe Water, Rabies & VBD Team	**DIRECTOR NAME**	Stephen Turner	January 2018

SECTION B

SUMMARY OF TEAM PROGRAM

The Safe Water and Rabies Team focuses on

- Preventing/reducing the burden of water-borne illness related to drinking water and preventing/reducing the burden of water-borne illness and injury related to recreational water use;
- Preventing the occurrence of rabies in humans;
- Monitoring and controlling West Nile Virus (WNV) and Eastern Equine Encephalitis (EEE), and Lyme disease (LD)

SECTION C

ONTARIO PUBLIC HEALTH STANDARD(S), RELEVANT LEGISLATION OR REGULATION

- **Ontario Public Health Standards: Requirements for Programs, Services, and Accountability:** Foundational and Program Standards, Safe Water, Infectious and Communicable Diseases Prevention and Control
- **Protocols under the OPHS**: Safe Drinking Water and Fluoride Monitoring Protocol, Recreational Water Protocol, Beach Management Protocol, Rabies Prevention and Control Protocol; Infectious Diseases Protocol - West Nile Virus and Lyme Disease sections
- **Relevant Acts**: Health Protection and Promotion Act, Safe Drinking Water Act
- **Relevant regulations:** O. Reg. 319 (Small Drinking Water Systems); O. Reg. 170 (Drinking Water Systems); O. Reg. 169 (Ontario Drinking Water Quality Standards); O. Reg. 243 (Schools, Private Schools and Day Nurseries); O. Reg. 565 (Public Pools and spas); O. Reg. 557/90 (Communicable Diseases); O. Reg. 567 (Rabies Immunization); O. Reg 199 (Control of West Nile Virus)
- **Other:** West Nile Virus: Preparedness and Prevention Plan for Ontario

Program: Safe Water, Rabies & Vector Borne Disease

SECTION D

COMPONENT(S) OF TEAM PROGRAM #1 DRINKING WATER PROGRAM

- Responding to Adverse Water Quality Incidents in municipal systems
- Issuing Drinking/Boil Water Advisories as needed
- Conducting water haulage vehicle inspections
- Providing resources (test kits and information) and guidance to private well owners

COMPONENT(S) OF TEAM PROGRAM #2 RECREATIONAL WATER PROGRAM

- Inspection of public pools (Class A and Class B)
- Inspection of public spas
- Inspection of non-regulated recreational water facilities (wading pools and splash pads)
- Offering education sessions for public pool and spa operators
- Investigating complaints related to recreational water facilities

COMPONENT(S) OF TEAM PROGRAM #3 BEACH MANAGEMENT PROGRAM

- Testing beaches in recreational camps in Middlesex-London
- Conducting annual environmental assessment of all public beaches in Middlesex –London
- Posting signage at the beaches if the test results exceed acceptable parameters of water quality standards

COMPONENT(S) OF TEAM PROGRAM #4 SMALL DRINKING WATER SYSTEMS PROGRAM

- Risk assessment of Small Drinking Water Systems (SDWS)
- Monitoring the test results of SDWS regularly
- Responding to Adverse Water Quality Incidents in SDWS

COMPONENT(S) OF TEAM PROGRAM #5 RABIES PREVENTION AND CONTROL

- Investigating human exposures to animals suspected of having rabies
- Confirming the rabies vaccination status of the animals (suspected of having rabies)
- Ensuring individuals requiring treatment have access to rabies post exposure prophylaxis
- Liaising with Canada Food Inspection Agency for the testing of animals for rabies
- Rabies prevention awareness programs

COMPONENT(S) OF TEAM PROGRAM #6 VECTOR BORNE DISEASE SURVEILLANCE, CONTROL AND PUBLIC AWARENESS

- Assess standing water sites in Middlesex-London on public property and develop local vector-borne disease control strategies based on this data.
- Detailed surveillance of Environmentally Sensitive Areas (ESAs), as per Ministry of Natural Resources and Forestry, and Ministry of the Environment and Climate Change permit requirements.

2018 Planning & Budget Template

Program: Safe Water, Rabies & Vector Borne Disease

- Surveillance of ticks, mosquitos, dead corvids
- Respond to complaints and inquiries from residents regarding WNV, EEE and LD
- Assess private properties when standing water concerns are reported and oversee remedial actions
- Educate and engage residents in practices and activities at local community events in order to reduce exposure to WNV, LD and EEE
- Distribute educational /promotional materials

SECTION E

PERFORMANCE/SERVICE LEVEL MEASURES

	2016	2017 As of November	2018 (estimate)
COMPONENT OF TEAM #1 DRINKING WATER PROGRAM			
Respond to reports of Adverse Water Quality Incidents (Reg. 170 and Reg. 243)	59	120	50
Complete annual water haulage vehicle inspections	2	3	3
Private well water consultations	284	333	<300
COMPONENT OF TEAM #2 RECREATIONAL WATER PROGRAM			
% of Class A pools inspected while in operation **(Accountability Agreement Indicator)**	100% (102)	100% (97)	100%
% of spas inspected while in operation (**Accountability Agreement Indicator)**	100% (185)	100% (149)	100%
Class B public pool/wading pool/splash pad/receiving basin inspections	480	508	500
The number of participants to education session for pool and spa operators	127	80	<100
COMPONENT OF TEAM #3 BEACH MANAGEMENT PROGRAM			
The number of beaches monitored and sampled between May and September (sampling reductions to occur in 2014)	1	1	1
COMPONENT OF TEAM #4 SMALL DRINKING WATER SYSTEMS PROGRAM			
Respond to reports of Adverse Water Quality Incidents in SDWS	18	17	17

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Program: Safe Water, Rabies & Vector Borne Disease

The number of low and medium SDWS assessed/re-assessed	97	31	35
% of high-risk Small Drinking Water Systems (SDWS) assessments completed for those that are due for re-assessment **(Accountability Agreement Indicator)**	None were due	No high risk SDWS in Middlesex-London	No high risk SDWS in Middlesex-London
COMPONENT OF TEAM #5 RABIES PREVENTION AND CONTROL			
% of suspected rabies exposures reported with investigation initiated within one day of public health unit notification **(New Accountability Agreement Indicator)**	98.6% (953/967)	99.9% (1060/1059)	100% (1,000-1,100)
Provision of rabies post exposure prophylaxis treatment to those individuals where the need is indicated	138	105	>100
COMPONENT OF TEAM #6 VECTOR BORNE DISEASE SURVEILLANCE			
Identify and monitor significant standing water sites on public property / Mosquito larvae identified in MLHU laboratory	243 sites / 26,454 larvae	243 sites / 12,635 larvae	250 sites / 13,000 larvae
Larvicide treatment in standing water locations where required based on larval identification / 3 larvicide treatments of all catch basins on public property	11.8 ha / 105,134	7.48 ha / 111,460	10 ha / 114,000
Adult Mosquitoes collected / Viral tests completed	23,317 (906)	17,738 (781)	60,000 (1000)
Respond to all dead birds reports received for surveillance	95	102	100
Receive and identify all tick submissions	142	431	450
Conduct active tick surveillance	45 occasions at 28 different sites	49 occasions at 30 different sites	60 occasions at 32 different sites
COMPONENT OF TEAM #7 COMPLAINTS, COMMENTS, CONCERNS & INQUIRIES & PUBLIC EDUCATION			
Respond to all concerns/ inquires (VBD)	327	573	>500
Presentation to community events, partners and clients (VBD)	22	23	>20

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2018 Planning & Budget Template

Program: Safe Water, Rabies & Vector Borne Disease

SECTION F **STAFFING COSTS:**	**2017 TOTAL FTEs**	**2018 ESTIMATED FTEs**
	14.0	**14.0**
Program Manager	1.0	1.0
Field Technician (VBD)	1.0	1.0
Program Assistant	1.0	1.0
Program Coordinator (VBD)	1.0	1.0
Public Health Inspectors	6.0	6.0
VBD Seasonal Staff	4.0	4.0
Note: 2.0 Student Public Health Inspectors (Seasonal – May to August)		

SECTION G

EXPENDITURES:

Object of Expenditure	2016 Budget	2016 Actual	2017 Budget	2018 Draft Budget	$ increase ($ decrease) over 2017	% increase (% decrease) over 2017
Salary & Wages	$ 920,948	$ 881,114	$ 860,757	$ 874,267	$ 13,510	1.6%
Benefits	212,824	207,761	195,549	198,001	2,452	1.3%
Travel	46,531	36,860	54,931	54,931		
Program Supplies	27,830	28,092	39,657	39,038	(619)	(1.6)%
Staff Development	6,415	7,282	10,150	10,150		
Professional Services	199,283	151,326	165,955	165,955		
Equipment & Furniture	785	1,152	785	785		
Other Program Costs	36,819	40,076	36,819	36,819		
Total Expenditures	**$ 1,451,435**	**$ 1,353,663**	**$ 1,364,603**	**$ 1,379,946**	**$ 15,343**	**1.1%**

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Program: Safe Water, Rabies & Vector Borne Disease

SECTION H

FUNDING SOURCES:

Object of Expenditure	2016 Budget	2016 Actual	2017 Budget	2018 Draft Budget	$ increase ($ decrease) over 2017	% increase (% decrease) over 2017
Cost-Shared	$ 1,405,735	$ 1,317,065	$ 1,318,903	$ 1,334,246	15,343	1.2%
MOHLTC – 100%	45,700	35,700	45,700	45,700		
MCYS – 100%						
User Fees						
Other Offset Revenue		898				
Total Revenues	**$ 1,451,435**	**$ 1,353,663**	**$ 1,364,603**	**$ 1,379,946**	**$ 15,343**	**1.1%**

SECTION I

KEY HIGHLIGHTS/INITIATIVES PLANNED FOR 2018

- Partnership with the FoodNet program for enhanced surveillance on private wells in Middlesex-London
- Development of disclosure program for SDWS assessments/monitoring
- Dissemination of the new educational materials for private well owners developed by the MLHU
- Training sessions for SDWS owners/operators developed by the MLHU and three other Southwest Region health units.
- Utilization of the evidence-informed standing water sites surveillance and treatment program to monitor and control WNV activity
- Surveillance of VBD activity in Middlesex-London, including Zika Virus vectors
- Increased active tick surveillance
- Promotion low cost rabies vaccination clinics for pets by partnering with local veterinarians

2018 Planning & Budget Template

Program: Safe Water, Rabies & Vector Borne Disease

SECTION J

PRESSURES AND CHALLENGES

- Amendments in OPHS, protocols and regulations will require a comprehensive review of the current delivery model. Some of the new mandates such as establishing a disclosure of all inspection related activities may result in unanticipated increase of program expenses.
- Presence of Zika virus vector species in the region (Windsor area) prompted the VBD team to increase surveillance efforts to monitor the vector mosquitos in 2017. The surveillance activities will continue in 2018.

SECTION K

RECOMMENDED ENHANCEMENTS, REDUCTIONS AND EFFICIENCIES FOR 2018

None

ENVIRONMENTAL HEALTH AND INFECTIOUS DISEASE DIVISION

SEXUAL HEALTH

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2018 Planning & Budget Template

SECTION A				
DIVISION	EHID	**MANAGER NAME**	Shaya Dhinsa	**DATE**
PROGRAM TEAM	The Clinic & Sexual Health Promotion	**DIRECTOR NAME**	Stephen Turner	January 2018

SECTION B

SUMMARY OF TEAM PROGRAM

The goals of the Sexual Health Team are to reduce the burden of communicable diseases and other infectious diseases of public health importance. The team provides clinical sexual health services and harm reduction services. Services are confidential, non-judgmental, client-focused, and easily accessible in both London and Strathroy. The team conducts follow-up on reportable sexually transmitted infections. They raise awareness, provide education, and/or engage in advocacy on topics such as contraception, pregnancy testing and options, healthy sexuality, sexual orientation, sexually transmitted infections (STIs), and harm reduction strategies.

The Outreach Community Program Lead participates in the strategic planning and coordination of care for individuals with HIV and will contribute to the development of program guidelines, standards and procedures. The Outreach Lead will continue to assist with the development of, and provide leadership to, an interdisciplinary and multi-agency care team.

SECTION C

ONTARIO PUBLIC HEALTH STANDARD(S), RELEVANT LEGISLATION OR REGULATION

Ontario Public Health Standards: Requirements for Programs, Services, and Accountability: Infectious and Communicable Diseases Prevention and Control

- Sexually Transmitted/ Blood-Borne Infections Prevention and Control Protocol (2018)

Program: The Clinic & Sexual Health Promotion

SECTION D

COMPONENT(S) OF TEAM PROGRAM #1 Clinic Services

The Clinic offers both Family Planning and Sexually Transmitted Infections (STI) Clinics for clients who need low cost birth control, morning after pill, cervical cancer screening, pregnancy testing, STI testing and treatment, and sexual health education. The Clinic sells low cost birth control and provides free treatment for sexually transmitted infections. IUD/IUS insertions are also available.

COMPONENT(S) OF TEAM PROGRAM #2 Harm Reduction

The Needle Exchange Program provides clean needles/syringes and other injection equipment such as safer inhalation and naloxone kits, and accepts used needles/syringes and other equipment. This program maintains anonymity of those accessing service. The needle exchange site at the Health Unit is a satellite site of the Counterpoint Needle Exchange program which is co-sponsored by the Regional HIV / AIDS Connection (RHAC), who administers the program, and the Health Unit, who provides the funds.
Point of Care Testing for HIV is provided to clients in shelters, Elgin-Middlesex Detention Centre and through the Outreach Team to increase awareness of HIV status and to help link clients to care.
Naloxone training for shelters, outreach teams, withdrawal management programs, and community access centres to provide naloxone kits to people at risk for overdose. Middlesex-London Health Unit the Lead in Naloxone distribution for the community (excluding pharmacies).

COMPONENT(S) OF TEAM PROGRAM #3 Sexually Transmitted Infection Follow-up

To prevent the spread of sexually transmitted infections, people with laboratory-confirmed sexually transmitted infections (chlamydia, gonorrhea, syphilis, HIV/AIDS, and Hepatitis B & C) are reported to the Health Unit. A Public Health Nurse begins the follow-up process by contacting the client (if they were diagnosed at an MLHU Clinic), or by contacting the ordering health care provider (if the client was tested elsewhere). The nurse will ensure the client has been counselled and treated, and ask for contact information for the clients' sexual contacts and/or encourage the client to notify their own contacts. Case contacts are encouraged to be tested and treated either at an MLHU STI clinic or at another health care provider. Information on the client and their contacts are entered into the MOHLTC's electronic Integrated Public Health Information System (iPHIS) database.

COMPONENT(S) OF TEAM PROGRAM #4 Awareness and Education

The team develops presentations, communication campaigns, resources and health fairs on various sexual health topics, as well as one-on-one telephone consultation to clients. Other sexual activities include:

- Providing presentations, health fairs, clinic tours and answering sexual health questions from the community;
- Building successful sexual health and harm reduction campaigns using social media

2018 Planning & Budget Template

Program: The Clinic & Sexual Health Promotion

COMPONENT(S) OF TEAM PROGRAM #5 HIV Leadership Strategy
A comprehensive HIV strategy with a focus on People who inject drugs (PWID) developed. The priority of the Leadership team is to stop or decrease the transmission of HIV among PWID. The model aims to increase the quality of life of people living with HIV and reduce HIV rates by preventing secondary transmission of HIV infections. It uses a proactive public health approach to finding people living with HIV, promoting Treatment as Prevention (TasP), linking people to HIV care and treatment programs, and supporting them to adhere to treatment. The team is made up of interdisciplinary "pods" consisting of a nurse and an outreach worker, who together will connect people into care.

SECTION E

PERFORMANCE/SERVICE LEVEL MEASURES

	2016	**2017**	**2018**
Component of Team #1 Clinic Services			
% of Gonorrhea case follow-up initiated in 0-2 business days to ensure timely case management. (Accountability indicators)	100%	100%	100%
# of birth control pills dispensed (including emergency contraception)	29,340	24,241	Decrease
Total visits to the Sexually Transmitted Infection (STI) Clinic	8,363	10,051	Increase
Total visits to the Family Planning Clinic	London: 6,474 Strathroy: 225	London: 4,239 Strathroy: 219	Dec In London/ Same in Strathroy
Component of Team #2 Harm Reduction			
Total visits to the Needle Exchange Program at Health Unit	2,245	2,305	Increase
Approximate # of needles and syringes distributed / returned to the Needle Exchange program at the Health Unit	267,427 / 116,045	256,271/117,151	Increase
Number of naloxone kits provided/successful resuscitations	80/6	128/23	Increase
Component of Team #3 Sexually Transmitted Infection Follow-up			
# of chlamydia / gonorrhea / syphilis / HIV/AIDS/Hepatitis B, Hepatitis C reported and followed-up *Added Hepatitis B and C as now followed as of Jan 2017	1,403/101/ 18/34	2.068/171/48/38/3/198	Increase

2018 Planning & Budget Template

Program: The Clinic & Sexual Health Promotion

Component of Team #4 Awareness and Education			
# of presentations, health fairs and clinic tours	59 (short-staffed)	74	Same
# of phone calls to Public Health Nurse for sexual health info	4525	21,176	Increase
Component of Team #5 HIV Leadership Strategy			
# of PWID caseload (including HIV, iGAS, Hep C) # connections made # of times harm reduction education was provided to PWID # of HIV POC Tests completed by MLHU/# positive # of clients who are retained in care # of clients who are adherent to treatment	N/A	103 1,106 964 32/ no positives 63 (13 on caseload who are supported end of life or not consistent with medication) 52	Same/Increase

SECTION F **STAFFING COSTS:**	**2017 TOTAL FTEs**	**2018 ESTIMATED FTEs**
	20.0	**21.0**
Program Manager	1.0	1.0
Public Health Nurses	11.1	11.1
Health Promoter	1.0	1.0
Clinical Team Assistants	3.9	3.9
Program Assistant	1.0	1.0
Outreach Worker	1.0	2.0
HIV Community Program Lead	1.0	1.0

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2018 Planning & Budget Template

Program: The Clinic & Sexual Health Promotion

SECTION G

EXPENDITURES:

Object of Expenditure	2016 Budget	2016 Actual	2017 Budget	2018 Draft Budget	$ increase ($ decrease) over 2017	% increase (% decrease) over 2017
Salary & Wages	$1,286,114	$ 1,247,590	$ 1,466,292	$ 1,592,292	$ 126,000	8.6%
Benefits	319,727	310,156	367,688	393,785	26,097	7.1%
Travel	9,850	6,348	12,730	15,321	2,591	20.4%
Program Supplies	345,552	325,521	343,752	394,752	51,000	14.8%
Staff Development	4,500	2,195	7,500	7,500		
Professional Services	588,034	726,701	783,784	783,784		
Furniture & Equipment	2,504	1,274	7,049	7,049		
Other Program Costs	25,016	25,527	29,396	37,132	7,736	26.3%
Total Expenditure	**$ 2,581,297**	**$ 2,645,312**	**$ 3,018,191**	**$ 3,231,615**	**$ 213,424**	**7.1%**

SECTION H

FUNDING SOURCES:

Object of Revenue	2016 Budget	2016 Actual	2017 Budget	2018 Draft Budget	$ increase ($ decrease) over 2017	% increase (% decrease) over 2017
Cost-Shared	$ 1,802,060	$ 1,720,934	$ 2,034,954	$ 1,867,125	$ (167,829)	(8.2)%
MOHLTC – 100%	454,237	454,237	454,237	720,089	265,852	58.5%
MCYS – 100%						
PHAC – 100%				115,401	115,401	
User Fees	325,000	459,270	529,000	529,000		
Other Revenue		10,871				
Total Revenues	**$ 2,581,297**	**$ 2,645,312**	**$ 3,018,191**	**$ 3,231,615**	**$ 213,424**	**7.1%**

2018 Planning & Budget Template

Program: The Clinic & Sexual Health Promotion

SECTION I

KEY HIGHLIGHTS/INITIATIVES PLANNED FOR 2018

- Process Mapping of the Family Planning Clinic flow.
- Campaign focus on Harm Reduction related to sharing of injection equipment to decrease infectious diseases such as HIV, Hep C, iGas, and Infective Endocarditis
- Continue to work with multi-agencies in a coordinated response to HIV crisis while leveraging existing resources.
- Increase Testing in Acute Care Setting working with local hospitals
- Continue to increase POC testing in shelters and those who are incarcerated for early identification of HIV and link to care.
- As part of the multi-prong approach to decreasing HIV and Hepatitis C rates, continue the development of a sustainable Needle Recovery co-ordinated program.
- Continue collaborating with Young Adult Team to enhance sexual health services to clients in secondary schools.

SECTION J

PRESSURES AND CHALLENGES

- With the new Ontario Public Health Standards Modernization there is reduced expectation around direct clinical services for sexual health; unknown at this time what the impact will be on FPC and STI clinics.

SECTION K

RECOMMENDED ENHANCEMENTS, REDUCTIONS AND EFFICIENCIES FOR 2018

• $50,000 PBMA #1-0038 - Leveraged funding for Needle Recovery

ENVIRONMENTAL HEALTH AND INFECTIOUS DISEASE DIVISION

VACCINE PREVENTABLE DISEASES

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2018 Planning & Budget Template

SECTION A				
DIVISION	EHID	**MANAGER NAME**	Tracey Gordon	**DATE**
PROGRAM TEAM	Vaccine Preventable Diseases	**DIRECTOR NAME**	Stephen Turner	January 2018

SECTION B

SUMMARY OF TEAM PROGRAM

The Vaccine Preventable Diseases (VPD) Team focuses on reducing or eliminating the incidence of vaccine preventable diseases. This is achieved by: providing immunization clinics in school, community and clinic settings; reviewing and updating students' immunization records as required by legislation; and providing education and consultation to health care providers and the general public about vaccines and immunization administration. The VPD Team also manages the distribution of publicly-funded vaccines to health care providers and inspects the refrigerators used to store publicly-funded vaccines to ensure that vaccines are being handled in a manner that maintains their effectiveness and reduces or prevents vaccine wastage.

SECTION C

ONTARIO PUBLIC HEALTH STANDARD(S), RELEVANT LEGISLATION OR REGULATION

Ontario Public Health Standards (OPHS): Vaccine Preventable Diseases Standard

- Immunization Management Protocol (2016)
- Vaccine Storage and Handling Protocol (2016)
- Immunization of School Pupils Act,2014
- Child Care and Early Years Act, 2014

2018 Planning & Budget Template

Program: Vaccine Preventable Disease

SECTION D

COMPONENT(S) OF TEAM PROGRAM #1 Immunization Clinics (regular, high risk populations, outbreak)

- **Regular clinics:** Immunization clinics are held two days a week at the 50 King Street office and once a month at the Strathroy office for the general public; Health Cards are not required
- **Other clinics:** Clinics to update the vaccinations of refugees, and clinics to respond to community outbreaks or other arising issues are offered when needed.

COMPONENT(S) OF TEAM PROGRAM #2 School-Based Immunization Clinics

Immunizations are provided in school settings (three times in each elementary school) throughout the school year for the following:

- **Grade 7:** Meningococcal, Hepatitis B and Human Papillomavirus (HPV) vaccines are provided to all Grade 7 students for whom consent is received.

COMPONENT(S) OF TEAM PROGRAM #3 Screening and Enforcement

The immunization records of students in elementary and secondary schools are reviewed and parents/guardians are contacted if information is missing; students may be suspended from school if the information or an exemption affidavit is not obtained. Assessment and suspension requirements under the Immunization of School Pupils Act (ISPA) will continue to be prioritized for the 7 and 17 year olds in the 2017-2018 school year due to logistical challenges associated with Panorama implementation and additional vaccine requirements in ISPA. Parents/legal guardians wanting to complete a non-medical exemption affidavit are required to complete a mandatory education session offered by the Health Unit. Both the exemption affidavit and education certificate must be obtained by the parent/legal guardian for the exemption to be considered valid.

COMPONENT(S) OF TEAM PROGRAM #4 Education and Consultation

Immunization information and advice is provided to health care providers and the public via email, the MLHU web site, and telephone. “Triage” is a telephone consultation service where Program Assistants provide a response to incoming inquiries when appropriate, or direct callers to a Public Health Nurse or Public Health Inspector for further information and/or consultation.

COMPONENT(S) OF TEAM PROGRAM #5 Vaccine Inventory and Distribution of Publicly-Funded Vaccines

The Health Unit orders publicly-funded vaccines from the Ontario Government Pharmacy and health care providers (HCP) order and pick-up these vaccines from the Health Unit. During the ordering process, the following steps are undertaken to ensure that vaccines are handled appropriately: 1) HCP’s submit temperature logs to show they are maintaining their vaccine storage refrigerators between 2º and 8ºC; and 2) ordering patterns are assessed to ensure that HCP’s are storing no more than a two-month supply of vaccines.

2018 Planning & Budget Template

Program: Vaccine Preventable Disease

COMPONENT(S) OF TEAM PROGRAM #6 Cold Chain Inspection and Incident Follow-up
Annual inspections are conducted for all health care providers' offices who order and store publicly-funded vaccines to ensure the vaccines are being handled appropriately, remain potent, and are not wasted. Locations include new/existing health care provider offices, nursing agencies, pharmacies and workplaces (additional locations inspected by the Infectious Disease Control Team). If there is a power failure or problem with the refrigerator storing publicly-funded vaccines such that temperatures have gone outside the required 2º and 8ºC, the Health Unit will provide advice on whether these vaccines can still be used or must be returned as wastage.

2018 Planning & Budget Template

Program: Vaccine Preventable Disease

SECTION E **PERFORMANCE/SERVICE LEVEL MEASURES**			
	2016	**2017 (anticipated)**	**2018 (estimate)**
Component of Team #1 Immunization clinics (regular, high risk populations, outbreak)			
# of client visits/ vaccines given at the Immunization Clinic	12, 722 / 16, 964	19, 000 / 25,000	decrease
Component of Team #2 School-based Immunization clinics			
% of Grade 7 students who have received meningococcal vaccine in that school year **(Accountability indicator)**	74% (2015/16 school year)	77% (2016/17 school year)	same
% of grade 7 students who have completed the two-dose series of hepatitis B vaccine in that school year **(Accountability indictor)**	60% (2015/16 school year)	60% (2016/17 school year)	same
% of grade 7 male and female students who completed the series of HPV vaccine in that school year **(Accountability indicator)**	Offered to Grade 8 female students only 51% (2015/16 school year)	51% (2016/17 school year)	same
Component of Team #3 Screening and Enforcement			
% of 7 year olds who have up to date immunization for tetanus, diphtheria, pertussis, polio, measles, mumps and rubella. **(Accountability indicator)**	89% (2015/16 school year)	85% (2016/17 school year)	same
% of 17 year olds who have up to date immunization for tetanus, diphtheria, pertussis, polio, measles, mumps and rubella. **(Accountability indicator)**	67% (2015/16 school year)	79% (2016/17 school year)	same
Component of Team #4 Education and Consultation			
# of calls to Triage / # of consultations through incoming email	16,4818 / 7,800	19,000 / 8,000	same
Component of Team #5 Vaccine Inventory and Distribution of Publicly-Funded Vaccines			
# of orders received/processed for health care providers' offices	3,793	4,000	same
Component of Team #6 Cold chain inspections and Incident Follow Up			
# of fridges storing publicly funded vaccine that received an annual inspection / % completion **(Accountability Indicator)**	401 / 99.8%	400/100%	same
# of cold chain incidents / cost of vaccine wastage	35 / $63,985	30/$50,000	uncertain

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2018 Planning & Budget Template

Program: Vaccine Preventable Disease

SECTION F **STAFFING COSTS:**	**2017 TOTAL FTEs**	**2018 ESTIMATED FTEs**
	17.3	**17.3**
Program Manager	1.0	1.0
Public Health Nurses	7.5	7.5
Casual Nurses	1.5	1.5
Program Assistants	7.3	7.3

SECTION G

EXPENDITURES:

Object of Expenditure	2016 Budget	2016 Actual	2017 Budget	2018 Draft Budget	$ increase ($ decrease) over 2017	% increase (% decrease) over 2017
Salary & Wages	$ 1,289,039	$ 1,318,191	$ 1,271,230	$ 1,308,384	$ 37,154	2.9%
Benefits	298,316	292,666	301,018	331,736	30,718	10.2%
Travel	12,200	9,051	12,200	12,200		
Program Supplies	277,268	154,110	178,768	105,788	(72,980)	(40.8)
Staff Development	1,900	106	1,900	1,900		
Professional Services	1,800	1,105	1,800	1,800		
Equipment & Furniture	3,500	2,081	3,500	3,500		
Other Program Costs	6,280	4,895	6,280	6,280		
Total Expenditures	**$ 1,890,303**	**$ 1,782,205**	**$ 1,776,696**	**$ 1,771,588**	**$ (5,108)**	**(0.3)%**

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2018 Planning & Budget Template

Program: Vaccine Preventable Disease

SECTION H

FUNDING SOURCES:

Object of Revenue	2016 Budget	2016 Actual	2017 Budget	2018 Draft Budget	$ increase ($ decrease) over 2017	% increase (% decrease) over 2017
Cost-Shared	$ 1,279,582	$ 1,213,688	$ 1,275,975	$ 1,349,557	$ 73,582	5.8%
MOHLTC – 100%	216,296	216,296	216,296	232,331	16,035	7.4%
MCYS – 100%						
User Fees	321,925	263,415	211,925	117,200	(94,725)	(44.7)
Other Offset Revenue	72,500	88,806	72,500	72,500		
Total Revenues	**$ 1,890,303**	**$ 1,782,205**	**$ 1,776,696**	**$ 1,771,588**	**$ (5,108)**	**(0.3)%**

SECTION I

KEY HIGHLIGHTS/INITIATIVES PLANNED FOR 2018

- Screening and suspension of students under the Immunization of School Pupils Act
- Implementation of expanded vaccine requirements in the revised Immunization of School Pupils Act
- Implementation of recommendations from VPD Program Review
- Implementation of education component associated with exemption process under the Immunization of School Pupils Act

2018 Planning & Budget Template

Program: Vaccine Preventable Disease

SECTION J

PRESSURES AND CHALLENGES

- The VPD Team continues to work to meet the screening and suspension requirements legislated under the Immunization of School Pupils Act (ISPA) but will not meet the full mandate this year. The ISPA mandates screening, assessment and suspension activities that are to be initiated for students under the age of 18 years who are enrolled in elementary and secondary schools. The screening and suspension requirements have had to be prioritized for the 7 and 17-year age groups due to increased workload issues caused by the process changes with a new database and expansion of the ISPA to include three new vaccines and additional doses for four other vaccines. The Team was able to carry out screening and suspension activities for one additional birth cohort in the 2016-2017 school year and was able to screen but not suspend some of the other years. Screening and suspension activities for the 2017- 2018 school year are focused on the 7 and 17 year olds and two additional birth cohorts.
- As of September 1, 2017 Health Units are required to provide an education session to parents/legal guardians who are completing a non-medical exemption affidavit for their children. Set up of the program and on-going time commitments to meet with parents/legal guardians has created additional challenges for the team to meet its mandate.
- The VPD Team is not yet able to meet the legislative requirements under the Child Care and Early Act due to the prioritization of ISPA activities. Immunization records for children enrolled in licenced child care settings are received and entered in the electronic database as time and workload permits but no other mandated activities are currently occurring.

SECTION K

RECOMMENDED ENHANCEMENTS, REDUCTIONS AND EFFICIENCIES FOR 2018

None

HEALTHY START DIVISION

OFFICE OF THE DIRECTOR

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SECTION A				
DIVISION	Healthy Start	**MANAGER NAME**	Heather Lokko	**DATE**
PROGRAM TEAM	Office of the Director	**DIRECTOR NAME**	Heather Lokko	January, 2018

SECTION B
SUMMARY OF TEAM PROGRAM

The Office of the Director, Healthy Start Division is comprised of the Director of Healthy Start and the Program Assistant to the Director. The Director provides strategic leadership and oversight of the division, and the Program Assistant supports the Director in this work. Provision of consultative program support and/or direction to managers and other staff throughout the division is an important part of this role. Involvement in community initiatives, related to Healthy Start populations and priorities, is also undertaken.

SECTION C
ONTARIO PUBLIC HEALTH STANDARD(S), RELEVANT LEGISLATION OR REGULATION

Ontario Public Health Standards: Requirements for Programs, Services, and Accountability

- Healthy Growth and Development Standard
- Health Equity Standard
- Effective Public Health Practice Standard

Healthy Babies Healthy Children Protocol, 2018 (Ministry of Children and Youth Services)
Healthy Growth and Development Guideline, 2018 (Ministry of Health and Long-Term Care)
Health Equity Guideline, 2018 (Ministry of Health and Long-Term Care)
Mental Health Promotion Guideline, 2018 (Ministry of Health and Long-Term Care)

Child & Family Services Act, 1990

- Duty to Report Legislation

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

Municipal Freedom of Information and Protection of Privacy Act, R.S.O. 1990 (MFIPPA)

Personal Health Information Protection Act, R.S.O. 2004 (PHIPA)

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Program: Office of the Director

SECTION D

COMPONENT(S) OF TEAM PROGRAM #1 - ADVANCING STRATEGIC PRIORITIES

The Director leads the development and oversees the implementation of the divisional balanced scorecard to advance the strategic priorities of the organization. Strategic oversight of all programs in the division is provided, as well as ongoing consultative support as needed.

COMPONENT(S) OF TEAM PROGRAM #2 - MANAGING DIVISIONAL BUDGET

The Director oversees the budget for the division, and ensures completion of the quarterly divisional variance process. Additionally, the Director facilitates the process of identifying, examining, and prioritizing PBMA disinvestments and enhancements.

COMPONENT(S) OF TEAM PROGRAM #3 - OVERSIGHT OF DIVISIONAL PROGRAMS & SERVICES

The Director facilitates and provides oversight of the implementation of the Ontario Public Health Standards, Guidelines and Protocols that are most relevant to the Healthy Start Division. This includes provision of overall direction to the Healthy Start planning initiative.

SECTION E

PERFORMANCE/SERVICE LEVEL MEASURES

	2016 (actual)	2017 (actual)	2018 (target)
COMPONENT #1 ADVANCING STRATEGIC PRIORITIES			
% completion of division-level Balanced Scorecard tasks as outlined each year / % of division-level indicators reported	N/A	90% / 90%	90% / 90%
COMPONENT #2 MANAGING DIVISIONAL BUDGET			
% of divisional quarterly variance processes completed in a timely and accurate manner / end-of-year variance <5%	100% / 4.0%	100% / 3.0% (estimate)	100% / 3.0%
PBMA disinvestment and enhancement proposals identified, rated and prioritized, with manager and staff input throughout the process	Completed	Completed	Completed
COMPONENT #3 OVERSIGHT OF DIVISIONAL PROGRAMS & SERVICES			
% of Accountability Agreement Indicators met	100%	Accountability agreement indicator relevant to Healthy Start (BFI) not required in 2017	Indicators developed / confirmed in accordance with locally determined programs of public health interventions (as per Draft Public Health Indicator Framework)

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Program: Office of the Director

SECTION F **STAFFING COSTS:**	**2017 TOTAL FTEs**	**2018 ESTIMATED FTEs**
	2.0	**2.0**
Director Administrative Assistant to the Director	1.0 1.0	1.0 1.0

SECTION G

EXPENDITURES:

Object of Expenditure	2016 Budget	2016 Actual	2017 Budget	2018 Draft Budget	$ increase ($ decrease) over 2017	% increase (% decrease) over 2017
Salary & Wages	$ 176,235	$ 162,482	$ 183,064	$ 191,508	$ 8,444	4.6%
Benefits	43,529	40,176	44,849	46,175	1,326	3.0%
Travel	4,000	1,954	4,000	4,000		
Program Supplies	12,750	5,818	12.750	12,750		
Staff Development	3,125	3,027	3,125	3,125		
Professional Services						
Furniture & Equipment	1,300		1,300	1,300		
Other Program Costs	1,820	2,487	1,820	1,820		
Total Expenditures	**$ 242,759**	**$ 215,944**	**$ 250,908**	**$ 260,678**	**$ 9,770**	**3.9%**

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Program: Office of the Director

SECTION H

FUNDING SOURCES:

Object of Revenue	2016 Budget	2016 Actual	2017 Budget	2018 Draft Budget	$ increase ($ decrease) over 2017	% increase (% decrease) over 2017
Cost-Shared	$ 242,759	$ 213,857	$ 250,908	$ 260,678	$ 9,770	3.9%
MOHLTC – 100%						
MCYS – 100%						
User Fees						
Other Offset Revenue		2,087				
Total Revenues	**$ 242,759**	**$ 215,944**	**$ 250,908**	**$ 260,678**	**$ 9,770**	**3.9%**

SECTION I

KEY HIGHLIGHTS/INITIATIVES PLANNED FOR 2018

- Continue with the Healthy Start planning initiative (division-level planning within priority topic areas) to support evidence-informed decision-making, staff capacity-building, and a more cohesive and systemic approach to planning, intervention and evaluation.

SECTION J

PRESSURES AND CHALLENGES

- The Healthy Start planning initiative is an essential and valuable initiative which will require substantial resources. It is possible that the planning process may result in recommendations for substantive program changes.

SECTION K

RECOMMENDED ENHANCEMENTS, REDUCTIONS AND EFFICIENCIES FOR 2018

None

HEALTHY START DIVISION

BEST BEGINNINGS TEAM

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SECTION A				
DIVISION	Healthy Start	**MANAGER NAMES**	Kathy Dowsett Jenn Proulx Isabel Resendes	**DATE**
PROGRAM TEAM	Best Beginnings Team	**DIRECTOR NAME**	Heather Lokko	January 2018

SECTION B

SUMMARY OF TEAM PROGRAM

The Best Beginnings Team provides evidence-informed programs and services that support healthy child development and enhance effective parenting within vulnerable families with infants and young children. Key program areas include: 1) screening, assessment, home visiting, and service coordination within the Healthy Babies Healthy Children program; 2) outreach to vulnerable families through service provision at eight family shelters in London and Middlesex; and 3) the Nurse Family Partnership (NFP) program, an intensive home visiting program for young, low-income first-time mothers, delivered by Public Health Nurses who begin to visit women in their home early in pregnancy and continue until the child's second birthday.

SECTION C

ONTARIO PUBLIC HEALTH STANDARD(S), RELEVANT LEGISLATION OR REGULATION

Ontario Public Health Standards: Requirements for Programs, Services, and Accountability

- Healthy Growth and Development Standard
- Health Equity Standard
- Effective Public Health Practice Standard

Healthy Babies Healthy Children Protocol, 2018 (Ministry of Children and Youth Services)
Healthy Growth and Development Guideline, 2018 (Ministry of Health and Long-Term Care)
Health Equity Guideline, 2018 (Ministry of Health and Long-Term Care)
Mental Health Promotion Guideline, 2018 (Ministry of Health and Long-Term Care)

Child & Family Services Act, 1990

- Duty to Report Legislation

Program: Best Beginnings Team

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

Municipal Freedom of Information and Protection of Privacy Act, R.S.O. 1990 (MFIPPA)

Personal Health Information Protection Act, R.S.O. 2004 (PHIPA)

SECTION D

COMPONENT(S) OF TEAM PROGRAM #1 – HBHC – SCREENING/ASSESSMENT/HOME VISITING/SERVICE COORDINATION

The HBHC program provides evidence-informed programs and services to women and families in the prenatal period and to families with children from birth until transition to school. The program includes screening, assessment, home visiting, service coordination, and referrals to community resources and supports. All families are screened, and those with identified risk factors are referred into the program. A blended team model consisting of Public Health Nurses (PHN) and Family Home Visitors (FHV) provides home visits and other services aimed at promoting healthy child growth and development and positive parenting. Service coordination ensures families identified with risk can access community services and supports in a coordinated fashion. Reducing smoking during pregnancy and in the presence of young children has a significant impact on the health outcomes for families. Eligible families are offered Nicotine Replacement Therapy (NRT) and/or counselling from TEACH trained PHNs. The Best Beginnings team offers a home visiting component within the Reproductive Health Team's Smart Start for Babies (SSFB) program (a Canada Prenatal Nutrition Program) in order to provide SSFB program supports to families who face significant barriers to accessing group sessions in the community.

COMPONENT(S) OF TEAM PROGRAM #2 – OUTREACH TO VULNERABLE FAMILIES

PHNs provide service to 8 women's and children's family shelters in London and Middlesex. Services include screening, assessment, intervention, advocacy, and linking families to community services. PHNs refer families to community programs once they leave the shelter. Consultation and education with shelter staff is ongoing.

COMPONENT(S) OF TEAM PROGRAM #3 – NURSE FAMILY PARTNERSHIP

MLHU is the lead organization for the Canadian Nurse Family Partnership Education Project which aims to develop, pilot, and evaluate a Canadian model of education for Public Health Nurses and Supervisors implementing the program. In 2017, Public Health Nurses on the NFP Team received training and began recruiting clients into the program. The Nurse Family Partnership (NFP) is implemented with fidelity to the program's core model elements. Through the development of a therapeutic relationship, nurses work with clients to promote the health and well-being of mother and child. Visits are focused on six domains: personal health, environmental health, life course development, family & friends, and health & human services. An average of 64 home visits are provided over the course of the intervention. Visits generally occur every two weeks, but are more frequent during crucial periods such as the first weeks after the birth of the child, and less frequent as clients transition out of NFP.

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2018 Planning & Budget Template

Program: Best Beginnings Team

SECTION E PERFORMANCE/SERVICE LEVEL MEASURES	2016 (actual)	2017 (actual)	2018 (targets)
Component of Team #1 - HBHC – SCREENING / ASSESSMENT / HOME VISITING / SERVICE COORDINATION			
			MCYS Targets:
% prenatal screens completed out of number of live births	61.2%	21.4%	25%
% postpartum screens completed out of live births	96.6%	88.4%	100%
% Early Childhood screens completed of all children aged 6 wks to 3 yrs	<1%	<1%	5%
% families receiving postpartum In-Depth Assessment (IDA) contact by 48hr / total # IDA contacts	69.9% / ~1,851	67%	100%
% families screened with risk receiving an IDA to confirm risk / total # IDA's	67.4% / ~834	75%	100%
% families confirmed with risk receiving Blended Home Visiting Services	100%	100%	100%
% families confirmed with risk consenting to and receiving home visits with a Family Service Plan	100%	100%	100%
SSFB in-home sessions completed / # pregnant women accessing	25/6	20/5	30/6
Component of Team 2 – OUTREACH TO VULNERABLE FAMILIES			
Number of client assessments completed at shelters	245	196	200
Component of Team #3 – NURSE-FAMILY PARTNERSHIP			
% of all education requirements completed by PHNs	N/A	100%	100%
Number of clients enrolled in NFP program	N/A	50	80
% clients enrolled prior to 16 weeks gestation	N/A	47%	60%
% of core model elements met during program implementation	N/A	100%	100%

SECTION F STAFFING COSTS:	2017 TOTAL FTEs	2018 ESTIMATED FTEs
	33.2	**31.3**
Program Manager	3.0	3.0
Public Health Nurse	17.3	17.3
Family Home Visitor	9.0	8.0
Nurse Practitioner	0.5	0.0
Program Assistant	3.4	3.0

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2018 Planning & Budget Template

Program: Best Beginnings Team

SECTION G

EXPENDITURES:

Object of Expenditure	2016 Budget	2016 Actual	2017 Budget	2018 Draft Budget	$ increase ($ decrease) over 2017	% increase (% decrease) over 2017
Salary & Wages	$ 2,336,138	$ 2,258,623	$ 2,330,664	$ 2,274,537	$ (56,127)	(2.4)%
Benefits	605,104	579,816	595,878	579,428	(16,450)	(2.8)%
Travel	71,671	54,898	65,510	45,322	(20,188)	(30.8)%
Program Supplies	122,851	41,872	108,351	26,351	(82,000)	(75.7)%
Staff Development	6,755	6,294	6,755	6,755		
Professional Services	111,043	192,114	138,043	96,993	(41,050)	(29.7)%
Furniture & Equipment	30,200	30,667	30,200	30,200		
Other Program Costs	9,723	9,350	11,070	9,820	(1,250)	(11.3)%
Total Expenditures	**$ 3,293,485**	**$ 3,173,634**	**$ 3,286,471**	**$ 3,069,406**	**$ (217,065)**	**(6.6)%**

SECTION H

FUNDING SOURCES:

Object of Expenditure	2016 Budget	2016 Actual	2017 Budget	2018 Draft Budget	$ increase ($ decrease) over 2017	% increase (% decrease) over 2017
Cost-Shared	$ 661,072	$ 538,180	$ 654,058	$ 526,093	$ (127,965)	(19.6)%
MOHLTC – 100%						
MCYS – 100%	2,483,313	2,483,313	2,483,313	2,483,313		
Public Health Agency						
User Fees						
Other Offset Revenue	149,100	152,141	149,100	60,000	(89,100)	(59.8)%
Total Revenues	**$ 3,293,485**	**$ 3,173,634**	**$ 3,286,471**	**$ 3,069,406**	**$ (217,065)**	**(6.6)%**

2018 Planning & Budget Template

Program: Best Beginnings Team

SECTION I

KEY HIGHLIGHTS/INITIATIVES PLANNED FOR 2018

- The Nurse-Family Partnership will continue with client recruitment and community outreach. A newly formed Community Advisory Board will meet to advise and support NFP implementation. The NFP Manager and PHN's will complete any ongoing educational requirements. Program data will inform CQI planning to ensure program implementation with fidelity to the core model elements.
- HBHC will enter the fourth year of Continuous Quality Improvement (CQI) and additional strategies will be developed for ensuring accurate screening, standardized service implementation, and training and education of PHNs and FHVs.
- The MCYS will release the new HBHC protocol in early 2018 and will release a reference document in late 2018.
- In 2018, as part of the HS planning initiative for breastfeeding, Best Beginnings will enhance early access to breastfeeding support.

SECTION J

PRESSURES AND CHALLENGES

- The MCYS has not increased funding for HBHC to match increasing costs of the program
- The MCYS implemented CQI in 2015 and this will continue into 2018 and beyond. Aggressive targets for screening, service delivery, and implementation of evidence-based interventions and tools as laid out by the MCYS are part of the CQI plan.
- Best Beginnings/Infant Hearing Program will continue with a model of combined screening at the London Health Sciences Centre, which has significantly increased postpartum HBHC screens completion (bringing numbers closer to MCYS targets), and increased team workload with the higher referral numbers.
- Planned changes to IDA contact processes will also impact the workload in Best Beginnings.

SECTION K

RECOMMENDED ENHANCEMENTS, REDUCTIONS AND EFFICIENCIES FOR 2018

- (95,698) PBMA #1-0021 - Closure of Family Health Clinic in 2017
- ($66,512) PBMA #1-0024 – (1.0) FTE reduction in Family Home Visitor – streamline home visiting to align with targeted capacity

HEALTHY START DIVISION

EARLY YEARS TEAM

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2018 Planning & Budget Template

Program: Early Years Team

SECTION A				
DIVISION	Healthy Start	**MANAGER NAME**	Ruby Brewer	**DATE**
PROGRAM TEAM	Early Years	**DIRECTOR NAME**	Heather Lokko	January, 2018

SECTION B
SUMMARY OF TEAM PROGRAM

The goal of the Early Years Team is to improve the health and developmental outcomes for children by providing a range of public health services designed to address the physical, emotional, and social growth and development of children from birth to school entry. Multi-strategy approaches are implemented that include providing direct client services and referrals, social marketing, fostering partnership and collaboration, and education and skill building for families and care givers in London and Middlesex County. Topic areas include breastfeeding, growth and development, mental health promotion, positive parenting, infant and child nutrition, infant care, child safety, oral health, immunization, and the early identification of developmental concerns.

SECTION C
ONTARIO PUBLIC HEALTH STANDARD(S), RELEVANT LEGISLATION OR REGULATION

Ontario Public Health Standards: Requirements for Programs, Services, and Accountability

- Healthy Growth and Development
- Health Equity
- Effective Public Health Practice

Healthy Growth and Development Guideline, 2018 (Ministry of Health and Long-Term Care)
Health Equity Guideline, 2018 (Ministry of Health and Long-Term Care)
Mental Health Promotion Guideline, 2018 (Ministry of Health and Long-Term Care)

Child & Family Services Act, 1990

- Duty to Report Legislation

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

Municipal Freedom of Information and Protection of Privacy Act, R.S.O. 1990 (MFIPPA)

Personal Health Information Protection Act, R.S.O. 2004 (PHIPA)

2018 Planning & Budget Template

Program: Early Years Team

SECTION D

COMPONENT(S) OF TEAM PROGRAM #1 DIRECT CLIENT SERVICE AND REFERRAL

The Early Years Team offers a variety of direct client services for families with children from birth to school entry. Direct client services are provided through client centred assessment and intervention related to breastfeeding, growth and development, infant mental health, early identification of developmental concerns, parenting and safety.

- Provide direct 1:1 education and support through Infant Growth/Development & Breastfeeding Drop-ins, Breastfeeding Appointments, the Health Connection
- Complete 48-hour low risk postpartum calls

COMPONENT(S) OF TEAM PROGRAM #2 SOCIAL MARKETING

Social marketing strategies for the Early Years Team includes health promotion campaigns with contests, website, social media, resource development and media opportunities. The intent is to increase the proportion of interventions that emphasize individual change. The use of health promotion campaigns including social media mobilizes knowledge and enhances the use of research evidence; informs, educates and empowers people about health issues; assesses public perception; increases rapid access to public health messaging and allows messages to be audience specific and distributed more widely.

- Develop and implement social marketing campaigns to expand reach, foster engagement, and increase access to credible evidence-based health messages related to healthy growth and development (e.g., Safety, Mental Health, Breastfeeding, Let's Grow

COMPONENT(S) OF TEAM PROGRAM #3 PARTNERSHIP AND COLLABORATION

The Early Years Team promotes community capacity building by fostering partnerships and collaborating with community partners in planning, developing, implementing, and evaluating programs and services which positively impact the health of young families.

- Provide leadership and chair the Community Early Years Partnership Committee to develop and implement universal and targeted approaches that fosters infant/child mental health and the ability to meet developmental milestones.
- Partner with community agencies to enhance community capacity related to early years' initiatives (Licenced Child Care Centres, Indigenous-led organizations, Middlesex Children Services Network, London Middlesex Safety Coalition, Mother Reach) and improved breastfeeding outcomes (LHSC Middlesex-London Elgin Breastfeeding Coalition) and actively partner with the Child and Youth Network

COMPONENT(S) OF TEAM PROGRAM #4 EDUCATION AND SKILL BUILDING

Education and skill building initiatives are intended to increase knowledge, confidence, and skills of families and caregivers to ensure optimal childhood developmental outcomes:

- Provide presentations and group sessions to parents and caregivers related to breastfeeding, all aspects of early childhood growth & development and perinatal mood disorder
- Provide current evidence-based information on the MLHU website related to all aspect of infant and child growth and development for families and caregivers, as well learning modules and resources for professionals
- Offer workshops, training and educational opportunities to staff and health care providers
- Facilitate professional led peer support program

2018 Planning & Budget Template

Program: Early Years Team

SECTION E **PERFORMANCE/SERVICE LEVEL MEASURES**			
	2016	**2017 (actual)**	**2018 (target)**
Component of Team #1 DIRECT CLIENT SERVICE AND REFERRALS			
Total # families / # families at drop-ins / # families at Health Connection / # families at breastfeeding appointments	4,699 / 2,890 / 1,456 / 353	5,488 / 4,060 / 1,127 / 301	Maintain or increase total # families; < # families at drop-ins & appointments due to implementation of home/community breastfeeding visits
# clients receiving 48-hour low risk calls	798	768	Maintain
Component of Team #2 SOCIAL MARKETING			
# of campaigns / total # of page views / total Facebook reach / total # Facebook link clicks	2 (Resiliency; Let's Grow) / 12,858 / 249,449 / 10,762	2 (Infant Mental Health; Car Seat Safety) / 8624 / 153,758 / 14,045	2 campaigns (Perinatal Mood Disorder; Screen Time)
Component of Team #3 PARTNERSHIP AND COLLABORATION			
Leadership and active participation in Community Early Years Partnership	24 HCP / 29 agencies; Completed annual planning & implemented action plans (Resiliency)	28 HCP / 29 agencies; Completed annual planning & implemented action plans (Little Minds Matter)	Maintain participation; Complete annual planning & implement action plans (Perinatal Mood Disorder)
Child and Youth Network: MLHU services at Family Centre (FC) Communication initiatives (CYN/MLHU)	Completed inventory of services at FC's 1 lunch & learn, 32 CYN e-Blasts, 1 workshop, HUB	MLHU services increased at FC's 90 CYN e-Blasts, FC bimonthly meetings, 3 Internal CYN meetings	Assess and adapt services at FC's to maximize impact Maintain
Collaboration with external committees to increase capacity for healthy growth & development	Not reported	Active participation in 16 committees/collaboratives	Assess participation to maximize impact
Component of Team #4 EDUCATION AND SKILL BUILDING			
# presentations and workshops	115	98	Maintain or decrease
Peer Support # groups / # sessions / # participants	2 / 43 / 28	2 / 84 /	Maintain or decrease

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2018 Planning & Budget Template

Program: Early Years Team

SECTION F STAFFING COSTS:	2017 TOTAL FTEs	2018 ESTIMATED FTEs
	15.30	**15.23**
Program Manager	1.0	1.0
Public Health Nurse	12.8	12.73
Program Assistants	1.5	1.5

SECTION G
EXPENDITURES:

Object of Expenditure	2016 Budget	2016 Actual	2017 Budget	2018 Draft Budget	$ increase ($ decrease) over 2017	% increase (% decrease) over 2017
Salary & Wages	$ 1,170,083	$ 1,143,657	$ 1,195,678	$ 1,220,879	$ 25,201	2.1%
Benefits	291,679	285,422	301,727	304,809	3,082	1.0%
Travel	20,500	21,295	20,500	20,500		
Program Supplies	60,278	54,609	46,278	46,278		
Staff Development	4,500	8,677	7,500	7,500		
Professional Services	300	234	300	300		
Furniture & Equipment						
Other Program Costs	3,150	10,126	1,650	1,650		
Total Expenditures	**$ 1,550,490**	**$ 1,524,020**	**$ 1,573,633**	**$ 1,601,916**	**$ 28,283**	**1.8%**

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2018 Planning & Budget Template

Program: Early Years Team

SECTION H
FUNDING SOURCES:

Object of Expenditure	2016 Budget	2016 Actual	2017 Budget	2018 Draft Budget	$ increase ($ decrease) over 2017	% increase (% decrease) over 2017
Cost-Shared	$ 1,550,490	$ 1,517,705	$ 1,573,633	$ 1,601,916	$ 28,283	1.8%
MOHLTC – 100%						
MCYS – 100%						
User Fees						
Other Offset Revenue		6,315				
Total Revenues	**$ 1,550,490**	**$ 1,524,020**	**$ 1,573,633**	**$ 1,601,916**	**$ 28,283**	**1.8%**

SECTION I

KEY HIGHLIGHTS/INITIATIVES PLANNED FOR 2018

- Shifting method of providing newborn breastfeeding support from drop-ins to home visits
- Building Healthy Brains to Build a Healthy Future campaign in collaboration with the Community Early Years Partnership and Child and Youth Network – Infant Mental Health (areas of focus will be Perinatal Mood Disorder and Screen Time) targeting HCPs, service providers and families. This will include the development of podcasts for health care providers.
- Continued collaboration with LHSC to improve postpartum transition to community, particularly for early breastfeeding support
- Continued utilization of social media/website as a strategy for early childhood growth & development and breastfeeding

SECTION J

PRESSURES AND CHALLENGES

- Some uncertainty about how providing early breastfeeding support primarily through home visits (rather than at drop-ins) will actually impact team workload, allocation of FTE, client uptake of support, and demand for early and/or ongoing drop-in services for breastfeeding support, and how it will balance with the other work of the team.
- Allocation of staff time for social marketing campaigns utilizing social media/website

SECTION K

RECOMMENDED ENHANCEMENTS, REDUCTIONS AND EFFICIENCIES FOR 2018

- ($5,000) PBMA #1-0025 – PHN Casual Budget Reduction through gained efficiencies in Infant growth/Breastfeeding Drop-ins

HEALTHY START DIVISION

REPRODUCTIVE HEALTH TEAM

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2018 Planning & Budget Template

SECTION A				
DIVISION	Healthy Start	**MANAGER NAME**	Vacant	**DATE**
PROGRAM TEAM	Reproductive Health Team	**DIRECTOR NAME**	Heather Lokko	January, 2018

SECTION B
SUMMARY OF TEAM PROGRAM

The Reproductive Health Team (RHT) enables individuals & families to achieve optimal preconception health, experience a healthy pregnancy, have the healthiest newborn(s) possible, and be prepared for parenthood.

SECTION C
ONTARIO PUBLIC HEALTH STANDARD(S), RELEVANT LEGISLATION OR REGULATION

Ontario Public Health Standards: Requirements for Programs, Services, and Accountability

- Healthy Growth and Development Standard
- Health Equity Standard
- Effective Public Health Practice Standard

Healthy Growth and Development Guideline, 2018 (Ministry of Health and Long-Term Care)
Health Equity Guideline, 2018 (Ministry of Health and Long-Term Care)
Mental Health Promotion Guideline, 2018 (Ministry of Health and Long-Term Care)

Child & Family Services Act, 1990

- Duty to Report Legislation

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

Municipal Freedom of Information and Protection of Privacy Act, R.S.O. 1990 (MFIPPA)

Personal Health Information Protection Act, R.S.O. 2004 (PHIPA)

2018 Planning & Budget Template

Program: Reproductive Health Team

SECTION D

COMPONENT(S) OF TEAM PROGRAM #1: PRECONCEPTION HEALTH

Preconception health initiatives are intended to increase the proportion of individuals who are physically and emotionally prepared one to two years prior to and leading up to conception, to improve pregnancy outcomes. Strategies include:

- Provide preconception health teaching to priority groups (e.g., Elgin-Middlesex Detention Center, Mutual Aid Parenting Program.
- Promote the use of a collaborative preconception planner tool, with women/men and Health Care Providers.
- Provide learning opportunities for students and support classroom teachers, in partnership with the Sexual Health, Child Health, & Young Adult Teams, London Health Sciences Center (LHSC) and local high schools.
- Provide food skills sessions to increase subsidized access to fruits and vegetables through collaboration with community partners

COMPONENT(S) OF TEAM PROGRAM #2: PRENATAL HEALTH

Prenatal health initiatives are intended to increase awareness of the importance of creating safe and supportive environments that promote healthy pregnancies and healthy birth outcomes.

- Provide a variety of prenatal education and skill-building programs (6-week in-person series, weekend in-person series, e-learning, combined e-learning and in-person skill building)
- Offer prenatal education programs for priority populations in collaboration with community partners (i.e., Prenatal Immigrant Program, Indigenous Prenatal Program)
- Participate in policy development related to alcohol and pregnancy

COMPONENT(S) OF TEAM PROGRAM #3: PREPARATION FOR PARENTHOOD

Preparation for parenthood initiatives focus on the social, emotional, and mental aspects of parenthood, and how to effectively manage the transition to parenthood, including information about how relationships impacts future health.

- Provide up-to-date preparation for parenthood information on MLHU website and in programs offered in the community
- Offer “Preparing for Parenthood” session to pregnant women and their support persons.

COMPONENT(S) OF TEAM PROGRAM #4: BREASTFEEDING

The RHT focuses on providing system-level supports for breastfeeding, as it is a significant contributor to healthy growth & development.

- Oversee and contribute to sustained MLHU implementation of the Baby-Friendly Initiative (BFI), an evidence-based strategy that promotes, protects and supports breastfeeding, and effectively increases breastfeeding initiation, duration, and exclusivity.
- Offer training and educational opportunities to staff, health care providers and community partners regarding breastfeeding
- Manage implementation of MLHU’s Infant Feeding Survey, with a focus on enhancing client uptake of the survey in 2018

2018 Planning & Budget Template

Program: Reproductive Health Team

SECTION E **PERFORMANCE/SERVICE LEVEL MEASURES**			
	2016	**2017**	**2018**
COMPONENT OF PROGRAM #1: PRECONCEPTION HEALTH			
Got A Plan Day: # high school students	353	381	Maintain
Presentations: total # of presentations provided / # of presentations provided at Elgin Middlesex Detention Centre	15 / 10	22 / 15	Maintain
COMPONENT OF PROGRAM #2: PRENATAL HEALTH			
Combined e-learning & in-class: # of classes / # of women / # of support persons	5 /52/ 52 (pilot)	49 /475 / 470	Maintain
# of e-learning only registrants	477	857	Maintain
Smart Start For Babies: # of sessions / # of clients	297 / 158	282 / 162	Maintain
Prenatal Immigrant Program: # of sites / # of weeks offered per year / # of clients	N/A	1 / 20 / 18	2 / 45 / 50
OPHA Labour and Birth statement work (chair of provincial workgroup) FASD ONE (Vice chair & Prevention Action Group co-lead)	Labour & birth practices reviewed N/A	Position statement written and accepted Develop resources & recommendations	Dissemination of recommendations Point of care tool disseminated to HCPs
COMPONENT OF PROGRAM #3: PREPARATION FOR PARENTHOOD			
# of sessions / # of women / # of support persons	11 / 86 / 80	12 / 133 / 124	Maintain
COMPONENT OF PROGRAM #4: BREASTFEEDING			
BFI designation 20 hour breastfeeding course for Health Care Providers (HCPs): # of courses offered / # of HCP's attending Infant Feeding Survey (# of women signing onto survey/# of women completing the survey)	Pre-assessment complete 1 / 10 (internal pilot) 684 completed 6 month survey (per year)	Designation achieved 1/20 (internal & external) 132 completed 6 month survey (per half year)	Maintain BFI status 2/40 (internal & external) Achieve 2016 response rate or better

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Program: Reproductive Health Team

SECTION F **STAFFING COSTS:**	**2017 TOTAL FTES**	**2018 ESTIMATED FTES**
	15.96	**14.89**
Program Manager	1.0	1.0
Public Health Nurses	10.0	9.0
Public Health Nurses (Casual)	0.6	0.53
Public Health Dietitian	1.0	1.0
Program Assistants	2.5	2.5
Contract Staff: (Smart Start for Babies)		
Site Coordinators (0.1 FTE X 7 sites)	0.7	0.7
Registered Dietitian	0.1	0.1
Casual Public Health Nurse	0.06	0.06

SECTION G

EXPENDITURES:

Object of Expenditure	**2016 Budget**	**2016 Actual**	**2017 Budget**	**2018 Draft Budget**	**$ increase ($ decrease) over 2017**	**% increase (% decrease) over 2017**
Salary & Wages	$ 1,156,254	$ 1,072,010	$ 1,176,421	$ 1,112,018	$ (64,403)	(5.5)%
Benefits	269,194	248,431	277,341	264,703	(12,638)	(4.6)%
Travel	10,246	8,588	10,246	10,246		
Program Supplies	126,587	121,294	125,087	125,087		
Staff Development	4,850	5,162	4,850	4,850		
Professional Services	22,655	22,472	22,655	22,655		
Furniture & Equipment	200		200	200		
Other Program Costs	3,155	3,385	3,155	3,155		
Total Expenditures	**$ 1,593,141**	**$ 1,481,342**	**$ 1,619,955**	**$ 1,542,914**	**$ (77,041)**	**(4.8)%**

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2018 Planning & Budget Template

Program: Reproductive Health Team

SECTION H
FUNDING SOURCES:

Object of Expenditure	2016 Budget	2016 Actual	2017 Budget	2018 Draft Budget	$ increase ($ decrease) over 2017	% increase (% decrease) over 2017
Cost-Shared	$ 1,432,571	$ 1,312,863	$ 1,459,385	$ 1,382,344	$ (77,041)	(5.3)%
MOHLTC – 100%						
MCYS – 100%						
Public Health Agency	152,430	152,430	152,430	152,430		
User Fees	8,140	13,890	8,140	8,140		
Other Offset Revenue		2,159				
Total Revenues	**$ 1,593,141**	**$ 1,481,342**	**$ 1,619,955**	**$ 1,542,914**	**$ (77,041)**	**(4.8)%**

SECTION I
KEY HIGHLIGHTS/INITIATIVES PLANNED FOR 2018

- Identify location for additional site to facilitate expansion of current Prenatal Immigrant Program; review SSFB curriculum
- Support South London Neighborhood Resource Center with implementation of a postpartum support group for Newcomers
- Increase breastfeeding education opportunities for staff at MLHU and health care providers in the community
- Increase dissemination of key Preconception Health evidence by partnering with internal teams and the community (MNCYN)
- Continue and strengthen LHSC/MLHU collaboration related to best practices and consistent messaging

SECTION J
PRESSURES AND CHALLENGES

- Balancing funding challenges with increased need for targeted programming

SECTION K
RECOMMENDED ENHANCEMENTS, REDUCTIONS AND EFFICIENCIES FOR 2018

- ($98,410) PBMA #1-0023 – (1.0) FTE - Dedicated RHT Support for HEIA Assessments & Planning/Evaluation – Organization changes have resulted in role being enhanced in a more systematic way across the HU
- ($5,000) PBMA #1-0025 – PHN Casual Budget Reduction through gained efficiencies in prenatal training

HEALTHY START DIVISION

SCREENING, ASSESSMENT AND INTERVENTION

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2018 Planning & Budget Template

SECTION A				
DIVISION	Healthy Start	**MANAGER NAME**	Debbie Shugar	**DATE**
PROGRAM TEAM	Screening, Assessment and Intervention	**DIRECTOR NAME**	Heather Lokko	January 2018

SECTION B

SUMMARY OF TEAM PROGRAM

The Screening, Assessment and Intervention Team administers the provincial preschool speech and language program (tykeTALK), the Infant Hearing Program – Southwest Region (IHP-SW) and the Blind Low Vision Early Intervention Program (BLV). MLHU is the lead agency/administration for these programs. Direct services are contracted out to multiple individuals and community agencies. tykeTALK provides services for the Thames Valley region (Middlesex-London, Elgin, Oxford counties). IH and BLV programs cover the regions of Thames Valley, Huron, Perth, Grey-Bruce, and Lambton. Funding and program planning for these programs occurs within a fiscal framework from the Ministry of Children and Youth Services (MCYS).

SECTION C

ONTARIO PUBLIC HEALTH STANDARD(S), RELEVANT LEGISLATION OR REGULATION

These programs are not reflected in the Ontario Public Health Standards: Requirements for Programs, Services, and Accountability or in other public health related legislation/regulation, however, they align with and strengthen our effectiveness in the following Ontario Public Health Standards:

- Healthy Growth and Development
- Population Health Assessment

A Service Agreement is signed between MCYS and MLHU to deliver the three early identification programs.

Municipal Freedom of Information and Protection of Privacy Act, R.S.O. 1990 (MFIPPA)

Personal Health Information Protection Act, R.S.O. 2004 (PHIPA)

Program: Screening, Assessment & Intervention Team

SECTION D

COMPONENT(S) OF TEAM PROGRAM #1 PRESCHOOL SPEECH AND LANGUAGE (TYKETALK)

tykeTALK is a prevention and early intervention program designed to maximize positive outcomes for children's communication, play, social and literacy development. The program provides early identification of and intervention for children with communication disorders from birth to school-entry. Of all the children that tykeTALK serves, approximately 60% come from London, 7% from Middlesex County, 16% from Elgin County and 16% from Oxford County. The program consists of the following program components/strategies: Referral/Intake, Intervention and Community Awareness, Support and Education. The goals of the program are to develop and maintain an integrated system of pre-school speech and language services; maintain seamless and efficient access to service; ensure early identification and intervention for all children with communication disorders; provide a range of evidence based interventions for the child, family and caregivers; promote a smooth transition to school; and provide family-centred care that respects and involves parents. The program provides assessment and/or intervention to approximately 11.5% of the child population from birth to eligibility to attend school in the Thames Valley Region.

COMPONENT(S) OF TEAM PROGRAM #2 INFANT HEARING PROGRAM

The Infant Hearing Program-SW Region is a prevention and early intervention hearing program. The program consists of the following program components/strategies: universal newborn hearing screening, hearing loss confirmation and audiologic assessment, and follow up support and services for children identified with permanent hearing loss. The goals of the program are to identify all babies who are deaf or hard of hearing; identify and monitor babies born with risk factors for developing hearing loss; provide evidence based amplification and communication interventions to facilitate language development; support parents and community professionals in maximizing positive child outcomes; promote a smooth transition to school; and provide family-centred care that respects and involves parents. The IHP-SW covers the counties of Oxford, Elgin, Middlesex, Huron, Perth, Grey, Bruce and Lambton. The IHP-SW screens the hearing of 10,000 newborns/year either in the hospital or the community, and provides follow-up supports and services to approximately 120 children per year who have permanent hearing loss. The program provides service to children and families from birth to eligibility to attend school.

COMPONENT(S) OF TEAM PROGRAM #3 BLIND LOW VISION EARLY INTERVENTION PROGRAM

The Blind Low Vision Early Intervention Program consists of the following components/strategies: intervention and education, and family support and counseling. The goals of the program are to provide education and support for families and community professionals in healthy child development and preparation for early learning and other community environments; provide a range of evidence-based interventions for the child, family and caregivers; promote a smooth transition to school; and provide family-centred care that respects and involves parents. The IHP-SW covers the counties of Oxford, Elgin, Middlesex, Huron, Perth, Grey, Bruce and Lambton. The program provides services to approximately 110 children per year who have been diagnosed as being blind or having low vision. The program provides services to children and families from birth to eligibility to attend school.

2018 Planning & Budget Template

Program: Screening, Assessment & Intervention Team

SECTION E **PERFORMANCE/SERVICE LEVEL MEASURES**			
	2016/17 (actual)	**2017/18 (anticipated)**	**2018/19 (target)**
Component of Team #1 tykeTALK (Thames Valley)			
Total number of children receiving service	3101	3100	3100
			MCYS Targets:
% of assessments provided to referred children by 30 months of age	54%	54%	45%
% of all children aged 0-30 months receiving intervention whose families receive parent training as defined by the MCYS Preschool Speech and Language (PSL) Program Guidelines	74%	75%	75%
Wait-time from referral to tykeTALK to initial assessment	5 weeks	7 weeks	12 weeks or less
Wait-time from referral to tykeTALK to beginning of the first intervention	12 weeks	15 weeks	32 weeks or less
Component of Team #2 Infant Hearing Program – SW Region			
% of all newborn babies residing in the region who receive a hearing screening before 1 month corrected age (approximately 10,650 babies born per year in region based on 2011 census data)	91%	90%	90%
% of babies screened who are referred for audiologic assessment	0.8%	1%	2% or less of all babies screened
% of all babies with a refer result from Universal Newborn Hearing Screening (UNHS) who have their audiology assessment by 4 months corrected age	74%	75%	75%
% of babies identified with Permanent Childhood Hearing Loss (PCHL) as a result of UNHS who begin use of amplification by 9 months corrected age	44%	60%	40%
% of babies identified with PCHL as a result of UNHS who begin communication development by 9 months corrected age	39%	70%	40%
Component of Team #3 Blind Low Vision Early Intervention Program (SW Region)			
Average age of children at referral	20 months	18 months	less than 24 months
Wait time from referral to first intervention	1 weeks	2-3 weeks	less than 12 weeks

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Program: Screening, Assessment & Intervention Team

SECTION F STAFFING COSTS:	2016/2017 TOTAL FTEs	2017/2018 ESTIMATED FTEs
	29.83	**31.83**
MLHU Staff:		
Program Manager	1.0	1.0
Program Assistants	2.4	2.4
Intake – Coordinator	1.0	1.0
Contract Staff:		
Family Support Workers	0.58	0.58
Early Childhood Vision Consultants	2.3	2.3
Speech & Language Pathologists	13.23	14.23
Administrative Support	3.41	3.41
Communication Disorder Assistant	4.2	4.2
Audiology Consultant (Infant Hearing Program)	0.5	0.5
Audiologists	2.04	3.04
Hearing Screeners	3.85	3.85

SECTION G

[1]PROGRAM EXPENDITURES & REVENUES ARE FROM APRIL 1, 2018 TO MARCH 31, 2019

EXPENDITURES:

Object of Expenditure	2016 Budget	2016 Actual	2017 Budget	2018 Draft[1] Budget	$ increase ($ decrease) over 2017	% increase (% decrease) over 2017
Salary & Wages	$ 2,217,358	$ 2,249,326	$ 2,217,358	$ 2,427,979	$ 210,621	9.5%
Benefit	484,966	498,287	484,966	556,313	71,347	14.7%
Travel	26,654	28,579	26,654	21,962	(4,692)	(17.6)%
Program Supplies	41,721	103,128	41,721	68,415	26,694	64.0%
Staff Development	1,250	879	1,250	285	(965)	(77.2)%
Occupancy Costs	75,243	74,850	75,243	74,635	(608)	(0.8)%
Professional Fees	5,548	3,254	5,548	7,642	2,094	37.7%
Furniture & Equipment	1,720	113,928	1,720	34,000	32,280	>100.0%
Other Program Costs	636	-	636	540	(96)	(15.1)%
Total Expenditures	**$ 2,855,096**	**$ 3,072,231**	**$ 2,855,096**	**$ 3,191,771**	**$ 336,675**	**11.8%**

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2018 Planning & Budget Template

Program: Screening, Assessment & Intervention Team

SECTION H
FUNDING SOURCES:

Object of Expenditure	2016 Budget	2016 Actual	2017 Budget	2018 Draft Budget	$ increase ($ decrease) over 2017	% increase (% decrease) over 2017
Cost-Shared	$ 10,000	$ 10,000	$ 10,000	$ 10,000	$	
MOHLTC – 100%						
MCYS – 100%	2,812,962	3,010,120	2,812,962	3,149,453	336,491	12.0%
User Fees						
Other Offset Revenue	32,134	52,111	32,134	32,318	184	0.6%
Total Revenues	**$ 2,855,096**	**$ 3,072,231**	**$ 2,855,096**	**$ 3,191,771**	**$ 336,675**	**11.8%**

SECTION I
KEY HIGHLIGHTS/INITIATIVES PLANNED FOR 2018

- Revise/develop and implement evidence-based service delivery pathways within tykeTALK
- Implement online appointment scheduling system for follow-up hearing screening (for babies missed in hospital or with a refer result)
- Review/consider implications of anticipated MCYS revised IHP Protocol for Hearing Screening and Communication Development
- Work with MCYS, as needed, on plans to integrate hearing loss screening into the Newborn Screening Ontario (NSO) program
- Work with Coordinated Service Planning Committee of the Special Needs Strategy to refer eligible families to Service Coordinators

SECTION J
PRESSURES AND CHALLENGES

- In September 2017, MCYS halted planning for the Special Needs Strategy – Integrated Rehabilitation provincially; local planning will resume in Spring 2018, with implementation in September 2019.
- Continued absence of tykeTALK base funding increases threatens ability to maintain current staff levels and meet program targets
- Current budget is not sufficient to meet increasing needs for trained interpreters for families accessing tykeTALK interventions; options will need to be explored to address this need

SECTION K
RECOMMENDED ENHANCEMENTS, REDUCTIONS AND EFFICIENCIES FOR 2018

- None

OFFICE OF THE CHIEF NURSING OFFICER

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2018 Planning & Budget Template

SECTION A				
DIVISION	Office of the Chief Nursing Officer	**MANAGER NAME**	Heather Lokko (Chief Nursing Officer)	**DATE**
PROGRAM TEAM	Community Health Nursing Specialist Health Equity Core Team	**DIRECTOR NAME**	Heather Lokko (Chief Nursing Officer)	January, 2018

SECTION B
SUMMARY OF TEAM PROGRAM

The Office of the Chief Nursing Officer was established with restructuring in January 2016. It provides agency-wide support, with two main areas of focus: nursing practice and health equity. Both are significantly linked to the agency's strategic plan. Effective January 2013, boards of health were required to designate a Chief Nursing Officer (CNO) to be responsible for nursing quality assurance and nursing practice leadership. The Chief Nursing Officer (CNO) and Community Health Nursing Specialist (CHNS) together work with nurses across the agency to reach this goal, in order to ensure quality outcomes for the community. In 2011, the Ministry provided funding to hire public health nurses (PHNs) with specific expertise in addressing social determinants of health and reducing health inequities in identified priority populations. This initiative enhances public health nursing care and services too hard to reach, vulnerable populations most negatively impacted by various social determinants of health (SDoH). In addition to working on collaborative system-level external initiatives addressing various SDoH for vulnerable populations, the Health Equity Core Team focuses on building internal capacity to enhance efforts to address health equity across the work of the whole organization. The new Ontario Public Health Standards includes a new Health Equity Standard, and this team will continue to move health equity efforts forward to support MLHU in meeting this new Standard.

SECTION C
ONTARIO PUBLIC HEALTH STANDARD(S), RELEVANT LEGISLATION OR REGULATION

Ontario Public Health Standards: Requirements for Programs, Services, and Accountability

- Health Equity Standard
- Effective Public Health Practice Standard

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

Municipal Freedom of Information and Protection of Privacy Act, R.S.O. 1990 (MFIPPA)

Personal Health Information Protection Act, R.S.O. 2004 (PHIPA)

Program: Office of the Chief Nursing Officer

SECTION D

COMPONENT(S) OF TEAM PROGRAM #1 – CHIEF NURSING OFFICER / COMMUNITY HEALTH NURSING SPECIALIST

Establishing strong nursing leadership has implications for the quality of nursing practice, service delivery, organizational effectiveness and, ultimately, population health outcomes. This occurs through: 1) Promoting use of research, evidence based practice and innovation in public health and nursing practice; 2) Supporting/advocating for professional development opportunities, which is linked to nurse retention, job satisfaction and positive client health outcomes; 3) Developing a positive work environment, which supports nurse empowerment, work performance and effectiveness, and occupational mental health; 4) Providing accessible and visible leadership that staff can connect with; and 5) Contributing to future development of organization (e.g. strategic planning, visioning, performance). The Chief Nursing Officer and Community Health Nursing Specialist work together to support these goals in a manner that respects excellence in all disciplines and recognizes the integration of nurses within the organization, through providing consultative support regarding nursing practice issues; leading and/or contributing to policy/procedure and medical directive development for public health practice; providing leadership to the Nursing Practice Council; supporting the implementation of best practice guidelines, legislation, regulations, competencies and trends in nursing practice; planning agency-wide professional development opportunities; supporting national/international certifications (i.e., Community Health Nursing, International Certified Lactation Consultants, Certification in Infection Control); fostering, supporting, and maximizing academic partnerships; considering and addressing needs related to continuous quality improvement of nursing practice; promoting competency-based performance evaluation; and engaging in local, regional, and provincial nursing practice strategic initiatives.

COMPONENT(S) OF TEAM PROGRAM #2 – HEALTH EQUITY CORE TEAM

The Health Equity Core Team engages in both internally and externally-facing work. Internal work focuses on implementing the organization's strategic plan objectives and initiatives related to health equity and the social determinants of health. Primary areas of focus in the strategic plan related to health equity/SDOH include knowledge exchange and internal capacity building, assessment and monitoring of MLHU compliance with Health Equity Indicators for Ontario Local Public Health Agencies (HEI), and establishment of a policy development and advocacy framework. This team is working collaboratively with the Foundational Standard Team to embed a health equity lens throughout the organization's new Planning and Evaluation Framework. They are also supporting Human Resources with an organizational assessment related to diversity and inclusiveness. The SDOH Public Health Nurses also engage in system-level work within the community. One PHN has recently begun development of the Indigenous Co-ordinator role which includes supporting the achievement of program outcomes as outlined in the 2018 Health Equity Standard, including relationship building and meaningful engagement with local Indigenous communities and organizations. The other PHN has recently taken on the role of Newcomer Services Coordinator for the agency, and will be involved in system-level work in the community related to refugees and immigrants. The Health Equity Core Team works closely with and provides leadership to the Health Equity Advisory Taskforce, which has agency-wide representation. The Chief Nursing Officer is providing leadership and/or is actively involved in a number of local strategic initiatives related to health equity (e.g., London For All – Early Years and Education implementation committee, Community Health Collaborative, Newcomer Health Settlement Planning Committee).

2018 Planning & Budget Template

Program: Office of the Chief Nursing Officer

SECTION E PERFORMANCE/SERVICE LEVEL MEASURES	2016 (actual)	2017 (actual)	2018 (target)
COMPONENT OF TEAM #1			
% of Nursing Practice Council workplan initiatives with significant progress and/or completed (workplan to be aligned with agency strategic plan and CNO accountabilities)	N/A	80% of NPC 2017 initiatives completed as planned	100% of NPC 2018 initiatives completed as planned
# of consultations regarding nursing practice issues / # of nursing practice issues resolved / # of policies, directives, protocols developed &/or revised	94 / 94 / 24	95 / 91 (CHNS) + 12 (NPC) / 16	Maintain
# of CQI initiatives identified / # of CQI issues addressed and/or underway	N/A	2 / 2	Maintain
COMPONENT OF TEAM #2			
Compliance with of "Health Equity Indicators for Ontario Local Public Health Agencies": % of indicators agency is working towards and/or have been met / degree of progress towards achievement of indicator (minimal, moderate, significant)	N/A	Compliance assessed at 3 of 15 = 20% of indicators having moderate progress, 12 of 15 =80% ranked as does not happen or only minimally)	Enhanced assessment of compliance, with agency working towards 50% of indicators / moderate progress
Degree of progress towards completion of health equity/SDOH initiatives on the strategic plan (minimal, moderate, significant)	N/A	Moderate	Significant

SECTION F STAFFING COSTS:	2017 TOTAL FTEs	2018 ESTIMATED FTEs
	4.0	**4.0**
Community Health Nursing Specialist	1.0	1.0
Health Promoter	0.5	0.5
Program Assistant	0.5	0.5
Public Health Nurses	2.0	2.0

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Program: Office of the Chief Nursing Officer

SECTION G

EXPENDITURES:

Object of Expenditure	2016 Budget	2016 Actual	2017 Budget	2018 Draft Budget	$ increase ($ decrease) over 2017	% increase (% decrease) over 2017
Salary & Wages	$ 301,239	$ 291,614	$ 307,435	$ 320,479	$ 13,044	4.2%
Benefits	72,245	67,485	75,425	75,213	(212)	(0.3)%
Travel	8,800	3,292	8,800	2,000	(6,800)	(77.3)%
Program Supplies	5,592	482	4,430	2,280	(2,150)	(48.5)%
Staff Development	6,050	12,236	6,050	6,000	(50)	(0.8)%
Professional Services				9,000	9,000	
Furniture & Equipment						
Other Program Costs	13,050	4,008	13,050	13,050		
Total Expenditures	**$ 406,976**	**$ 379,117**	**$ 415,190**	**$ 428,022**	**$ 12,832**	**3.1%**

SECTION H

FUNDING SOURCES:

Object of Revenue	2016 Budget	2016 Actual	2017 Budget	2018 Draft Budget	$ increase ($ decrease) over 2017	% increase (% decrease) over 2017
Cost-Shared	$ 102,889	$ 77,068	$ 111,103	$ 126,022	$ 14,919	13.4%
MOHLTC – 100%	302,000	302,049	302,000	302,000		
MCYS – 100%						
User Fees						
Other Offset Revenue	2,087		2,087		(2,087)	(100)%
Total Revenues	**$ 406,976**	**$ 379,117**	**$ 415,190**	**$ 428,022**	**$ 12,832**	**3.1%**

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2018 Planning & Budget Template

Program: Office of the Chief Nursing Officer

SECTION I

KEY HIGHLIGHTS/INITIATIVES PLANNED FOR 2018

- Implementation of an agency-wide medication incident procedure for applicable employees
- Development of a nurse mentorship plan
- Continued leadership of the *Client and Community Partner Experience project*
- Continued work with academia to develop a public health nursing elective at Western
- Development of a learning module and orientation plan for the revised agency-wide Child Abuse Policy
- Continued implementation of agency-wide health equity strategic priorities (i.e., implement staff capacity building plan, further develop and implement plan to monitor HEI compliance by MLHU, disseminate advocacy framework/guide, continue work with Planning and Evaluation Framework based on direction of PEF work group)
- Expand development and implementation of Newcomer Service Coordinator role and Indigenous Co-ordinator role
- Assess implications of new MOHLTC Health Equity Protocol (to be released January 2018)

SECTION J

PRESSURES AND CHALLENGES

- Health equity indicators require engagement of many others across the organization
- The small size of the Core Team can make it challenging to complete all objectives – prioritization is needed
- Nursing CQI planning and implementation will continue, however it is necessary to align with whatever CQI framework and plan is developed for the agency in the upcoming year.

SECTION K

RECOMMENDED ENHANCEMENTS, REDUCTIONS AND EFFICIENCIES FOR 2018

- None

GENERAL EXPENSES & REVENUES

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SECTION A				
SERVICE AREA	General Expenses & Revenues	**MANAGER NAME**	Brian Glasspoole	**DATE**
PROGRAM TEAM	General Expenses & Revenues	**DIRECTOR NAME**	Laura Di Cesare	January 2018

SECTION B

SUMMARY OF TEAM PROGRAM

General Expenses & Revenues is a centralized budget managed by the Senior Leadership Team related to Board of Health meetings, general Health Unit property/occupancy costs, risk management & audit, post-employment benefits, employee assistance program (EAP), expected agency gapping / vacancies, and general offset revenues.

SECTION C

ONTARIO PUBLIC HEALTH STANDARD(S), RELEVANT LEGISLATION OR REGULATION

- Ontario Public Health Organizational Standards:
  - 2.1 Remuneration of board of health members
  - 6.2 Risk Management
  - 6.9 Capital Funding Plan
- Section 49, Health Protection & Promotion Act – as it relates to the payment of Board of Health members

2018 Planning & Budget Template

Program: General Expenses & Revenues

SECTION D

COMPONENT(S) OF TEAM PROGRAM #1 - BOARD OF HEALTH & COMMITTEES

This program budget supports the remuneration of board of health members as described in Section 49 of the Health Protection and Promotion Act. Remuneration includes meeting stipend, travel costs and payments for professional development opportunities

COMPONENT(S) OF TEAM PROGRAM #2 - FACILITIES / OCCUPANCY COSTS

This component supports the resource allocation for health unit offices which includes the following expenditure categories:

- Leasing costs
- Utilities – Hydro, telephone & other communications costs, and water,
- Janitorial contracts
- Security contracts.
- General office & equipment maintenance and repairs.
- Management of the multi-purpose photocopiers.
- General office supplies (copy paper, batteries, forms etc.) & postage and courier costs.

COMPONENT(S) OF TEAM PROGRAM #3 – INSURANCE, AUDIT, LEGAL FEES AND RESERVE FUND CONTRIBUTIONS

This component supports the insurance needs of the organization, annual audit fees, legal and other professional services and provides the budget for reserve fund contributions.

COMPONENT(S) OF TEAM PROGRAM #4 – POST-EMPLOYMENT & OTHER BENEFITS AND VACANCY MANAGEMENT

This component supports the allocation of resources for general employee benefits (listed below) and is the area where the health unit budgets for expected position vacancies.

General employee benefits include:

- Employee Assistance Program (EAP)
- Post-employment benefits (retirees)
- Supplemental Employment Insurance benefits
- Sick Leave payments which are funded by the Sick Leave Reserve Fund

COMPONENT(S) OF TEAM PROGRAM #5 – GENERAL OFFSET REVENUES

General revenues accounted for in this section are non-program specific in nature such as interest revenue, property searches and miscellaneous revenue.

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Program: General Expenses & Revenues

SECTION E

PERFORMANCE/SERVICE LEVEL MEASURES

	2016	2017 (anticipated)	2018 (estimate)
Component of Team #1 – #5			
N/A			

SECTION F

STAFFING COSTS:	**2017 TOTAL FTEs**	**2018 ESTIMATED FTEs**
No FTEs		

SECTION G

EXPENDITURES:

Object of Expenditure	2016 Budget	2016 Actual	2017 Budget	2018 Draft Budget	$ increase ($ decrease) over 2017	% increase (% decrease) over 2017
Benefits (Retiree & Other)	$ 228,953	$ 383,502	$ 263,013	$ 230,313	$ (32,700)	(12.4)%
Expected Vacancies	(780,851)		(749,155)	(932,963)	(183,808)	24.5%
Program Supplies	103,000	97,613	103,000	94,000	(9,000)	(8.7%)
Board Expenses	55,500	34,893	55,000	45,500	(10,000)	(18.0)
Staff Development	1,800	49,985	1,800	1,800		
Occupancy Costs	1,499,108	1,500,965	1,556,508	1,556,508		
Professional Services	223,400	259,629	223,400	223,400		
Furniture & Equipment	140,025	121,188	105,025	105,025		
Other Agency Costs	99,887	167,085	79,887	79,887		
Contributions to Reserves / Reserve Funds	250,000	6,621	250,000	250,000		
Total Expenditures	**$ 1,820,822**	**$ 2,621,481**	**$ 1,888,978**	**$ 1,653,470**	**$ (235,508)**	**(12.5)%**

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Program: General Expenses & Revenues

SECTION H

FUNDING SOURCES:

Object of Revenue	2016 Budget	2016 Actual	2017 Budget	2018 Draft Budget	$ increase ($ decrease) over 2017	% increase (% decrease) over 2017
Cost-Shared	$ 1,791,072	$ 2,601,019	$ 1,859,228	$ 1,623,720	$ (235,508)	(12.7)%
MOHLTC – 100%						
MCYS – 100%						
User Fees	3,750	2,099	3,750	3,750		
Other Offset Revenue	26,000	18,363	26,000	26,000		
Contribution from Reserves						
Total Revenues	**$ 1,820,822**	**$ 2,621,481**	**$ 1,888,978**	**$ 1,653,470**	**$ (235,508)**	**(12.5)%**

SECTION I

KEY HIGHLIGHTS/INITIATIVES PLANNED FOR 2018

- Increased security measures at 50 King Street office.
- This budget supports the work found under the “Operations” portfolio specifically related to the work by the Organizational Structure and Location Committee.

SECTION J

PRESSURES AND CHALLENGES

- Funding pressures remain uncertain and budgeting is based on a zero percent increase for 2018 in both mandatory and 100% programs.
- Potential recommendations regarding the Location Project.

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Program: General Expenses & Revenues

SECTION K

RECOMMENDED ENHANCEMENTS, REDUCTIONS AND EFFICIENCIES FOR 2018

The following enhancements/reductions have been included in the base program budget:

- ($32,700) PBMA #1-0018 - Discontinuation of NNG initiative

MIDDLESEX-LONDON HEALTH UNIT

REPORT NO. 007-18

TO: Chair and Members of the Board of Health

FROM: Christopher Mackie, Medical Officer of Health / CEO

DATE: 2018 February 15

TEMPORARY OVERDOSE PREVENTION SITE UPDATE

Recommendation

It is recommended that the Board of Health receive Report No. 007-18 re: "Update-Temporary Overdose Prevention Site" for information.

Key Points

- As of January 19, 2018, the Middlesex-London Health Unit received the first approval for a Temporary Overdose Prevention Site (TOPS) in Ontario.
- At the time of writing this report, site preparations are underway to support provision of TOPS services at 186 King Street.
- Reallocation of approximately $20,000 in funding already allocated by MLHU to the Regional HIV/AIDS Connection (RHAC) will cover the difference between site modification costs and the amount of Ministry support for capital upgrades.

Background

Under new federal policy, provinces experiencing a public health emergency may request an exemption from federal law (the Controlled Drugs and Substances Act) to provide for the establishment of temporary overdose prevention sites. These sites provide necessary health services that are both accessible and free from stigma for clients to help reduce the growing number of overdose deaths affecting some of Ontario's most vulnerable and marginalized populations. Establishing overdose prevention sites under a federal exemption protects front-line workers at these sites from criminal prosecution for providing these services.

The Middlesex-London Health Unit and its partners submitted the first application in Ontario for a Temporary Overdose Prevention Site (TOPS) on January 12, 2018. While work continues to prepare an application for a full Supervised Consumption Facility (SCF), the TOPS will allow for immediate intervention to support access to harm reduction programming and to prevent overdose deaths. On January 19, 2018, in response to the application by MLHU and its partners, the Ontario government approved one-time funding in the amount of $130,700 to establish Ontario's first sanctioned Temporary Overdose Prevention Site. The TOPS will be located at the Regional HIV/AIDS Connection (RHAC) at 186 King Street.

Initial data from recent public consultations in London to identify attitudes concerning SCFs indicated the importance of having integrated services present at consumption facilities to link up to wraparound support, treatment, and rehabilitation. Support from partner agencies for the TOPS program has been strong. Organizations that have committed to providing additional services within the TOPS include: the Southwestern Ontario Aboriginal Health Access Centre; the Regional HIV/AIDS Connection (RHAC); London CAReS; Addictions Services of Thames Valley; the London Intercommunity Health Centre; and the Canadian Mental Health Association.

Site Location and Planning

The TOPS service will be embedded with the Counterpoint Needle and Syringe Program at RHAC, which provides free harm reduction materials and information to more than eighty clients per day. Counterpoint Harm Reduction Services works with injection drug users to reduce the risk of HIV and other blood-borne

infections, and to improve access to health and social services in the London area. RHAC currently is a referral provider to other social services and healthcare agencies, such as drug and alcohol treatment centres, doctors, hospitals, social workers, legal aid, and housing and welfare support agencies. The TOPS hours of operation are Monday to Friday, 10 a.m.–4 p.m., and Saturday and Sunday, 11 a.m.–4 p.m. These hours align with the preferences stated by people who use drugs in focus groups as part of the MLHU-led consultation process conducted in November, 2017for supervised consumption. These hours also facilitate community partners being present on site to engage clients and assist in referrals and linkages with other services.

MLHU staff worked with City of London planning staff to help identify criteria to be considered in the site-selection process for TOPS/SCF facilities. These criteria were proposed to members of London's Planning and Environment Committee and Planning Department. On the Committee's recommendation, City Council voted unanimously to adopt a policy establishing criteria and associated zoning regulations to govern planning for TOPS or SCF locations.

In order to ensure that operational and site-safety issues are appropriately addressed at the King Street location, London Police Services carried out a Crime Prevention Through Environmental Design (CPTED) review. RHAC has implemented various site modifications as a result. Middlesex-London Paramedic Services and the London Fire Department have also provided an assessment, with suggestions for enhance client safety, and assisted in developing fire and other response plans. Additionally, the Division Manager, City of London Corporate Security and Emergency Management, has reviewed the temporary site and provided recommendations from a security/emergency standpoint.

Ministry funding will provide some minimal capital start-up costs (e.g., furniture), which will be required to launch services at the site. A request has been made for approximately $5,000 to support construction costs and to procure certain additional items, including a lockbox, tables, chairs, and mirrors (see Appendix A). Construction costs for preparing the TOPS site (to ensure that physical safety and security measures are in place for clients, staff, and the community) amount to $25,000. Funding provided to RHAC by MLHU to support needle supply, disposal, and associated overhead is currently in a surplus position. As such, funds are available from the cost-shared pool that are being redeployed to offset $20,000 out of the construction costs.

Conclusion / Next Steps

An evaluation framework is currently being developed that will address compliance with Ministry of Health and Long-Term Care reporting requirements and track referrals to other services. The evaluation will also likely include conducting client satisfaction surveys, key informant interviews, and community and business stakeholder surveys, as well as identifying any impact on area crime rates.

This report was submitted by the Sexual Health Team, Environmental Health and Infectious Disease Division.

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

APPLICATION TO ESTABLISH AND RECEIVE PROVINCIAL FUNDING FOR AN OVERDOSE PREVENTION SITE (OPS)

Describe other physical safety and security measures in place to ensure client, staff and community safety.

- *Describe the ability to monitor the OPS with clients in direct line of sight during injection and post injection, etc.*

There will be 3 large stainless steel tables 30x48 which can seat 2 clients per table will be placed together (clients will have small mirrors if needed for injection). The 2 nurses/EMS staff will have a small table directly facing the 6 clients. Post-injection there will be separate staff assigned to the area to monitor and connect to services.

BARRIER-FREE ACCESS

Does the site meet municipal bylaws and provincial regulations for accessibility?
Yes. ■ No. ☐

MINIMAL CAPITAL START-UP COSTS

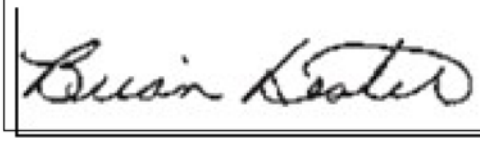
Are minimal capital start-up costs (e.g. furniture) required to launch the services in the proposed site? Yes. ■ No. ☐

If yes, what additional minimal capital start-up requirements would the organization need to launch services? Please provide a description, rationale and cost breakdown of requirements:

Description of item/work needed	Rationale	Cost estimate
3 Stainless steel tables 30 inches x 48 inches. Mirrors (3)	Tables in which injections can occur. Will meet infection	$350 each table plus tax (need 3) Mirrors
Multi-use stackable chair with arms plastic seat.	Can be used for injection room and post-injection for clients. Will meet infection	Set of 4 $377 plus tax (need 2 sets)
Construction cost for window in a door, add a door, a gate for after hours, window between	Window between injection and post-injection to ensure safety of staff and also extra staff	Estimated cost of $5,000

SIGNATURES

I verify the information provided on this form is correct.

Name of Applicant(s):	Date:
	January 12, 2018
Name of Co-Applicant(s), if applicable	Date:
	January 12, 2018

MIDDLESEX-LONDON HEALTH UNIT

REPORT NO. 008-18

TO: Chair and Members of the Board of Health

FROM: Christopher Mackie, Medical Officer of Health / CEO

DATE: 2018 February 15

INSPECTION OF HAIR-CUTTING ESTABLISHMENTS

It is recommended that Report No. 008-18 re: "Inspection of Hair-Cutting Establishments" be received for information.

Key Points

- The Infection Prevention and Control in Personal Services Settings Protocol, 2016 requires inspection of settings that constitute potential health hazards due to the risk of exposure to blood and/or body fluids.
- Facilities that offer very limited services, such as haircuts only, present a very low risk of such exposures. The number of personal service settings is increasing in the Middlesex-London region.
- The Infectious Disease Control Team is investigating a change in practice so that the Public Health Inspectors working on the Infectious Disease Control Team would reduce their focus on lowest-risk establishments, concentrating their time on high-risk settings using a risk-based approach to mitigate potential health hazards. Inspections in response to complaints would continue.
- This potential change would mean that the IDC team would not be compliant with the Infection Prevention and Control and Personal Settings Protocol that requires annual inspection of all Personal Service Settings.

Background

In 2017, pressures on the Infectious Disease Control (IDC) Team's public health inspection functions negatively affected the team's capacity to inspect each personal service setting (PSS) in London and Middlesex. These pressures included the ongoing outbreak of invasive Group A Streptococcus and temporary staffing vacancies. To address these challenges, the requirements set out in the Health Protection and Promotions Act (HPPA) and the Infection Prevention and Control in Personal Services Settings Protocol were reviewed to identify opportunities to increase capacity through the reduction of inspection frequency for the lowest-risk PSS locations.

In order to ensure that high-risk PSS inspections are completed in a timely manner, the decision was made on a temporary basis to reduce inspections of the lowest-risk PSS locations by sending information letters (i.e., in lieu of an on-site inspection by a public health inspector) to those establishments that cut hair using only scissors and/or clippers (non-critical tools) and that did not provide any medium- or high-risk services. The letter informed hair-cutting establishments that MLHU would not perform an on-site inspection in 2017 provided that PSS services being offered were limited to hair-cutting activities only. A reminder to operators was included about their responsibility to notify the Health Unit if additional services should be added to their business practices. To reinforce infection control practices required in hair-cutting establishments, educational materials were included in the package, along with contact information for the IDC Team.

The Infection Prevention and Control in Personal Services Settings Protocol, 2016 (see Appendix A) provides direction on how boards of health must operationalize specific requirements identified in the Ontario Public Health Standards. The protocol was developed to provide direction to boards of health to minimize the risk, for both PSS clients and workers, of contracting blood-borne and other infections. This protocol applies to PSS that constitute premises as defined by the HPPA, namely those that offer personal

services where there is a risk of exposure to blood and/or body fluids. Health units are responsible for using a risk-based approach to conduct PSS inspections. Conducting risk assessments to identify health hazards is an integral component of infectious disease prevention and control. Hair-cutting establishments are considered to be very low-risk, as described by those factors identified in the protocol, yet are still required to have annual on-site inspection

Next Steps

This year, the IDC Team began a risk-based review of all PSS to strengthen inspection-related processes, including follow-up, and re-inspection. The Health Unit's website is being updated to reflect inspection findings and resolutions more clearly, improving transparency for the public. Documentation is being reviewed, updated, and improved, new procedures are being implemented, and additional training is planned.

The City of London has also recently added further PSS that will require a business license. These include nail salons, as well as microblading and eyelash extension establishments. Although these establishments have traditionally required inspection, a business license was not required for operation. This change will require the IDC inspectors to provide an inspection report for an establishment upon application for a license, creating additional workload pressures.

Taking into consideration regulatory requirements and volume of work, it may be necessary for the IDC Team to follow a risk-based approach, reducing inspection frequency for hair-cutting establishments that cut hair only with scissors and/or clippers (non-critical tools). This would enable the team to focus on higher-risk establishments, which pose a risk of exposure to blood-borne and other infections through blood and/or body fluids. Inspections of the lowest-risk businesses would occur upon initial licensing, and afterward on an ad-hoc basis. Establishments offering hair-cutting services alone constitute approximately 20% of all PSSs. Complaints regarding these establishments would continue to require follow-up within twenty-four hours, as per the current protocol.

Further work will be done in the coming months to identify whether there are any other reasonable alternatives to this change.

This report was prepared by the Environmental Health and Infectious Diseases Division.

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

Ministry of Health and Long-Term Care

Infection Prevention and Control in Personal Services Settings Protocol, 2016

Population and Public Health Division,
Ministry of Health and Long-Term Care

May 2016

Ontario

Preamble

The Ontario Public Health Standards (OPHS) are published by the Minister of Health and Long-Term Care under the authority of the *Health Protection and Promotion Act* (HPPA) to specify the mandatory health programs and services provided by boards of health.[1, 2] Protocols are program and topic specific documents which provide direction on how boards of health must operationalize specific requirement(s) identified within the OPHS. They are an important mechanism by which greater standardization is achieved in the province-wide implementation of public health programs.

Protocols identify the minimum expectations for public health programs and services. Boards of health have the authority to develop programs and services in excess of minimum requirements where required to address local needs. Boards of health are accountable for implementing the standards including those protocols that are incorporated into the standards.

Purpose

This protocol has been developed to provide direction to boards of health to minimize the risk of contracting blood-borne and other types of infections for both clients and personal services workers during the delivery of personal services.

This protocol applies to personal services settings which are premises as defined by the HPPA that offer personal services where there is a risk of exposure to blood and/or body fluids.[2] This includes services such as, but not limited to: hairdressing and barbering; tattooing; body piercing; nail services; electrolysis; and various other aesthetic services. This protocol also applies to "special events" such as trade shows, conventions, fairs, or exhibitions where personal services are provided. This protocol applies to any person delivering personal services, including regulated health professionals.

The responsibility of boards of health to investigate infection prevention and control (IPAC) complaints related to "controlled acts" under the *Regulated Health Professions Act* (RHPA), or any other regulated health profession-specific legislation delivered by regulated health professionals is outlined in the *Infection Prevention and Control Practices Complaint Protocol, 2008* (or as current).[3, 4]

Reference to the Standards

Table 1: identifies the OPHS standards and requirements to which this protocol relates.

Standard	Requirement
Infectious Diseases Prevention and Control	Requirement #10: The board of health shall ensure that the medical officer of health or designate receives reports of and responds to complaints regarding infection prevention and control practices in settings for which no regulatory bodies, including regulatory colleges, exist, particularly personal services settings. This shall be done in accordance with the *Infection Prevention and Control in Personal Services Settings Protocol, 2008* (or as current) and the *Infection Prevention and Control Practices Complaint Protocol, 2008* (or as current). In addition, if an infection prevention and control lapse is identified, the board of health shall post an Initial and a Final Report online on the board of health's website, in accordance with the *Infection Prevention and Control Practices Complaint Protocol, 2008* (or as current) and the *Infection Prevention and Control in Personal Services Settings Protocol, 2008* (or as current). For the purposes of sections 9 and 10, a "regulatory college" means the college of a health profession or group of health professions established or continued under a health professions Act named in Schedule 1 to the *Regulated Health Professions Act.* Requirement #14: The board of health shall inspect settings associated with risk of infectious diseases of public health importance in accordance with the *Infection Prevention and Control in Child Care Centres Protocol, 2016* (or as current); the *Infection Prevention and Control in Personal Services Settings Protocol, 2008* (or as current); and the *Risk Assessment and Inspection of Facilities Protocol, 2008* (or as current).

Operational Roles and Responsibilities

1. Inspection

The board of health shall:

a) Perform routine inspections for all personal services settings at least once a year.
b) Conduct these routine inspections to ensure adherence to IPAC practices. The frequency of inspection may be increased based on results from the inspection. For more information, refer to current best practices including the *Infection Prevention and Control Best Practices for Personal Services Settings* document (or as updated).[5]
c) In addition to the annual routine inspection, use a risk-based approach to conduct inspections of personal services settings in response to complaints or if there is continued non-compliance with IPAC practices identified in 1)a) above, to ensure compliance.

2. Detection, Investigation, and Identification

a) Conducting risk assessments to identify health hazards is an integral component of the role of public health. The board of health shall incorporate risk assessments into the annual routine inspection process and when investigating potential health hazards in personal services settings. Risk assessment of a personal services setting shall include but not be limited to the consideration of:
    i) The extent of exposure to blood, body fluids and/or potentially infectious lesions from service(s) provided, especially as these risks relate to the invasiveness of the service(s) offered; and
    ii) The degree of adherence to IPAC practices.
b) The board of health shall initiate an investigation of complaints/inquiries/issues regarding potential health hazards including IPAC lapses in personal services settings within 24 hours to determine the risk of communicable and/or infectious disease transmission and appropriate board of health response.
c) The board of health shall determine, given the information available, whether a communicable and/or infectious disease transmission risk is or may be linked to the professional conduct of a regulated health professional governed by a regulatory college (e.g., nurse, physician). The board of health shall, in that event:

i) Contact the regulatory college directly and provide any relevant information about the member(s) and the reported non-adherence to IPAC practices for follow up by the regulatory college;
ii) Provide information to the complainant about how to contact the regulatory college himself or herself, if applicable; and
iii) Consider a collaborative approach with the regulatory college in any ongoing assessment and any subsequent investigation deemed necessary.

d) The board of health shall focus on the risk of communicable and/or infectious disease transmission related to an IPAC lapse during annual routine inspections or when investigating complaints/inquiries/issues. This shall include but is not limited to:

i) Whether or not, and the extent to which, IPAC routine practices have been implemented/adhered to; and
ii) Adherence to best practices for cleaning, disinfection and sterilization in the setting named in a complaint.

e) For more information on best practices refer to the *Infection Prevention and Control Best Practices for Personal Services Settings* document (or as updated).[5] Actions within an investigation may include, but not be limited to:

i) Advising the implementation of appropriate IPAC procedures following current best practices including the *Infection Prevention and Control Best Practices for Personal Services Settings* document (or as updated);[4]
ii) Offering education following current best practices including the *Infection Prevention and Control Best Practices for Personal Services Settings* document (or as updated);[5]
iii) Conducting re-inspection(s) to ensure compliance with current best practices including the *Infection Prevention and Control Best Practices for Personal Services Settings* document (or as updated) if non-compliance issues continue to pose the risk of communicable and/or infectious disease transmission;[5]
iv) Identifying clients that may be impacted by non-compliance with IPAC best practices in the setting under investigation;
v) Developing a risk communication strategy for identified clients;
vi) Ordering corrective action based on the findings of the investigation, up to and including issuing written orders under the HPPA; [2] and
vii) Advising the party under investigation of his/her roles and responsibilities in taking or failing to take the corrective actions.

f) The board of health shall conduct a risk assessment in order to determine if a health hazard exists in regards to failed (i.e., spore growth observed) or missing spore tests or if the setting has not adhered to IPAC practices. When conducting a risk assessment the board of health shall request information to facilitate the completion of an assessment including, but not limited to:

i) Invasive procedures performed by the setting and items used in such procedures that are sterilized on-site;
ii) Complete client contact information;
iii) Sterilizer monitoring logs;
iv) Spore test results; and
v) Supplier information for items purchased as pre-packaged and sterile.

3. Management

The board of health shall:

a) Maintain an inventory of all personal services settings within the health unit jurisdiction, organized by setting type, and update it annually or more frequently, as required. This inventory must include personal services operator contact information and personal services setting location.
b) Make use of its 24 hours per day, 7 days per week (24/7) public health on-call system to assess and respond to public health issues in personal services settings including potential health hazards such as IPAC lapses that have, or that are likely to have, an adverse effect on the health of any person.
c) Offer education to the general public in regards to IPAC practices for personal services settings.
d) Offer education to the personal services workers and/or operators annually in regards to IPAC practices for such settings. Education may be offered during annual inspections and includes appropriate IPAC practices.
e) Communicate with client(s) at risk when an investigation of a personal services setting has identified a health hazard that is a potential risk to their personal health.
f) Communicate with the general public when an investigation has identified a health hazard that poses a public health risk to unidentified clients of the setting.
g) Maintain a record of all complaints received and investigations undertaken.
h) For additional information regarding appropriate IPAC practices for personal services settings, refer to current best practices including the *Infection Prevention and Control Best Practices for Personal Services Settings* document (or as updated).[5]
i) For supplementary information on the principles of IPAC, refer to The Provincial Infectious Diseases Advisory Committee (PIDAC) Infection Prevention and Control Best Practices Documents.[*]

[*] The PIDAC-IPAC documents, addressing IPAC best practices, are intended for health care settings. However, in the absence of more applicable reference documents, they may be used as a resource for the principles of IPAC.

4. Enforcement

The board of health shall:

a) Determine if a health hazard exists following an inspection of a personal services setting if the setting was found to be non-compliant with IPAC practices.
b) Take action under the HPPA to decrease the effect of, or eliminate, a health hazard that has been identified.[2] This action shall include a number of educational, procedural, and re-inspection measures to effect the necessary correction, up to and including the issuance of an order under the HPPA.[2]

5. Data Collection, Reporting, and Information Transfer

The board of health shall:

a) Report occurrences of significance (i.e., non-compliance issues leading to a media release) to the ministry prior to media release.
b) Report cases of reportable diseases associated with personal services settings through the integrated Public Health Information System (iPHIS) or any other method specified by the ministry.

6. Reporting of Infection Prevention and Control Lapses

a) If an IPAC lapse has been identified in a premises named in a complaint, the board of health shall post an Initial and a Final Report online in accordance with the *Infection Prevention and Control Lapse Disclosure Guidance Document, 2015* (or as current).[6]

Glossary

Infection Prevention and Control (IPAC) Lapse: A lapse is defined as a deviation from IPAC standard of care, based on current IPAC standard of care documents from the Provincial Infectious Diseases Advisory Committee (PIDAC), Public Health Ontario (PHO), or the ministry, where available, that the medical officer of health or designate believes on reasonable and probable grounds has or may result in infectious disease transmission to the premises' clients, attendees or staff through exposure to blood, body fluids and/or potentially infectious lesions.

Personal services: A service to or on the body where there is a risk of exposure to blood and/or body fluids such as but not limited to: hairdressing and barbering; nail services; tattooing; body piercing; electrolysis and various other aesthetic services.

Personal services operator: A person who owns and/or operates a personal services setting.

Personal services setting: A premises as defined by the HPPA where personal services are offered and/or delivered.[2]

Regulatory College: The college of a health profession or group of health professions established or continued under a health professions Act named in Schedule 1 to the *Regulated Health Professions Act.*[3]

Risk assessment: An evaluation of the interaction of the personal services owner/operator, the client and the client environment to assess and analyze the potential for exposure to infectious diseases (see also the OPHS Glossary).

Risk-based approach: The application of a risk assessment(s) to identify priorities for making decisions and taking action by directing proportionate resources to the hazard(s) with the greatest likelihood of an adverse effect on the health of any person.

References

1. Ontario. Ministry of Health and Long-Term Care. Ontario Public Health Standards. Toronto, ON: Queen's Printer for Ontario; 2008 [revised May 2016]. Available from: http://www.health.gov.on.ca/en/pro/programs/publichealth/oph_standards/default.aspx?/index.html
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MIDDLESEX-LONDON HEALTH UNIT

REPORT NO. 009-18

TO: Chair and Members of the Board of Health

FROM: Christopher Mackie, Medical Officer of Health/CEO

DATE: 2018 February 15

SUMMARY INFORMATION REPORT FOR FEBRUARY 2018

Recommendation

It is recommended that Report No. 009-18 re: "Summary Information Report for February 2018" be received for information.

Key Points

- The City of London's Shift rapid-transit initiative is a comprehensive undertaking, which complements MLHU's work under the Ontario Public Health Standards in several areas.

Shift: London's Rapid Transit Initiative

London's Rapid Transit Initiative Master Plan was approved by City Council on July 25, 2017. Through the Business Case evaluation process, Bus Rapid Transit (BRT) was identified as providing the best value solution in terms of mobility, city building, economic development and affordability. In September 2017, the Health Unit was invited to participate as a community stakeholder in the pre-planning phase, which precedes formal commencement of the Transit Project Assessment Process (March–September 2018). A Public Health Nurse from the Healthy Communities and Injury Prevention Team has been engaged in this process on behalf of MLHU. The Health Unit contributed previously to the Shift initiative discussion via the Shift Blog – Shifting to Better Health! on March 10, 2015, and through the Board of Health, May 19, 2016.

The Shift initiative is a comprehensive undertaking, which compliments MLHU's work under the Ontario Public Health Standards in several areas, including: reducing the burden of chronic diseases and preventable injuries (via increased use of active modes of transportation and improved road safety), promoting healthy natural and built environments (via reduced outdoor air pollutants and climate change impacts), and decreasing health inequities (via improved transportation access for populations with need).

This report was submitted by the Healthy Communities and Injury Prevention Team, Healthy Living Division.

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

MIDDLESEX-LONDON HEALTH UNIT

REPORT NO. 010-18

TO: Chair and Members of the Board of Health

FROM: Christopher Mackie, Medical Officer of Health / CEO

DATE: 2018 February 15

MEDICAL OFFICER OF HEALTH ACTIVITY REPORT, FEBRUARY

Recommendation

It is recommended that the Board of Health receive Report No. 010-18 re: "Medical Officer of Health Activity Report, February" for information.

The following report presents activities of the Medical Officer of Health for the period of January 8, 2018, to February 2, 2018.

December 20	Met with Shmuel Farhi to discuss supervised consumption services and possible locations for these services
January 8	Participated in a teleconference meeting regarding The Ontario Public Health Conference (TOPHC) presentation planning
January 9	Participated in the Council of Ontario Medical Officers of Health (COMOH) Executive Committee teleconference meeting Met with the MLHU Extended Leadership Team (ELT)
January 10	Participated in a teleconference meeting with City of London staff to discuss the Supervised Consumption Facilities (SCF) Report Met with Roxanne Riddell from the United Way to discuss the London For All initiative Participated in a COMOH Working Group teleconference call in regard to the February 23 workshop Was interviewed by Darryl Newcombe, CTV, regarding SCF
January 11	Met with members of the Old East Village Business Improvement Area in regard to the opioid drug crisis Attended the launch of Ontario's Indigenous Mentorship Network Program at Western University
January 15	Met with Councillor Anna Hopkins to discuss the upcoming Planning and Environment Committee meeting agenda
January 16	Met with Regional HIV/AIDS Connection (RHAC) staff to discuss planning for a temporary overdose prevention site (TOPS) Met with Councillor Tanya Park to discuss TOPS
January 17	Met with the Opioid Crisis Working Group (OCWG) Was interviewed by Chris dela Torre, CBC, regarding the SCF public consultations

January 18	Met with Board Member Joanne Vanderheyden Met by phone with Vito Frija regarding supervised consumption services and possible locations for these services Attended the January Governance Committee and Board of Health meetings
January 19	Provided a confidential briefing for downtown London business leaders and elected officials regarding the announcement of a TOPS in London Participated in the press conference regarding the announcement of a TOPS in London
January 22	Attended a meeting of the Community Health Collaborative, Business Leads and Champions Was interviewed by Health Force Ontario for opinions and thoughts on the Indigenous Cultural Safety Training Met with Martin Hayward, City of London, to discuss SCF and TOPS Presented to the Planning and Environment Committee regarding SCF
January 23	Participated in a planning meeting regarding TOPHC workshop
January 24	Presented on the subject of "The Opioid Crisis and Its Impacts on the London Community" at the King's Hour Lecture Series at King's University College
January 25	Attended the Youth Opportunities Unlimited (YOU) board meeting Met with Abe Oudshoorn to discuss anti-poverty strategies Met with Ruth Sanderson to discuss employment opportunities in public health Participated in the SW MOH teleconference Attended the 2018 January Business After Five event, London Chamber of Commerce Attended the Civic Engagement Fair at Goodwill Industries
January 26	Hosted a YOU Social Exchange event at YOU Made It Café Attended a retirement event for Dr. Bertha Garcia
January 29	Participated on interview panel for the Associate Medical Officer of Health (AMOH) position Met via phone with Josh Browne, London Middlesex Housing Corporation, to discuss SCFs
January 31	Participated in a consultation interview in regard to hiring a new CEO for the South West Local Health Integration Network (LHIN) Presented to the London Middlesex Primary Care Alliance on the subject of SCFs Met with Dr. Fazel, Master of Public Health Program candidate, Schulich School of Medicine, to discuss possibilities for an MLHU awareness campaign on Twitter
February 1	Participated in the full-day Finance & Facilities Committee meeting
February 2	Attended the alPHa board meeting in Toronto

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

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