

AGENDA
MIDDLESEX-LONDON BOARD OF HEALTH
Finance and Facilities Committee

50 King St., London
Middlesex-London Health Unit - Room 3A
Thursday, May 3, 2018 9:00 a.m.

1. DISCLOSURE OF CONFLICTS OF INTEREST

2. APPROVAL OF AGENDA

3. APPROVAL OF MINUTES – April 5, 2018

4. NEW BUSINESS

- 4.1 2018 Information Technology Work Plan (Report No. 018-18FFC)
- 4.2 2018 Budget - Ministry of Health and Long-Term Care Approved Grants (Report No. 019-18FFC)
- 4.3 Q1 Financial Update and Factual Certificate (Report No. 020-18FFC)
- 4.4 Great West Life Benefits - Renewal Rates (Report No. 021-18FFC)

5. OTHER BUSINESS

- 5.1 Next meeting: Thursday, June 7, 2018 at 9:00 a.m. Room 3A

6. CONFIDENTIAL

The Finance and Facilities Committee will move in-camera to discuss matters regarding identifiable individuals and to consider confidential minutes from its April 5, 2018 meeting.

7. ADJOURNMENT



PUBLIC MINUTES
FINANCE & FACILITIES COMMITTEE
50 King Street, London
Middlesex-London Health Unit
Thursday, April 5, 2018, 9:00 a.m.

MEMBERS PRESENT: Ms. Trish Fulton (Chair)
Mr. Jesse Helmer
Ms. Tino Kasi (arrived at 9:10 a.m.)
Ms. Joanne Vanderheyden

REGRETS: Mr. Marcel Meyer

OTHERS PRESENT: Dr. Christopher Mackie, Secretary-Treasurer
Ms. Lynn Guy, Executive Assistant to the Medical Officer of Health (Recorder)
Ms. Laura Di Cesare, Director, Healthy Organization
Mr. Brian Glasspoole, Manager, Finance
Ms. Kendra Ramer, Manager, Strategic Projects
Ms. Maureen Rowlands, Director, Healthy Living

Chair Fulton called the meeting to order at 9:00 a.m.

Ms. Fulton welcomed new staff members, Ms. Rowlands, and Ms. Ramer, and asked the Committee members to introduce themselves.

DISCLOSURES OF CONFLICT(S) 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. Vanderheyden, seconded by Mr. Helmer, *that the **AGENDA** for the April 5, 2018 Finance & Facilities Committee meeting be approved.*

Carried

APPROVAL OF MINUTES

It was moved by Mr. Helmer, seconded by Ms. Vanderheyden, *that the **MINUTES** of the March 1, 2018 Finance & Facilities Committee meeting be approved.*

Carried

NEW BUSINESS

4.1 Sherwood Forest Mall Lease Renewal (Report No. 012-18FFC**)**

There was no discussion on this matter.

It was moved by Ms. Vanderheyden, seconded by Mr. Helmer, *that the Finance & Facilities Committee receive Report No. 012-18FFC re: “Sherwood Forest Mall – Leased Space” for information.*

Carried

4.2 Award of Security Quote and Security Measures Update (Report No. 013-18FFC)

It was noted that while there will be a change in provider, the current security guards will remain in place. Ms. Di Cesare advised that staff were consulted before changes to the contract were made. On Board of Health meeting nights, security will remain in the building until 10:00 p.m.

It was moved by Ms. Vanderheyden, seconded by Mr. Helmer, *that the Finance & Facilities Committee:*

- 1) *Receive Report No. 013-17 re: "Award of Security Quote and Security Measures Update" for information;*
- 2) *Approve the permanent extension of the uniformed daytime security guard contract as a part of ongoing security services;*
- 3) *Approve the proposed Security Procurement Parameters outlined in Appendix A; and*
- 4) *Approve award of Quote Q18-01 to Canadian Security Concepts in the amount of \$73,987 for a term of one year with the option to renew for one additional year.*

Carried

4.3 Shared Library Services Partnership 2018–19 Transfer Payment Agreement (Report No. 014-18FFC)

There was some discussion pertaining to:

- Use of funds to purchase new books
- Research Librarian duties

It was moved by Mr. Helmer, seconded by Ms. Vanderheyden, *that the Finance & Facilities Committee:*

- 1) *Receive the 2018–19 Transfer Payment Agreement to Report 014-18FFC;*
- 2) *Authorize the Chair to sign the agreement; and*
- 3) *Increase the 2018–19 Shared Library Services Partnership (SLSP) operating budget by \$638.25 to reflect the increased grant amount.*

Carried

4.4 Ministry of Children and Youth Services Program Funding (Report No. 015-18FFC)

There was some discussion in regard to training. Mr. Glasspoole noted that training will be provided across the organization.

Ms. Di Cesare advised that a small portion of these funds will be used for the Non-Union Leadership Team on-call review.

It was moved by Mr. Helmer, seconded by Ms. Kasi, *that the Finance & Facilities Committee receive Report 015-18FFC re: "Ministry of Children and Youth Services Program Funding" for information.*

Carried

OTHER BUSINESS

Next FFC meeting: Thursday, May 3, 2018, at 9:00 a.m., Room 3A.

Ms. Kasi advised that she will not be able to attend the May 3 FFC meeting, and noted that she will forward to Ms. Guy two other dates that present a conflict for her.

There was discussion on the possibility of starting FFC meetings earlier, but no decision was made.

CONFIDENTIAL

At 9:17 a.m., it was moved by Ms. Vanderheyden, seconded by Mr. Kasi, *that the Finance & Facilities Committee move in-camera to discuss matters regarding a proposed or pending acquisition of land by the Middlesex-London Board of Health and to consider confidential minutes of the March 1, 2018 and September 7, 2017 Finance & Facilities Committee meetings.*

Carried

At 9:30 a.m., it was moved by Ms. Vanderheyden, seconded by Mr. Helmer, *that the Finance & Facilities Committee return to public session.*

Carried

At 9:30 a.m. the Finance & Facilities Committee returned to public session.

ADJOURNMENT

At 9:31 a.m., it was moved by Mr. Vanderheyden, seconded by Mr. Helmer, *that the meeting be adjourned.*

Carried

At 9:31 a.m., Chair Fulton *adjourned the meeting.*

TRISH FULTON
Chair

CHRISTOPHER MACKIE
Secretary-Treasurer



TO: Chair and Members of the Finance & Facilities Committee

FROM: Christopher Mackie, Medical Officer of Health / CEO

DATE: 2018 May 03

2018 INFORMATION TECHNOLOGY WORKPLAN

Recommendation

It is recommended that the Finance & Facilities Committee receive Report No. 018-18FFC re: “2018 Information Technology Workplan” for information.

Key Points

- Effective November 2017, MLHU engaged an external managed information technology (IT) services provider, Stronghold Services Corporation, to augment the Health Unit’s IT resources and to perform IT management and strategic oversight.
- Stronghold has completed the discovery phase of the IT environment/relationship, and is now working on integration, planning, and execution of a comprehensive IT strategy.
- During the discovery phase, the general condition of the IT environment was evaluated and found to be fair, but with room for improvement.
- Stronghold has built an IT Workplan ([Appendix A](#)) that addresses Five Pillars of Information Technology, which will be reported on and used as a baseline to improve services throughout the duration of the contract.

Background

In November 2017, MLHU engaged an external managed IT services provider, Stronghold Services Corporation, to augment the Health Unit’s IT resources and to perform IT management and oversight of strategic initiatives. The initial goal of the request for proposals was to deliver IT management to in-house CUPE staff, manage technical escalations for the team, and lead service and project management. With the departure of MLHU in-house staff in December 2017, the contract was also extended to include system administration. This added workflow and management of servers and IT infrastructure to the Stronghold team’s contract.

Stronghold has completed the discovery phase with respect to the Health Unit’s IT environment/relationship, and is working on integration, planning, and execution of strategy. Based on this initial phase, Stronghold has developed a 2018 IT Workplan ([Appendix A](#)). Various initiatives have been planned and implemented to improve service delivery and manage MLHU’s short- and longer-term IT strategy.

IT Team Structure

While the Director, Corporate Services is responsible for IT, general oversight of the IT strategy is the responsibility of a senior management member of the Stronghold team, who performs the role of virtual Chief Information Officer (VCIO), but is also on site as required. Management of the IT Department’s service delivery and of MLHU’s staff is handled by an on-site Stronghold representative, who acts in the capacity of an IT manager. The Stronghold team is responsible for system administration, acts as an on-call escalation resource, and provides any assistance the MLHU staff requires.

As part of the Stronghold integration, the internal IT team has been restructured, but the number of roles will remain at three, per a Memorandum of Understanding in place with CUPE. Two of those positions are End User Support Analysts and one is a Desktop Applications Analyst. The latter position is currently vacant and applications are being reviewed.

Status of IT Environment

Stronghold began discovery of the MLHU environment in November 2017. The environment's general condition was evaluated and was found to be fair, but with definite room for improvement. Some infrastructure has been identified as due for replacement and the overall strategic delivery of services is dated. There have been significant advances in technology that have not been implemented or evaluated for the environment.

Some examples include:

1. Wide Area Network – dated, with room for improvement
2. Server Infrastructure – server consolidation and strategic direction need to be applied
3. Endpoints (desktops/laptops) – physical inventory needs improvement; desktop replacement was strong but lacked a strategic plan
4. Server Environment – physical location is not ideal, connectivity needs improvement
5. Technical Knowledge – opportunities identified throughout the organization to enhance technical knowledge
6. Documentation – technical documentation and “big picture” need improvement
7. Strategic Plan – a new vision of service and delivery needs to be built and executed

Stronghold has an extensive toolset and uses many enterprise-level applications to deliver services. Antivirus software and a Monitoring and Remote Management application have been installed and are in use. In-house staff members have been trained and encouraged to integrate service requests and technical tasks into a professional services automation tool and an online documentation repository to store knowledge and service history. Stronghold has also implemented a customized MLHU application for service requests, which has been installed across the environment.

Next Steps

Stronghold has built an IT Workplan ([Appendix A](#)) that addresses the following Five Pillars of Information Technology, which will be reported on and used as a baseline to improve services throughout the duration of the contract.

1. Business Disaster Recovery/Business Continuity
2. IT Infrastructure
3. IT Applications
4. Telecommunications
5. IT Organization

MLHU requires strong IT leadership, a strong pool of technical talent, and a management team dedicated to delivering and improving on the current environment. The first year of service has seen many projects and improvements identified, which will be implemented per the timelines identified in ([Appendix B](#)). IT changes constantly across the industry, and a flexible, knowledgeable team is required for success.

This report prepared by the Information Technology Team, Healthy Organization Division, and by Stronghold Services Corporation.



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

2018 IT WORKPLAN

Pillar 1 - Business Disaster Recovery/Business Continuity

Documentation, strategic overview, implementation, actual testing and communication of the IT Department's role in maintaining service levels and data stewardship during any adverse situation.

1. Business Disaster Recovery/Continuity
 - a. IT Operations Guide
 - i. Diagram and Topology
 - b. Documentation (BEV, RTO, RPO)
 - i. Emergency Measures Documentation

Current State

Business Disaster Recovery and Business Continuity requires *documentation*, planning and testing. There has been very little documentation, planning or testing.

The MLHU server environment is using a product, specialized for virtualized environments to back up approximately 38 active Windows servers. The software license has been renewed for the current year (2018).

Future State

Part of the MSP Contract includes a software license that would cover the existing active Windows Servers. This product is considered one of the most advanced and rounded products on the market. This product is similar to the current product with a greater emphasis on Business Continuity and Restore operations. Our intention is to roll out this improved product across all servers before the current renewal (December 2018) is due. The cost is similar but the improved functionality is preferred.

A focus on *Documentation* regarding Disaster Recovery and Business Continuity is an important part of a functioning IT Department. Development of two separate documents, managed and authored by the IT Department will help manage various technology events and keep MLHU operating under any circumstance. An operations guide for the IT Department outlining a complete diagram and topology will assist in implementing measures during technology events.

Using this IT Operations Guide, a specific document will be developed for use with the Emergency Preparedness department. The IT Department will participate in testing with Emergency Preparedness operations which will be documented and made easily accessible.

In Process

Through integration the current backup strategy and usage in the MLHU environment has been documented.

We are currently working on developing the backup component of the IT Operations Guide, which in turn will be used to develop appropriate documentation for Emergency Preparedness.

The migration to the improved product will take place in Q4 once the WAN Upgrade is completed.

Proposed Next Steps

Completion of 'BDR/BC' portion of IT Operations guide.

Meet with Emergency Preparedness to build necessary documentation to suit their needs.

Planning document relating to Q4 improved product implementation.

Timelines

Integration and understanding of existing backup environment – COMPLETE Q1 2018

IT Operations Guide backup documentation – Q2 2018

Emergency Preparedness documentation complete – Q3 2018

Backup upgrade & implementation to replace existing product – Q4 2018

Pillar 2 - IT Infrastructure

Managing the overall state, strategy and implementation of the technology infrastructure (networks, servers, connectivity) across the Health Unit.

1. WAN Upgrades
 - a. Plan complete, awaiting confirmation and contract
2. Datacentre Migration
 - a. Plan and Implement
3. Server Consolidation
 - a. Assessment complete, plan and implement

Current State

There are three issues that have been identified and require action within the IT Department which are as follows:

- 1) Reviewing the current network infrastructure, a *Wide Area Network (WAN) Upgrade* will provide numerous improvements to IT delivery.
- 2) A *Data Centre Migration* is suggested due to the physical and security issues identified in the existing environment. The current server environment is not stable with the existing water issues and 'drip trays' hung above the network equipment. The equipment at Queens is not secured nor managed from an acceptable location.
- 3) A *Server Consolidation* plan and implementation is required. The number of servers licensed and managed needs to be evaluated and acted upon. Server roles and requirements can often be collapsed or shared across multiple servers and can be used to minimize server administration, licensing and management.

Future State

Wide Area Network Upgrade - The current WAN environment is outdated. With the proliferation of fiber services and the ability to offer flexible pricing and solutions, a fiber topology, including gigabit (1000mb/s) speeds for server connectivity at the same current cost is highly recommended.

Data Centre Migration – Once the WAN Upgrades have been completed, it is a priority to physically locate the server infrastructure in a high quality, local datacentre that offers an environment that has fire suppression, secure server racks, unlimited power generation and multiple points for redundant internet connectivity. This also allows a full gigabit connection between the datacenter and the King and Queen locations. It will be a requirement of the selected provider to allow the contract to be changed in the event the MLHU moves within London's core area.

Server Consolidation – Fewer servers requires less licensing, greater data security and stewardship and less administration. A great example is collapsing the requirement of multiple database servers and moving application data requirements to a more enterprise level database server environment. This will provide redundancy, scalability and performance enhancements.

In Process

The WAN Upgrade plan has been documented, tested and reviewed. The plan is currently being quoted by external providers and will be evaluated and presented at the earliest opportunity.

Proposed Next Steps

Assess suitability of vendor quotations for WAN Upgrades.

Board report to be completed for final approval

Finalize contracts and plans for WAN Upgrade.

Timelines

WAN Upgrade – Q1 2018 Planning COMPLETE, Q3 2018 Implementation

Data Centre Migration – Q3 2018 Implementation

Server Consolidation – Q1 2018 Planning COMPLETE, Q3 2018 Implementation, Q4 2018 Continuous Improvement Plan

Pillar 3 - IT Applications

Managing licensing, strategy, needs and delivery of technology applications that enhance, improve and enable all stakeholders to be productive in their respective roles.

1. FRX Replacement
 - a. Support to Finance
2. Needs Assessment for ERP encompassing HRIS, Procurement, Time Management
 - a. Review existing Health Units through a survey or questionnaire to help determine what is currently in use with Finance
 - b. Assessment of MLHU & Dynamics 365
3. Electronic Client Record Needs Assessment
4. Microsoft Office 365
 - a. Mail migration and Office licensing
 - b. SharePoint migration and impact assessment

Current State

Four major initiatives have been defined within the IT Department relating to IT Applications. An *FRX Replacement* is at a critical stage due to the current FRX system being out of date and out of support. A suitable replacement needs to be sourced and supported by the IT Department in support of the Finance Department's needs.

In step with the FRX Replacement, a *Needs Assessment for an Enterprise Resource Planning(ERP) solution encompassing HRIS, Procurement and Time Management* is required. The current state of Microsoft licensing (Exchange, Office), tracking, compliance and software assurance is expensive and cumbersome. A move towards an Enterprise Cloud based productivity solution such as Microsoft Office 365 is the logical step forward.

Future State

FRX Replacement – An encumbrance system that meets current needs may need to span a length of time until the Health Unit moves forward with a larger ERP implementation.

Needs Assessment for an Enterprise Resource Planning(ERP) solution encompassing HRIS, Procurement and Time Management – Clear direction and a technology based ERP system is a major goal that will encompass and deliver shared services across all departments within the Health Unit. The Needs Assessment will be used to develop an appropriate RFP for viable solutions.

The need for *ECR Assessment* will be an important component of the selection for both an ECR and ERP solution. This will need to be taken into consideration when building the RFP. Stronghold is currently present on the COMOH working committee looking into public health unit ECR needs.

Microsoft Office 365 – Office 365 creates a massive shift in licensing, usability and collaborative solutions that are easily accessible for any organization. All Microsoft productivity software will be managed from the cloud with considerable long term savings. Fewer servers and less administration will reduce costs and complexity.

In Process

A needs analysis which includes an environmental scan is in process for an *FRX Replacement* with involvement from IT, Finance and Procurement.

A survey and questionnaire regarding *ERP* and Application use by other Health Units has been completed and will aid in determining recommended options for MLHU.

Active technical work is being done on the existing on-premise SharePoint solution to resolve some long term issues. A Privacy Impact Assessment is being built for *Office 365* email platform for the Health Unit. Licensing compliance is under review to determine actual costs and productivity requirements.

Proposed Next Steps

Continued exploration of system requirements and development of implementation plan.

Complete documentation of Sharepoint usage and prepare report regarding migration to Office 365 SharePoint.

Complete Privacy Assessment for Office 365 email platform.

Timelines

Survey for *ERP* Information Gathering – Q2 2018 COMPLETED

FRX Replacement – Q3 2018 solution proposed

Office 365 Privacy Impact Assessment – Q2 2018

Office 365 Email Migration – TBD

Pillar 4 - Telecommunications

The ability to integrate telecommunications into the existing and future IT infrastructure where stakeholders can quickly connect with required resources and support meaningful sharing and dialogue throughout the Health Unit.

1. Mitel VOIP Phone System Review
 - a. Current controller status, replacement? Warranty?
 - b. Topology and documentation
 - c. Business Continuity
2. Future Telecommunication Options
 - a. Explore possibilities or upgrade? Change?
 - b. Intake Lines consideration

Current State

The current Mitel VOIP phone system is outdated and requires review according to the future growth and expectations of the Health Unit. There is little documentation in place, and significant knowledge gaps.

Departments are beginning to demand more capability for telecommunication services for Intake Lines and other initiatives.

Currently there are three controllers in place at the Strathroy, Queen and King locations. These controllers are configured to offer some system redundancy in the event of hardware failure or site issues. This redundancy measure does afford some stability, however, a large portion of the business continuity strategy has not been created.

The existing documentation regarding the current topology, controllers and telecommunications strategy is very dated and incomplete. There is a Time & Materials contract with an external vendor that needs to be re-evaluated.

Future State

A telecommunications plan needs to be developed and managed to include existing topology and documentation, possible solutions for an unplanned service increase and a Business Continuity plan for various technology events.

Existing staff will be trained and effective documentation will be created to enable the IT Department to handle telecommunication issues and requests as a regular technology service.

There will be an annual review within the IT Department outlining the current system and future consideration for replacement of hardware and controllers well in advance of obsolescence or contract renewal.

In Process

Currently, the existing Mitel Controllers are due for replacement and warranty and service information has been collected for review.

An understanding of intake lines and what the technical requirements will be required in a solution needs to be gathered.

A review of intake line recommendations will be needed in order to determine requirements for this initiative.

Proposed Next Steps

Complete documentation of the existing phone system.

Complete training for existing staff to increase overall system knowledge.

Complete a Needs Assessment that takes into consideration Intake Lines and telecommunication strategy.

Timelines

Phone System documentation – Q1 2018 COMPLETE

Train existing staff on current Mitel system – Q2 2018

Pillar 5 - IT Organization Integration

Managing, planning and administering various endpoints (desktops, laptops, tablets, etc.) in a secure way, that allow stakeholders to access the information and data they require to complete tasks.

1. Workflow
 - a. Professional Services Automation(“PSA”) implementation
 - b. STRONGServ App
2. Stronghold Integration
 - a. Service Manager, IT Manager, roles and documentation
 - b. Service Center – monitoring and alerts upgrade - COMPLETE
 - c. Endpoint Anti-Virus – upgrade - COMPLETE
3. Windows 10 Rollout
 - a. Testing Phase
 - b. Rollout by Department or Team

Current State

From December 2017, the integration of the Managed Service Provider (MSP) has created a great amount of activity in the operation and management of the *Workflow* and administration of the IT Systems. Various roles have been filled with the *Stronghold Integration* and additional resources are available to deal with escalated issues in concert with the CUPE staff.

The Anti-Virus product has been completely replaced and is now managed from a central location with flexible billing and a consistent level of updating and management.

An industry change is coming with the end of support for Windows 7 in 2019. A complete replacement to *Windows 10* of the Health Unit’s endpoints will need to take place over 2018-19.

Future State

The Professional Services Automation integration with the IT Department and Stronghold will enable the Health Unit to have a flexible and diverse skillset and capabilities that will enable a much more effective and knowledgeable service delivery.

Service flows through a single system and enables a real-time view on service delivery and project milestones. This helps build confidence in the IT Department and productivity across the organization.

In Process

The final stages of the *Workflow* changes are under way. Service flow will be completely transitioned once CUPE staff training is complete. A new icon on desktops will deliver an enhanced reporting tool to assist the IT Department with gathering information and increasing efficiency.

Windows 10 is currently being tested and rolled out in a limited manner for evaluation.

Proposed Next Steps

Workflow – complete CUPE staff training and rollout STRONGServ desktop icon to replace current Help & Support button.

Integration – document and complete restructuring of CUPE IT roles.

Windows 10 – complete testing phase and begin a limited rollout of Windows

Timelines

CUPE Staff Training on new PSA – Q2 2018 COMPLETE

Desktop Icon Rollout – Q2 2018

Departmental Roles – Q2 2018

Windows 10 Testing – Q2 2018

Windows 10 Rollout - TBD

Master Timeline

Activity	Q1	Q2	Q3	Q4	Status
Integration and understanding of existing Veeam environment	■				COMPLETE
WAN Upgrade Planning	■				COMPLETE
Server Consolidation Planning	■				COMPLETE
Server Consolidation Implementation			■		PLAN
Phone System documentation	■				COMPLETE
FRX Replacement – Solution Proposed			■		EVALUATE
WAN Upgrade Implementation			■		PLAN
Windows 10 Testing		■			EVALUATE
Train existing staff on current Mitel system		■			IMPLEMENT
Departmental Roles		■			IMPLEMENT
Survey for ERP Information Gathering		■			IMPLEMENT
CUPE Staff Training on Autotask		■			COMPLETE
Desktop Icon Rollout		■			COMPLETE
IT Operations Guide backup documentation		■			PLAN
Office 365 Privacy Impact Assessment		■			PLAN
Data Centre Migration			■		PLAN
Server Consolidation Implementation			■		PLAN
Emergency Preparedness requirements met			■		PLAN
Office 365 Email Migration				■	FUTURE
Rapid Recovery Implementation to replace Veeam				■	FUTURE
Windows 10 Rollout				■	FUTURE
Server Consolidation Continuous Improvement				■	FUTURE

■ = IMPLEMENT/COMPLETE	■ EVALUATE/PLAN STARTED	■ EVALUATE/FUTURE NOT STARTED
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TO: Chair and Members of the Finance & Facilities Committee
FROM: Christopher Mackie, Medical Officer of Health / CEO
DATE: 2018 May 03

**2018 BUDGET – MINISTRY OF HEALTH AND LONG-TERM CARE (MOHLTC)
APPROVED GRANTS**

Recommendation

It is recommended that Report No. 019-18FFC re: “2018 Budget – Ministry of Health and Long-Term Care (MOHLTC) Approved Grants” be received for information.

Key Points

- On April 13, the Health Unit received notification from the Ministry of Health and Long-Term Care (MOHLTC) of a two-percent increase in base funding for 2018 for all health units, and potentially another 1% for some health units.
- Details are coming, and will be outlined in an Amending Agreement to the Public Health Funding and Accountability Agreement.

2018 Provincial Grant Approval

A letter from Dr. Helena Jaczek, Minister of Health and Long-Term Care, on Friday, April 13, is attached as ([Appendix A](#)). The letter acknowledges the vital role of public health and contains the following funding announcement:

“In order to support the integral role of public health as a unique sector within an integrated health system, I am pleased to announce a two percent base funding increase to all boards of health for the provision of public health programs and services. An additional one percent increment will be allocated on local need as detailed in the board of health Annual Service Plans submitted to the Ministry in March.”

This increase represents a \$15M base funding investment in public health across the province, as well as approximately \$16M in one-time funding to support a number of initiatives associated with the delivery of Ontario public health programs.

Mandatory Programs Funding

The Board of Health-approved budget for mandatory program funding for 2018 is \$16,131,200. Assuming that this is the base amount upon which the two-percent increase will be calculated, this amounts to a base funding increase of approximately \$322,624.

Individual funding allocations will be communicated shortly in funding letters from the Minister and Assistant Deputy Minister, as well as an Amending Agreement to the Public Health Funding and Accountability Agreement. Until that time, we are unable to provide further detail on the approved allocations, or about whether the Health Unit is also eligible for the one-percent increment to be assessed on local need.

This report prepared by the Finance Team, Healthy Organization Division.

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

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

Office of the Minister

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Dear Colleagues,

As a former medical officer of health, I know the vital role public health plays every day in protecting and promoting the health of all Ontarians. The release of the new Ontario Public Health Standards in January of this year outlined a new mandate for public health focused on outcomes, and included a strengthened accountability framework to demonstrate the impact of the work of public health.

Legislated requirements for board of health and LHIN engagement in the *Patients First Act* ensures public health plays a key role in integrated planning - to include upstream interventions that will improve health, reduce health inequities and assist in re-orienting the health system.

In order to support the integral role of public health as a unique sector within an integrated health system, I am pleased to announce a two percent base funding increase to all boards of health for the provision of public health programs and services. An additional one percent increment will be allocated based on local need as detailed in the board of health Annual Service Plans submitted to the ministry in March.

This totals an additional \$15M base funding investment in public health, on top of approximately \$16M in one-time funding for a number of initiatives associated with the delivery of public health programs in Ontario.

This investment demonstrates my government's commitment to ensure Ontarians are able to recognize, value and benefit from the excellent work of public health across the health system and in local communities.

Sincerely,

Dr. Helena Jaczek
Minister

c:



TO: Chair and Members of the Finance & Facilities Committee

FROM: Christopher Mackie, Medical Officer of Health / CEO

DATE: 2018 May 3

Q1 FINANCIAL UPDATE AND FACTUAL CERTIFICATE

Recommendation

It is recommended that the Finance & Facilities Committee recommend that the Board of Health:

- 1. Receive Report No. 020-18FFC re: Q1 Financial Update and Factual Certificate and appendices; and*
- 2. Approve Table 2: Additional Initiatives Under Consideration.*

Key Points

- The 2018 approved budget assumes a zero percent increase in Mandatory Programs funding from the Ministry of Health and Long-Term Care (MOHLTC). The Annual Service Plan was submitted to the MOHLTC on March 1, 2018, and included one-time funding requests totaling \$100,000.
- Budget pressures and additional initiatives have been identified, and are presented for Board approval.
- On April 13th 2018, the Board received notification from Dr. Helena Jaczek that the Middlesex-London Health Unit (MLHU) has been approved for at least a two-percent increase to base funding, and possible 3% (See [Report No. 019-18FFC](#)).
- Included in the financial update is a signed factual certificate, which provides assurance that financial and risk management functions are being performed.

Background

The Board of Health approved the 2018 operating budget on [February 15, 2018 \(Report No. 006-18\)](#). The approved budget includes a \$250,000 contribution to the Technology and Infrastructure Reserve Fund and assumes no increase in Mandatory Programs funding from the MOHLTC.

Financial Highlights

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

Current forecasting shows favourable variances across the organization as a result of position vacancies due to implementation of approved PBMA proposals, maternity leaves, retirements/resignations, and medical leaves of absence, as well as some budget pressures.

The Health Unit has reviewed additional PBMA-related initiatives previously identified but excluded from the 2018 operating budget and has further identified new initiatives based on ongoing assessment of community needs. These initiatives amount to \$366,000, and are set out below. They have been factored into the current budget forecast. Table 1 below provides a summary of variance forecasts at Q1 by Division, before and after considering implementation of these additional initiatives. The net favourable variance is currently forecast to be \$82,567, and will contribute to the overall expected annual gapping budget of \$932,963.

Table 1 - Anticipated Variances by Division

Division	Before New Initiatives	After New Initiatives
Environmental Health & Infectious Disease	\$ 78,791	\$ 62,791
Healthy Living	140,666	120,666
Healthy Start	50,050	50,050
Office of the Chief Nursing Officer	(5,000)	(5,000)
Office of the Medical Officer of Health	64,333	14,333
Healthy Organization	119,057	(10,943)
General Expenses & Revenues	670	(149,330)
Total Anticipated Variances before Agency Gapping Budget	\$ 448,567	\$ 82,567

The new initiatives factored into the current budget are presented before considering the proposed two-percent base funding increase to be provided by the MOHLTC in 2018. Note that the Activity-Based Workstation furniture purchasing will only occur once additional gapping becomes available. After taking into account these budget pressures and additional initiatives, as well as the newly announced funding, the Health Unit is forecasting a surplus position at year end.

The pressures and additional initiatives factored into the current budget summary are outlined below.

Table 2 – Budget Pressures and Additional Initiatives Under Consideration

Description of Initiative	Amount
Costs to oversample schools in Middlesex-London to obtain key data for the Ontario Student Drug Use and Health Survey	\$20,000
Initiative to develop MLHU Electronic Client Record	130,000
Incremental budget to support roll-out of Activity-Based Workspace and related acquisition of permanent furniture	150,000
Additional epidemiologist support - six months	50,000
Unplanned overage in wages to address and clear data entry backlog in Panorama data	16,000
Total of new initiatives	\$366,000

Factual Certificate

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

This report was prepared by the Finance Team, Healthy Organization Division.



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

**MIDDLESEX-LONDON HEALTH UNIT
NET BUDGET VARIANCE SUMMARY**

As at March 31, 2018

APPENDIX A to Report No. 020-18FFC

	2018 YTD ACTUAL (NET)	2018 YTD BUDGET (NET)	VARIANCE (OVER) / UNDER	% VARIANCE	DECEMBER FORECAST	2018 ANNUAL NET BUDGET	DECEMBER SURPLUS / (DEFICIT)	% VARIANCE	Comment / Explanation
<i>Environmental Health & Infectious Disease Division</i>									
Office of the Director	\$ 64,446	\$ 69,569	\$ 5,123	7.4%	\$ 278,276	\$ 278,276	\$ -	0.0%	No anticipated variance by year-end
Emergency Management	40,927	57,829	16,902	29.2%	231,317	231,317	-	0.0%	No anticipated variance by year-end
Food Safety & Healthy Environments	391,325	448,694	57,369	12.8%	1,785,777	1,794,777	9,000	0.5%	Anticipated savings in travel \$4,000 and higher than planned food handler revenues \$5,000
Infectious Disease Control	393,313	443,072	49,759	11.2%	1,772,289	1,772,289	-	0.0%	No anticipated variance by year-end
Safe Water, Rabies & Vector-Borne Disease	223,578	342,487	118,909	34.7%	1,369,946	1,369,946	-	0.0%	No anticipated variance by year-end
Sexual Health	561,168	663,154	101,986	15.4%	2,582,824	2,652,615	69,791	2.6%	Anticipated savings in salaries \$40,000 and benefits \$12,000 reflecting delays to hire HIV Program Lead and PHN. Revenues will be \$51,500 higher than planned, including surplus from physician billings for \$36,000, higher OHIP billings \$7,000 and contraceptive sales \$5,000. These are partly offset by higher costs for program supplies (\$29,000).
Vaccine Preventable Disease	391,406	363,122	(28,284)	-7.8%	1,468,488	1,452,488	(16,000)	-1.1%	Unplanned overage in wages to address and clear data entry backlog
<i>Total Environmental Health & Infectious Disease Division</i>	\$ 2,066,162	\$ 2,387,927	\$ 321,765	13.5%	\$ 9,488,917	\$ 9,551,708	\$ 62,791	0.7%	
<i>Healthy Living Division</i>									
Office of the Director	\$ 37,913	\$ 64,328	\$ 26,415	41.1%	\$ 233,112	\$ 257,311	\$ 24,199	9.4%	Anticipated savings in salaries \$19,205 and benefits \$4,993 due to delay to hire Admin Assistant position
Child Health	317,450	407,292	89,842	22.1%	1,598,368	1,629,168	30,800	1.9%	Anticipated savings in salaries \$40,600 and benefits \$10,200 due to delay to hire full time PHN partly offset by \$20,000 required to sample schools within Middlesex-London to obtain key data for the Ontario Student Drug Use and Health Survey
Chronic Disease and Tobacco Control	251,941	355,323	103,382	29.1%	1,401,555	1,421,291	19,736	1.4%	Anticipated savings in salaries \$18,170 and benefits \$2,676 due to vacancies for a PHN (UVR portfolio) and a dietitian
Healthy Communities and Injury Prevention	212,535	285,324	72,789	25.5%	1,131,805	1,141,295	9,490	0.8%	Anticipated savings in salaries \$6,500 and benefits \$2,990 reflect hiring gap for a Program Assistant - subsequently filled with lower wage contract employee
Oral Health	258,849	274,981	16,132	5.9%	1,099,483	1,099,924	441	0.0%	Efficiencies in purchase of program supplies \$1,976 partly offset by unanticipated repair costs for sterilization equipment (\$1,535)
Southwest Tobacco Control Area Network	63,641	109,125	45,484	41.7%	436,500	436,500	-	0.0%	No anticipated variance by year-end
Young Adult Health	236,412	287,953	51,541	17.9%	1,115,813	1,151,813	36,000	3.1%	Anticipated savings in salaries \$30,000 and benefits \$6,000 due to delay to replace dietitian on maternity leave and other expected hiring gaps.
<i>Total Healthy Living Division</i>	\$ 1,378,740	\$ 1,784,326	\$ 405,586	22.7%	\$ 7,016,636	\$ 7,137,302	\$ 120,666	1.7%	

	2018 YTD ACTUAL (NET)	2018 YTD BUDGET (NET)	VARIANCE (OVER) / UNDER	% VARIANCE	DECEMBER FORECAST	2018 ANNUAL NET BUDGET	DECEMBER SURPLUS / (DEFICIT)	% VARIANCE	Comment / Explanation
Healthy Start Division									
Office of the Director	\$ 59,205	\$ 65,170	\$ 5,965	9.2%	\$ 260,678	\$ 260,678	\$ -	0.0%	No anticipated variance by year-end
Best Beginnings	673,569	752,352	78,783	10.5%	3,009,406	3,009,406	-	0.0%	No anticipated variance by year-end
Early Years Health	362,137	400,479	38,342	9.6%	1,601,916	1,601,916	-	0.0%	No anticipated variance by year-end
Reproductive Health	291,946	383,694	91,748	23.9%	1,484,724	1,534,774	50,050	3.3%	Anticipated savings in salary \$38,950 and benefits \$11,100 for unfilled PHN and manager position
Screening Assessment and Intervention	880,524	787,363	(93,161)	-11.8%	3,149,453	3,149,453	-	0.0%	No anticipated variance by year-end
Total Healthy Start Division	\$ 2,267,380	\$ 2,389,058	\$ 121,678	5.1%	\$ 9,506,177	\$ 9,556,227	\$ 50,050	0.5%	
Office of the Chief Nursing Officer	\$ 89,431	\$ 100,842	\$ 11,411	11.3%	\$ 433,022	\$ 428,022	\$ (5,000)	-1.2%	Additional staff capacity building opportunities related to Indigenous Public Health Practice (\$5,000)
Office of the Medical Officer of Health									
Office of the Medical Officer of Health	\$ 110,926	\$ 137,591	\$ 26,665	19.4%	\$ 561,863	\$ 550,363	\$ (11,500)	-2.1%	Anticipated savings in salaries \$35,610 and benefits \$8,557 due to delay to hire Policy Analyst offset by contract costs for part time assistance
Communications	116,047	\$ 129,299	13,252	10.2%	517,194	517,194	\$ -	0.0%	No anticipated variance by year-end
Office of the Associate Medical Officer of Health	56,332	\$ 76,458	20,126	26.3%	230,000	305,833	\$ 75,833	24.8%	Anticipated savings in salaries \$77,646, benefits \$13,187, travel \$4,000 and staff development costs \$1,000 due to delay to hire AMOH, partly offset by reduction of OMA Top-Up (\$20,000).
Population Health Assessment & Surveillance	90,292	\$ 130,818	40,526	31.0%	573,273	523,273	\$ (50,000)	-9.6%	Variance reflects additional Epidemiologists support for six months (\$50,000).
Total Office of the Medical Officer of Health	\$ 226,973	\$ 266,890	\$ 39,917	15.0%	\$ 1,079,057	\$ 1,896,663	\$ 14,333	0.8%	

	2018 YTD ACTUAL (NET)	2018 YTD BUDGET (NET)	VARIANCE (OVER) / UNDER	% VARIANCE	DECEMBER FORECAST	2018 ANNUAL NET BUDGET	DECEMBER SURPLUS / (DEFICIT)	% VARIANCE	Comment / Explanation
Healthy Organization Division									
Office of the Director	\$ 63,180	\$ 79,579	\$ 16,399	20.6%	\$ 318,316	\$ 318,316	\$ -	0.0%	No anticipated variance by year-end
Finance	111,833	113,424	1,591	1.4%	453,697	453,697	\$ -	0.0%	No anticipated variance by year-end
Human Resources	125,133	167,370	42,237	25.2%	669,478	669,478	\$ -	0.0%	No anticipated variance by year-end
Information Technology	77,722	236,995	159,273	67.2%	1,060,511	947,981	\$ (112,530)	-11.9%	Anticipated savings in salaries \$13,571 and benefits \$3,899 due to delay to hire desktop application analyst offset by cost to develop Electronic Client Records (\$130,000)
Privacy Risk & Governance	36,094	38,525	2,431	6.3%	151,796	154,099	\$ 2,303	1.5%	Anticipated savings in salaries \$2,172 and benefits \$131 due to temporary admin assistant vacancy
Procurement & Operations	57,055	65,211	8,156	12.5%	260,844	260,844	\$ -	0.0%	No anticipated variance by year-end
Program Planning & Evaluation	183,853	214,352	30,499	14.2%	827,017	857,409	\$ 30,392	3.5%	Anticipated savings in salaries \$23,450 and benefits \$6,942 due to delay to hire vacant librarian position
Strategic Projects	5,147	62,109	56,962	91.7%	179,544	248,436	\$ 68,892	27.7%	Anticipated savings in salaries \$56,987 and benefits \$11,905 related to hiring delays for manager and coordinator positions
Total Healthy Organization Division	\$ 660,017	\$ 977,565	\$ 317,548	32.5%	\$ 3,921,203	\$ 3,910,260	\$ (10,943)	-0.3%	
General Expenses & Revenues	\$ 445,557	\$ 457,208	\$ 11,651	2.5%	\$ 1,773,050	\$ 1,623,720	\$ (149,330)	-9.2%	Savings from cancellation of Sherwood Forest Mall lease \$4,500 partly offset by anticipated increase in GWL Benefit Rates increase (\$3,830). Incremental budget to support roll-out of Activity Based Workspace and related acquisition of permanent furniture (\$150,000) - spending to occur only as additional gapping arises.
Total Board of Health net Expenditures Before Expected Gapping	\$ 7,044,829	\$ 8,262,974	\$ 1,218,145	14.7%	\$ 33,218,062	\$ 34,103,902	\$ 82,567	0.2%	
Less: Expected Agency Gapping Budget		(233,241)	(233,241)		(850,396)	(932,963)	(82,567)		
TOTAL BOARD OF HEALTH NET EXPENDITURES	\$ 7,044,829	\$ 8,029,733	\$ 984,904	12.3%	\$ 32,367,666	\$ 33,170,939	\$ -	0.0%	

Middlesex-London Health Unit
FACTUAL CERTIFICATE

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

The undersigned hereby certify that, to the best of their knowledge, information and belief after due inquiry, as at March 31, 2018:

1. The Middlesex-London Health Unit is in compliance, as required by law, with all statutes and regulations relating to the withholding and/or payment of governmental remittances, including, without limiting the generality of the foregoing, the following:
 - All payroll deductions at source, including Employment Insurance, Canada Pension Plan and Income Tax;
 - Ontario Employer Health Tax;
 - Federal Harmonized Sales Tax (HST)And, they believe that all necessary policies and procedures are in place to ensure that all future payments of such amounts will be made in a timely manner.
2. The Middlesex-London Health Unit has remitted to the Ontario Municipal Employees Retirement System (OMERS) all funds deducted from employees along with all employer contributions for these purposes.
3. The Middlesex-London Health Unit is in compliance with all applicable Health and Safety legislation.
4. The Middlesex-London Health Unit is in compliance with applicable Pay Equity legislation.
5. The Middlesex-London Health Unit has not substantially changed any of its accounting policies or principles since December 8, 2016.
6. The Middlesex-London Health Unit reconciles its bank accounts regularly and no unexpected activity has been found.
7. The Middlesex-London Health Unit has filed all information requests within appropriate deadlines.
8. The Middlesex-London Health Unit is in compliance with the requirements of the Charities Act, and the return for 2016 has been filed. (due by June 30th each year).
9. The Middlesex-London Health Unit has been named in a complaint to the Human Rights Tribunal of Ontario by a former student. The hearing has been completed and a decision to dismiss has been rendered that found no violation of human rights, however the individual has filed an Application to Divisional Court for a Judicial Review.
10. The Western Fair has issued a Third Party claim including the Health Unit involving an alleged infection with Q-fever bacteria while at Western Fair in 2011. The claim is being defended by City Legal Services as they were the insurer at the time. City Legal Services has indicated that there is no exposure to a financial claim for the Health Unit.
11. The Middlesex-London Health Unit is fulfilling its obligations by providing services in accordance with our funding agreements, the Health Protection & Promotion Act, the Ontario Public Health

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

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

Dated at London, Ontario this 1st day of April, 2018

Dr. Christopher Mackie
Medical Officer of Health & CEO

Brian Glasspoole
Manager, Finance

Laura Di Cesare
Director, Healthy Organization



TO: Chair and Members of the Finance & Facilities Committee

FROM: Christopher Mackie, Medical Officer of Health / CEO

DATE: 2018 May 3

GREAT-WEST LIFE BENEFITS – RENEWAL RATES

Recommendation

It is recommended that the Finance & Facilities Committee review and recommend that the Board of Health approve the renewal of the group insurance rates administered by Great-West Life as described in Report No. 021-18FFC re: “Great-West Life Benefits – Renewal Rates.”

Key Points

- The group benefits contract with Great-West Life (GWL) is set to be renewed effective May 1, 2018. In April staff reviewed the renewal rates with AON Hewitt, and have been able to reduce the GWL proposed rate increases.
- As part of the renewal, the recommended life insurance premiums would increase by 6.3%, dental premiums would increase by 4.0%, and health premiums would decrease by 2%.
- Overall, the impact on the above rate and volume changes, on average, is an increase in costs of 0.4%, or \$5,743 annually. For the eight months of 2018 (May–December), this translates to an overall increase of approximately 0.3%. The Health Unit had budgeted for a 0.0% increase from the previous year.

Background

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

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

As of May 1, 2018, life insurance rates will increase by 6.3%, and both AD&D and LTD rates (employee-paid) will remain unchanged. GWL had included significant discounts in their 2012 proposal (e.g., 23% discount for Life, 25% for LTD). [Appendix A](#) provides a history of the negotiated rates since MLHU’s move to GWL. The rates being recommended now slightly exceed the February 1, 2012 pre-marketing rates for Life and LTD. Incorporated in the recommended rates, GWL will be increasing the pooling charges, effective May 1, 2018, by approximately \$4,700 for the renewal year. In regard to the increase in pooling insurance charges, AON has confirmed that pooling charges have been increasing significantly throughout the insurance industry, and rates are typically not negotiable. The ASO expense rates (the cost of administering the ASO benefits) will remain unchanged, with the exception of the general administration expense, which is increasing by 0.1%.

ASO Benefits (Health and Dental)

These benefits are funded based on actual claims utilization and benefits paid. The Health Unit sets a monthly deposit rate in advance to fund expected claims and expenses based on both actual experience and AON's recommendations in regard to emerging trends. As shown in the ASO benefits history attached as [Appendix B](#), the total claims cost for 2017 was 5.6% above the previous year. With the introduction of OHIP+, we would expect that in 2018 we will see a rate of increase slower than in 2017.

For the May 1, 2018 renewal period, AON recommends a 2.0% reduction in health premiums and a 4.0% increase in dental premiums. Staff will continue to monitor monthly claims closely, and, as part of the quarterly financial updates, identify potential variances.

2018 Budget Implications

Overall, the expected increase in premiums over the renewal period is \$5,743, or 0.4%. For 2018, given the 2017 experience, no increase to the budget was planned to account for a rate change; however, the budget was increased to reflect a volume change (increased compensation amounts).

As Appendix B shows, in the first three months of 2018 there has been a favourable variance in claims costs related to the premiums paid (\$22,426). Considering this positive variance and the experience of 2017, a premium reduction is warranted.

It is best practice to conduct a market review every five to seven years. Given that it has been five years since MLHU went to market, and given that the overall rates offered by GWL are now returning to the pre-market levels previously experienced in 2012, MLHU is in discussion with AON about returning to the market to assess whether our group insurance rates are competitive. Should this be the recommended course of action, MLHU would target the next renewal period commencing May 1, 2019.

Conclusion

The Health Unit's contract with GWL to provide group insurance expires April 30, 2018. It is recommended that MLHU enter into a revised contract with GWL, which will result in an increase in premium rates of 0.4% for 2018.

This report prepared by the Finance Team, Healthy Organization Division.



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

Middlesex London Health Unit
 Summary of Insured Rates for the Period February 1, 2012 through May 1, 2018
 Pre Marketing vs. Post Marketing Review

Benefit	Basis	Pre Marketing	Post Marketing						Negotiated May 1, 2018 Rates compared to Pre-Marketing
		01-Feb-12	01-Feb-13	01-Feb-14	01-Feb-15	01-Feb-16	01-Feb-17	01-Feb-18	
Insured Rates									
Life	Per \$1,000	\$0.254	\$0.180	\$0.180	\$0.186	\$0.230	\$0.240	\$0.255	0.4%
Accidental Death and Dismemberment	Per \$1,000	\$0.035	\$0.030	\$0.030	\$0.030	\$0.030	\$0.030	\$0.030	-14.3%
Long Term Disability	Per \$100	\$2.880	\$2.330	\$2.330	\$2.500	\$2.750	\$2.890	\$2.890	0.3%

0.857142857

Middlesex-London Health Unit

History of Great West Life Premiums vs. Cost of Claims

Period	(A)	(B)	(A) - (B)
	ASO Premiums	Total Claims Cost	ASO Premiums - Actual Claims
2016			
January	\$ 92,146	\$ 85,489	\$ 6,657
February	94,838	86,419	8,419
March	93,786	84,515	9,271
April	96,061	81,384	14,677
May	105,943	89,674	16,269
June	112,209	101,353	10,856
July	108,212	84,260	23,952
August	107,591	111,124	(3,533)
September	107,348	100,077	7,271
October	105,431	93,146	12,285
November	104,944	96,478	8,466
December	107,591	87,493	20,099
Total	\$ 1,236,100	\$ 1,101,413	\$ 134,687
2017			
January	\$ 104,512	\$ 97,254	\$ 7,259
February	105,243	94,485	10,758
March	106,673	100,125	6,548
April	107,780	83,278	24,502
May	103,066	112,591	(9,526)
June	104,643	92,420	12,223
July	102,961	90,666	12,294
August	102,173	102,368	(195)
September	103,144	81,969	21,175
October	102,119	95,041	7,079
November	101,936	122,451	(20,515)
December	102,303	89,940	12,363
Total	\$ 1,246,551	\$ 1,162,588	\$ 83,964
2018			
January	\$ 102,961	\$ 106,835	\$ (3,874)
February	102,961	100,353	2,608
March	105,064	81,371	23,692
Total (3 mths)	\$ 310,985	\$ 288,559	\$ 22,426