

AGENDA
MIDDLESEX-LONDON BOARD OF HEALTH

Thursday, June 21, 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. Joanne Vanderheyden (Chair)

Ms. Trish Fulton (Vice Chair)

Ms. Maureen Cassidy

Mr. Michael Clarke

Mr. Jesse Helmer

Mr. Trevor Hunter

Ms. Tino Kasi

Mr. Marcel Meyer

Mr. Ian Peer

Mr. Kurtis Smith

SECRETARY-TREASURER

Dr. Christopher Mackie

DISCLOSURE OF CONFLICTS OF INTEREST

APPROVAL OF AGENDA

APPROVAL OF MINUTES

May 17, 2018 – Board of Health meeting

Receive: June 7, 2018 - Finance & Facilities Committee meeting

DELEGATIONS

7:05 – 7:25 p.m.

Ms. Trish Fulton, Chair, Finance & Facilities Committee, re: Item #1 June 7, 2018 Finance & Facilities Committee Meeting ([Report No. 035-18](#)), including a delegation from Ms. Katie denBok, Partner and Syed Balkhi, Manager, KPMG, re: Audit Findings Report ([Appendix B](#) to [Report No. 022-18FFC 2017 Draft Financial Statements](#))

7:25 – 7:35 p.m.

Chair, Governance Committee, re: Item #2 June 21, 2018 Governance Committee Meeting verbal update

Item #	Report Name and Number	Link to Additional Information	Delegation	Recommendation	Information	Brief Overview
Delegations & Committee Reports						
1	Finance & Facilities Committee Meeting June 7, 2018 (Report No. 035-18)	June 7, 2018 Agenda Minutes	x	x	x	To receive information and consider recommendations from the June 7, 2018 Finance & Facilities Committee meeting.
2	Governance Committee Meeting June 21, 2018 (Verbal update)	June 21, 2018 Agenda	x	x	x	To receive a verbal update and consider recommendations from the June 21, 2018 Governance Committee meeting.
Recommendation Reports						
3	MLHU Wide Area Network (WAN) Service Provider Improvements (Report No. 036-18)			x		To approve entering into a contract with START.CA for the purpose of establishing a Wide Area Network (WAN).
Information Reports						
4	Middlesex-London Food Policy Council Progress Report (Report No. 037-18)	Appendix A Appendix B Appendix C			x	To provide an update progress made by the Middlesex-London Food Policy Council, which was established in 2016.
5	The Enactment of the new <i>Smoke-Free Ontario Act, 2017</i> (Report No. 038-18)	Appendix A			x	To provide an update on the new <i>Smoke Free Ontario Act, 2017</i> , which will regulate the sale, supply, use, display, and promotion of tobacco and vapour products and the smoking and vaping of medical cannabis.
6	Summary Information Report for June (Report No. 039-18)				x	To provide an update on Health Unit programs and services for June.
7	Medical Officer of Health/Chief Executive Officer Activity Report for June (Report No. 040-18)				x	To provide an update on the activities of the MOH/CEO.

8	Letter from County of Middlesex	Appendix A			x To provide an update on questions posed by the County of Middlesex to MLHU on June 12, 2018, outlined in Appendix A.
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OTHER BUSINESS

- Next Finance and Facilities Committee Meeting: July 5, 2018 @ 8:30 a.m.
- Next Board of Health Meeting: July 19, 2018 @ 7:00 p.m.
- Next Governance Committee Meeting: September 20, 2018 @ 6:00 p.m.
- Proposed Board of Health meeting date for December (note: this is a 5:30 PM meeting followed by the Board of Health holiday reception)
 - Wednesday December 12, 2018 @ 5:30 p.m.

CORRESPONDENCE

CONFIDENTIAL

The Board of Health will move in-camera to consider matters regarding labour relations and identifiable individuals, the security of property held by the Middlesex-London Board of Health, a proposed or pending acquisition of land by the Middlesex-London Board of Health, advice that is subject to solicitor-client privilege and to consider confidential minutes the May 17 Board of Health meeting and to receive confidential minutes from the June 7, 2018 Finance & Facilities Committee meeting.

ADJOURNMENT

CORRESPONDENCE

- a) Date: 2018 May 2 [received May 5]
Topic: Ontario Public Health Standards: Requirements for Programs, Services, and Accountability
From: Roselle Martino, Assistant Deputy Minister, MOHLTC
To: Medical Officers of Health and Boards of Health

Background:

On May 2, 2018, the Ministry of Health and Long-Term Care released the sixth and final installment of the *Ontario Public Health Standards: Requirements for Programs, Services, and Accountability*, which includes six additional guidelines for 2018: the Emergency Management Guideline; the Management of Avian Chlamydia in Birds Guideline; the Management of Avian Influenza or Novel Influenza in Birds or Animals Guideline; the Management of Echinococcus Multilocularis Infections in Animals Guideline; the Relationships with Indigenous Communities Guideline; and the Tuberculosis Program Guideline. There is also a revised Menu Labelling Protocol, 2018, which replaces the previous version issued December 29, 2017. The expectation is that implementation of the requirements outlined in these guidelines shall begin on the date of the guidelines' release, or, for those programs and services delivered in schools, at the beginning of the next school year. Documents can be accessed on the Ministry website:

http://www.health.gov.on.ca/en/pro/programs/publichealth/oph_standards/protocolsguidelines.aspx

Recommendation: Receive.

- b) Date: 2018 April 23 [received May 3]
Topic: Repeal of Section 43 of the Criminal Code of Canada
From: Peterborough Public Health
To: The Honourable Jody Wilson-Raybould, Minister of Justice

Background:

On April 23, 2018, Peterborough Public Health's Board of Health endorsed the Haliburton, Kawartha, Pine Ridge District Health Unit's resolution to repeal Section 43 of the [Criminal Code of Canada](#), which justifies the use of physical punishment on children. Peterborough Public Health advocates for the immediate passage of [Bill S-206](#), which repeals Section 43.

Recommendation: Receive.

- c) Date: 2018 May 3
Topic: Youth Exposure to Smoking in Movies
From: Peterborough Public Health
To: The Honourable Jeff Leal, MPP, Peterborough

Background:

In 2015, the Middlesex-London Health Unit sent a letter to local members of the provincial Parliament calling for support in taking action against smoking in movies. Refer to the [Board of](#)

[Health meeting minutes](#) for January 15, 2015, and [Board of Health Report 003-15](#). On May 3, 2018, Peterborough Public Health's Board of Health requested support and commitment from MPP Jeff Leal to protect youth from the tobacco industry. Peterborough Public Health recently endorsed policy directions in support of requiring strong anti-smoking ads prior to movies depicting tobacco use, ensuring that films with tobacco imagery are ineligible for government subsidies, eliminating identifying tobacco brands, certifying no payoffs for displaying tobacco placements in movies, and rating all new movies with smoking in them as 18A.

Recommendation: Receive.

- d) Date: 2018 May 3
Topic: Youth Exposure to Smoking in Movies
From: Peterborough Public Health
To: Laurie Scott, MPP, Haliburton—Kawartha Lakes—Brock

Background:

On May 3, 2018, Peterborough Public Health's Board of Health issued the same request to MPP Laurie Scott regarding protection of youth from the tobacco industry. See correspondence item c).

Recommendation: Receive.

- e) Date: 2018 May 3
Topic: Youth Exposure to Smoking in Movies
From: Peterborough Public Health
To: Ontario Film Review Board

Background:

Several studies have shown that smoking commercial tobacco in movies encourages adolescents to try smoking. On May 3, 2018, Peterborough Public Health's Board of Health urged the Ontario Film Review Board to change ratings for movies with smoking in them in order to protect youth from the tobacco industry. See related correspondence items c) and d). The request arises out of concerns raised about the impact of movies on the health and well-being of children and teens.

Recommendation: Receive.

- f) Date: 2018 April 18 [received May 8]
Topic: Resolution on the 2018 Annual Service Plan, including the Haliburton, Kawartha, Pine Ridge District Health Unit's 2018 Budget
From: City of Kawartha Lakes
To: Haliburton, Kawartha, Pine Ridge District Board of Health

Background:

On April 18, 2018, the City of Kawartha Lakes supported the Haliburton, Kawartha, Pine Ridge (HKPR) District Health Unit Board of Health's letter to the Ministry of Health and Long-Term Care

regarding the 2018 Annual Service Plan. The letter to the Honourable Helena Jaczek was dated March 13, 2018, and can be referenced in the [Board of Health meeting agenda](#) for April 19, 2018.

Recommendation: Receive.

- g) Date: 2018 May 11
Topic: Appointment of new Medical Officer of Health for Southwestern Public Health Oxford Elgin St. Thomas
From: Association of Local Public Health Agencies
To: Boards of Health

Background:

On May 11, 2018, the Association of Local Public Health Agencies announced that Minister of Health Helena Jaczek officially appointed Dr. Joyce Lock as Medical Officer of Health for Southwestern Public Health Oxford Elgin St. Thomas effective May 7, 2018. Dr. Lock had been the Medical Officer of Health for the now-former Elgin St. Thomas Public Health, which merged with Oxford County Public Health on May 1, 2018.

Recommendation: Receive.

- h) Date: 2018 June 11
Topic: “Deep Dive” Service Review project
From: Mark Johnson, Business Planning Process Manager, City of London
To: Community Partners

Background:

The City of London is reaching out to partners to introduce the “Deep Dive” Service Review project and invite organizations to participate. “Deep Dive” is part of a larger Service Review program which is identified as a strategic priority in Council’s 2015-2019 Strategic Plan in response to the direction by City Council to undertake a Service Review program in order to fund \$4 million in unidentified permanent budget reductions that were built-in to the approved 2016-2019 Multi-Year Budget, and to prepare for significant budget pressures anticipated for the next Multi-Year Budget (2020 - 2023). The goal of “Deep Dive” is to develop a list of prioritized opportunities for in-depth reviews and an implementation plan that will inform the development of the 2019-2023 City of London Strategic Plan and the 2020-2023 City of London Multi-Year Budget. Participation in “Deep Dive” would involve staff from each agency working with consultants to develop service profiles containing information such as current services offered, the rationale for service delivery, current service level standard, key processes for delivering services, regulatory requirements, annual cost of providing service, FTE complements involved in delivering service, non-taxation funding sources and key performance indicators.

Recommendation: Receive.

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



PUBLIC SESSION – MINUTES
MIDDLESEX-LONDON BOARD OF HEALTH

399 Ridout Street, London
Middlesex-London Board of Health Boardroom
Thursday, May 17, 2018, 7:00 p.m.

MEMBERS PRESENT:

Ms. Joanne Vanderheyden, Chair
Ms. Trish Fulton, Vice-Chair
Mr. Michael Clarke
Ms. Maureen Cassidy (7:02 p.m.)
Mr. Jesse Helmer
Mr. Trevor Hunter
Mr. Ian Peer
Mr. Kurtis Smith
Mr. Marcel Meyer

ABSENT:

Ms. Tino Kasi

MEDIA:

Mr. Merrick Sutherland, CTV News London

OTHERS PRESENT:

Dr. Christopher Mackie, Secretary-Treasurer
Ms. Elizabeth Milne, Executive Assistant to the Board of Health and Communications (Recorder)
Ms. Muriel Abbott, Public Health Nurse
Ms. Vanessa Ambtman-Smith, Indigenous Health Lead, South West LHIN
Mr. Joe Antone, Southwest Ontario Aboriginal Health Access Centre
Ms. Marilyn Atkin, Program Lead, Community Outreach and Harm Reduction
Mr. Jordan Banninga, Manager, Program Planning and Evaluation
Ms. Lauren Blaha, One Life One You
Ms. Rhonda Brittan, Manager, Healthy Communities and Injury Prevention
Mr. Jeff Cameron, CEO, Stronghold Services Corporation
Ms. Laura Di Cesare, Director, Corporate Services
Mr. Dan Flaherty, Manager, Communications
Mr. Brian Glasspoole, Manager, Finance
Ms. Becky Griffiths, McKenzie Lake Lawyers
Ms. Heather Lokko, Director, Healthy Start
Ms. Paula Magbor, One Life One You
Mr. Nathan Malott, One Life One You
Ms. Meagan Melling, Public Health Nurse
Ms. Julie Mroz, One Life One You
Ms. Natalia Murcia Jacome, One Life One You
Dr. Steven Steinburg, Southwest Ontario Aboriginal Health Access Centre
Ms. Linda Stobo, Manager, Chronic Disease and Tobacco Control
Mr. Stephen Turner, Director, Environmental Health and Infectious Diseases
Mr. Alex Tysl, Online Communications Coordinator

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

DISCLOSURES OF CONFLICT(S) OF INTEREST

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

APPROVAL OF AGENDA

It was moved by Mr. Peer, seconded by Ms. Fulton, *that the **AGENDA** for the May 17, 2018 Board of Health meeting be approved.*

Carried

APPROVAL OF MINUTES

It was moved by Mr. Smith, seconded by Mr. Clarke, *that the **MINUTES** of the April 19, 2018 Board of Health meeting be approved.*

Carried

DELEGATIONS AND COMMITTEE REPORTS

Potential Nurse Practitioner (NP) Secondment (Report No 030-18)

Dr. Mackie introduced this report and the guests attending for the delegation: Ms. Vanessa Ambtman-Smith, Mr. Joe Antone, and Dr. Steven Steinburg.

Dr. Mackie provided context and background. The report proposes to second the MLHU Nurse Practitioner to serve the Indigenous Community through the Southwest Ontario Aboriginal Health Access Centre (SOAHAC) and Addiction Services Thames Valley.

Ms. Ambtman-Smith outlined the need for services in the Indigenous community, and noted that such services will be built into a more comprehensive drug strategy.

Dr. Steinburg outlined the current state of the opioid crisis and the clients he has been serving since coming to SOAHAC two months ago. He described seeing a number of overdose cases, the cycle of addiction, the lack of access to treatment outside London, and how rapid access to care is a key concern for serving the Indigenous community living outside the city.

Discussion ensued on the following items:

- How the NP's role would be split between SOAHAC and Addiction Services Thames Valley, including the financial implications.
- If the current allotment of 0.4 FTE is enough to serve the Indigenous community through SOAHAC.
- How the plan might look long-term, following completion of the secondment at the end of 2018.
- How this service, if provided by the NP to Indigenous communities outside the city, could ameliorate the barriers to treatment that many experience when having to travel to the city for care. This would allow people to heal near their homes, and would be more practical for the people whom this measure is intended to serve.
- That a contingency plan should be in place to ensure this service can continue in the future.
- That the Union has been notified and is supportive of putting an MOU in place for the NP.
- That staff should consider additional funding, if needed, to provide a full-time FTE to service the Indigenous community.

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

1. *Receive Report No. 030-18 re: "Potential Nurse Practitioner (NP) Secondment";*
2. *Approve the continuation of secondment discussions with Addiction Services Thames Valley;*
and
3. *Approve the relevant funding for 0.4 FTE NP support for the First Nations communities to the end of 2018.*

Carried

Update: Supervised Consumption Facilities (Report No. 026-18)

Mr. Stephen Turner, Director of Environmental Health and Infectious Diseases, introduced this report and provided an overview of the local opioid crisis, including the current status of the application to the federal government for permanent Supervised Consumption Facilities (SCFs) and the status of zoning for the proposed sites. He also stated that last week the Health Unit had received a letter of support, with a commitment to capital and operational funding, the Minister of Health and Long-Term Care. In the letter, the Minister expressed support for the 446 York Street and 241 Simcoe Street sites and outlined next steps as the federal government continues to examine the application. Mr. Turner noted that consultation with the community will be ongoing as plans are made to establish the sites.

Discussion ensued on the following items:

- The likely costs associated with establishing the SCFs, and MLHU's financial obligations once the sites are established.
- How MLHU will be involved in running the site once it opens and that the provincial government is to assume the capital and operational costs.
- The Board's continuing involvement in establishing further supervised consumption services. A report will be coming to the Board through the Finance and Facilities Committee proposing extension of services offered at the Temporary Overdose Prevention Site (TOPS).
- The importance of the Police Services Board endorsing SCFs, which will be helpful in establishing these facilities in our community with the support of the London Police Services.
- Municipal- and federal-level matters that could slow the progress toward establishing the SCFs.

It was moved by Mr. Peer, seconded by Mr. Meyer, *that the Board of Health receive Report No. 026-18 re: "Update – Supervised Consumption Facilities" for information.*

Carried

Finance & Facilities Committee (FFC) Meeting – May 3, 2018 (Report No. 025-18)

Ms. Fulton introduced, provided context for, and summarized the following reports, which were considered at the May 3 FFC meeting:

2018 Information Technology Workplan (Report No. 018-18FFC)

It was moved by Mr. Peer, seconded by Mr. Helmer, *that the Board of Health receive Report No. 018-18FFC for information.*

Carried

2018 Budget – Ministry of Health and Long-Term Care Approved Grants (Report No. 019-18FFC)

It was moved by Mr. Hunter, seconded by, Mr. Meyer, *that the Board of Health receive Report No. 019-18FFC for information.*

Carried

Q1 Financial Update and Factual Certificate (Report No. 020-18FFC)

It was moved by Mr. Hunter, seconded by Mr. Peer, *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.*

Carried

Great-West Life Benefits – Renewal Rates (Report No. 021-18FFC)

It was moved by Mr. Meyer, seconded by Mr. Smith, *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.”*

Carried

It was moved by Mr. Clarke, seconded by Mr. Helmer, *that the Board of Health receive the Minutes of the May 3, 2018 Finance & Facilities Committee.*

Carried

RECOMMENDATION REPORTS

2018 Budget – MOHLTC Approved Grants (Report No. 027-18)

It was moved by Mr. Meyer, seconded by Ms. Fulton, *that the Board of Health receive Report No. 027-18 re: “2018 Budget – MOHLTC Approved Grants” and direct the Chair to sign Amending Agreement No. 10 to the Public Health Funding Accountability Agreement.*

Carried

INFORMATION REPORTS

Update on MLHU Breastfeeding Services and Supports (Report No. 034-18)

It was moved by Ms. Cassidy, seconded by Mr. Helmer, *that the Board of Health receive Report No. 034-18 re: “Update on MLHU Breastfeeding Services and Supports” for information.*

Carried

Summary Information Report for May 2018 (Report No. 028-18)

It was moved by Ms. Cassidy, seconded by Mr. Meyer, *that the Board of Health receive Report No. 028-18 re: “Summary Information Report for May 2018” for information.*

Carried

Medical Officer of Health/Chief Executive Officer Activity Report for May (Report No. 029-18)

It was moved by Ms. Cassidy, seconded by Mr. Hunter, *that the Board of Health receive Report No. 029-18 re: “Medical Officer of Health / Chief Executive Officer Activity Report for May” for information.*

Carried

CORRESPONDENCE

It was moved by Mr. Hunter, seconded by Mr. Peer, *that the Board of Health endorse item a) re: Dedicated funding for local Public Health agencies from cannabis sales taxation revenue.*

Carried

It was moved by Mr. Clarke, seconded by Ms. Cassidy, *that the Board of Health endorse item m) re: alPHa Resolutions for Consideration at June 2018 Annual General Meeting.*

Carried

Discussion ensued about why staff had brought item m) forward for endorsement. Dr. Mackie advised that endorsement would give the Health Unit's voting delegates direction on how to vote during the alPHa resolutions session at the AGM on June 10.

There was also discussion about item e), notably the sentence about a funding freeze. Dr. Mackie answered questions and provided context.

It was moved by Mr. Helmer, seconded by Ms. Cassidy, *that the Board of Health receive correspondence items b) through l).*

Carried

OTHER BUSINESS

Chair Vanderheyden reviewed the upcoming meeting dates, including:

- Next Finance & Facilities Committee meeting: June 7, 2018 @ 9:00 a.m.
- Next Board of Health meeting: June 21, 2018 @ 7:00 p.m.
- Next Governance Committee meeting: June 21, 2018 @ 6:00 p.m.

CONFIDENTIAL

At 7:59 p.m., it was moved by Ms. Cassidy, seconded by Mr. Peer, *that the Board of Health move in-camera to consider matters regarding identifiable individuals, a proposed or pending acquisition of land by the Middlesex-London Board of Health, to consider the confidential minutes of the April 19 Board of Health meeting, and to receive the confidential minutes of the May 3, 2018 Finance & Facilities Committee meeting.*

Carried

At 9:30 p.m., the Board of Health returned to public session.

ADJOURNMENT

At 9:30 p.m., it was moved by Mr. Helmer, seconded by Mr. Meyer, *that the meeting be adjourned.*

Carried

JOANNE VANDERHEYDEN
Chair

CHRISTOPHER MACKIE
Secretary-Treasurer



PUBLIC MINUTES
FINANCE & FACILITIES COMMITTEE
50 King Street, London
Middlesex-London Health Unit
Thursday, June 7, 2018 9:00 a.m.

MEMBERS PRESENT: Ms. Trish Fulton, Chair
Mr. Jesse Helmer
Ms. Tino Kasi
Mr. Marcel Meyer
Ms. Joanne Vanderheyden

OTHERS PRESENT: Mr. Trevor Hunter, Board of Health
Dr. Christopher Mackie, Secretary-Treasurer
Ms. Lynn Guy, Executive Assistant to the Medical Officer of Health (Recorder)
Ms. Laura Di Cesare, Director, Healthy Organization
Ms. Katie denBok, Partner, KPMG
Mr. Syed Balkhi, Manager, KPMG
Ms. Tammy Beaudry, Accounting and Budget Analyst, Finance
Mr. Brian Glasspoole, Manager, Finance
Mr. Joe Belancic, Manager, Procurement and Operations

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

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 Ms. Vanderheyden, seconded by Mr. Meyer, *that the amended AGENDA for the June 7, 2018 Finance & Facilities Committee meeting be approved with the addition of walk-on report Report No. 028-18FFC re: "Temporary Overdose Prevention Site Expanded Hours and Evaluation."*

Carried

APPROVAL OF MINUTES

It was moved by Mr. Helmer, seconded by Ms. Vanderheyden, *that the MINUTES of the May 3, 2017 Finance & Facilities Committee meeting be approved.*

Carried

NEW BUSINESS

4.1 2017 Draft Financial Statements KPMG Audit (Report No. 022-18FFC)

Ms. Fulton introduced Mr. Glasspoole to attendees, and noted that he would be presenting the statements for the public portion of the FFC meeting, following which the Committee would move in-camera for further discussion with the KPMG representatives. Mr. Glasspoole reviewed the Financial Statements and the Notes to the Financial Statements.

There was discussion on the following matters:

- Post-retirement benefits, and whether or not there may be a way to reduce liability by lowering the discount rate of 3.25%. Mr. Glasspoole noted that when secured, this rate was the best available. Dr. Mackie noted that such liabilities are not a major impediment to MLHU operations, but that this would be analyzed further before the next audit.
- The statement of cash flow and reasons for the almost \$1 million difference from the previous year.
- Tangible capital assets—something the Health Unit will need to assess, considering the location move. There will be changes to fit-up costs for the new location.
- A defined benefit pension plan. OMERS is responsible for ensuring there are funds available.

Following Mr. Glasspoole's review, Ms. denBok introduced herself and Mr. Balkhi, after which they reviewed the Audit Findings Report. Ms. denBok explained that this report is created to assist FFC in its review of the audit. She noted there were no significant findings to report regarding audit risks and results.

Once the Board of Health approves the report and legal confirmation has been received, the audit will be final.

Mr. Balkhi walked attendees through the Audit Findings Report. It was noted that Appendix 5 (Forensic Focus) was included in the report for information.

Discussion ensued on the following matters:

- Fraud, in regard to journal entry testing, safety measures, and triggers. Ms. denBok noted that if any deficiencies are noted during the audit, they are brought to the attention of the Health Unit.
- Dr. Mackie noted that MLHU has a very high level of internal scrutiny by Finance.

It was moved by Mr. Helmer, seconded by Ms. Kasi, *that the Finance & Facilities Committee recommend that the Board of Health review and approve the audited Financial Statements for the Middlesex-London Health Unit, December 31, 2017, as appended to Report No. 022-18FFC.*

Carried

At 9:50 a.m., all attendees except the FFC Committee members and KPMG staff left the room for the in-camera discussion of the audit. They returned to the public meeting at 9:55 a.m.

4.2 2017 Reserve / Reserve Fund Balances (Report No. 023-18FFC)

There was discussion regarding the source of funds allocated to specific reserve funds. Dr. Mackie noted that this had not yet been confirmed. Ms. Fulton asked for a report to be submitted at a future FFC meeting.

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

1. *Receive the 2017–18 Reserve/Reserve Fund Overview (Appendix A) for information; and*
2. *Approve a \$52,570 drawdown from the Sick Leave Reserve Fund to fund the 2017 sick leave payment to eligible staff.*

Carried

4.3 Supervised Consumption Facility – Municipal Planning Consultant Services Proposal (Report No. 024-18FFC)

Mr. Belanic provided additional information to the Committee to clarify that the \$7,500 noted in the report is the fee payable to the City of London per zoning application.

Dr. Mackie noted the procurement process that was followed here, where demonstrated excellence was a prerequisite for seeking quotes.

Discussion ensued on the following matters:

- Funding from the province and cost-sharing with partners
- Zoning by-laws
- Lease parameter negotiations. Dr. Mackie noted that the Citi Plaza landlord is not currently interested in hosting an SCF.

It was moved by Mr. Meyer, seconded by Mr. Helmer, *that the Finance & Facilities Committee receive Report 024-18FFC re: "Municipal Planner Consultant Services RFP" for information.*

Carried

4.4 **Temporary Overdose Prevention Site Expanded Hours and Evaluation (Report No. 028-18FFC)**

Dr. Mackie advised that these costs would be considered approved under previous Board direction, however they are being brought forward here because they are significant and deserve further scrutiny. He added that the longer daylight hours have increased the number of people seeking services in the evening.

Discussion ensued on the following matters:

- Wrap-around services: spending more money on recovery and not just injecting drugs. Dr. Mackie advised that wrap-around treatment programs are available at the TOPS. Dr. Mackie advised that the Community Drug and Alcohol Strategy (CDAS) will address some of the upstream prevention needs.
- Potential for additional funding from the Ministry
- Western University will assist with the evaluation of the TOPS

Ms. Fulton mentioned a radio show she had heard on the subject of SCFs. She asked about whether staff might create a "key points" document that could assist Board members and staff in pointing people in the right direction for more information. Dr. Mackie said he would ensure that a "key points" document is developed.

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

1. *Receive walk-on Report No. 028-18FFC re: "Temporary Overdose Prevention Site (TOPS) Expanded Hours and Evaluation" for information; and*
2. *Approve the allocation of up to \$50,000 for the expansion of hours of operation of the TOPS and the enhanced evaluation plan, recognizing that a portion of these costs may at some point be funded by the Ministry of Health and Long-Term Care.*

Carried

OTHER BUSINESS

Next Finance & Facilities Committee meeting: July 5, 2018, 8:30 a.m.

Ms. Kasi noted that she cannot attend the next meeting in person, but could participate via phone. There was some discussion regarding calling in to meetings. Mr. Helmer advised that legislation allows this for Boards; however, the MLHU BOH has no procedure in place. It was agreed that pending consideration of this matter by the Governance Committee, Board members may participate via phone but not vote. The meeting will begin at 8:30 a.m. Ms. Guy will send out a revised meeting notification to the Board of Health, and send Ms. Kasi the dial-in details.

It was moved by Mr. Meyer, seconded by Ms. Vanderheyden, *that the Finance & Facilities Committee recommend that the Governance Committee review the MLHU by-laws and consider revising to allow electronic participation.*

Carried

CONFIDENTIAL

At 10:40 a.m., it was moved by Ms. Vanderheyden, seconded by Ms. Kasi, *that the Finance & Facilities Committee move in-camera to discuss matters regarding a position, plan, procedure, criteria, or instruction to be applied to any negotiations carried on by or on behalf of the Middlesex-London Board of Health, a proposed or pending acquisition of land by the Middlesex-London Board of Health, and to consider the confidential minutes of its May 3, 2018 meeting.*

Carried

At 11:10 a.m., it was moved by Ms. Vanderheyden, seconded by Mr. Helmer, *that the Finance & Facilities Committee return to public session.*

Carried

At 11:10 a.m., the Finance & Facilities Committee returned to public session.

ADJOURNMENT

At 11:12 a.m., it was moved by Mr. Helmer, seconded by Mr. Meyer, *that the meeting be adjourned.*

Carried

Prior to the formal adjournment of the meeting, Mr. Meyer advised that he still had some questions in regard to a confidential report. Dr. Mackie advised that a Board of Health report will be presented in-camera at the June meeting, which should answer Mr. Meyer's questions regarding a proposed or pending acquisition of land by the Middlesex-London Board of Health.

At 11:15 a.m., Chair Fulton *adjourned the meeting.*

TRISH FULTON
Chair

CHRISTOPHER MACKIE
Secretary-Treasurer



MIDDLESEX-LONDON HEALTH UNIT

REPORT NO. 035-18

TO: Chair and Members of the Board of Health
 FROM: Christopher Mackie, Medical Officer of Health / CEO
 DATE: 2018 June 21

FINANCE & FACILITIES COMMITTEE MEETING – JUNE 7

The Finance & Facilities Committee met at 9:00 a.m. on [Thursday, June 7, 2018](#). A summary of the discussion can be found in the [draft minutes](#).

The following reports were considered, with recommendations made to the Board of Health:

Reports	Recommendations for Information and Consideration
2017 Draft Financial Statements (Report No. 022-18FFC)	It was moved by Mr. Helmer, seconded by Ms. Kasi, <i>that the Finance & Facilities Committee recommend that the Board of Health review and approve the audited Financial Statements for the Middlesex-London Health Unit, December 31, 2017, as appended to Report No. 022-18FFC.</i> Carried
2017 Reserve / Reserve Fund Balances (Report No. 023-18FFC)	It was moved by Mr. Helmer, seconded by Ms. Kasi, <i>that the Finance & Facilities Committee recommend that the Board of Health:</i> <ol style="list-style-type: none"> 1. <i>Receive the 2017–18 Reserve/Reserve Fund Overview (Appendix A) for information; and</i> 2. <i>Approve a \$52,570 drawdown from the Sick Leave Reserve Fund to fund the 2017 sick leave payment to eligible staff.</i> Carried
Supervised Consumption Facility – Municipal Planning Consultant Services Proposal (Report No. 024-18FFC)	It was moved by Mr. Meyer, seconded by Mr. Helmer, <i>that the Finance & Facilities Committee receive Report 024-18FFC re: “Municipal Planner Consultant Services RFP” for information.</i> Carried
Walk-On Report: Temporary Overdose Prevention Site Expanded Hours and Evaluation (Report No. 028-18FFC)	It was moved by Mr. Helmer, seconded by Ms. Kasi, <i>that the Finance & Facilities Committee:</i> <ol style="list-style-type: none"> 1. <i>Receive walk-on Report No. 028-18FFC re: “Temporary Overdose Prevention Site (TOPS) Expanded Hours and Evaluation” for information; and</i> 2. <i>Approve the allocation of up to \$50,000 for the expansion of hours of operation of the TOPS and the enhanced evaluation plan, recognizing that a portion of these costs may at some point be funded by the Ministry of Health and Long-Term Care.</i> Carried

The Committee moved in-camera to discuss matters regarding the security of property held by the Middlesex-London Board of Health, a proposed or pending acquisition of land by the Middlesex-London

2018 June 21

- 2 -

Report No. 035-18

Board of Health, and advice that is subject to solicitor-client privilege, and to consider the confidential minutes of its May 3, 2018 meeting.

The next meeting will be on Thursday, July 5, 2018, at 8:30 a.m., in Room 3A, 50 King Street.

This report prepared by the Office of the Medical Officer of Health.

A handwritten signature in black ink, appearing to read 'C. Mackie', with a small dot at the end of the signature.

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



TO: Chair and Members of the Board of Health
FROM: Christopher Mackie, Medical Officer of Health / CEO
DATE: 2018 June 21

MLHU WIDE AREA NETWORK (WAN) SERVICE PROVIDER IMPROVEMENTS

Recommendation

It is recommended that the Board of Health approve entering into a contract with start.ca to establish a Wide Area Network (WAN) service, as recommended by the Finance & Facilities Committee.

Key Points

- Following an informal Wide Area Network (WAN) service provider request for proposals, start.ca was identified as the preferred proponent.
- The MLHU WAN connects all of the MLHU's sites to each other, and is the connection to the Internet for all data services. The MLHU WAN is the backbone of all the Health Unit's IT services.
- The projected cost to the Health Unit to enter into this agreement is \$35,700, which represents an increase of 2.9%, or \$1,032 annually, over the current contract. This contract includes data centre services, and will reduce future expenditures on servers.

Background

Information Technology (IT) has identified numerous improvements and advancements in wide-area networking available to MLHU today, which were not valid or possible solutions in the past. Many of the IT services proposed for or currently supported at MLHU require a fast, reliable connection that can provide seamless services for all users. The current WAN is not an acceptable strategy when future usage requirements are considered. Advances in fibre networking and competition among Internet service providers (ISPs) now provide more options and greater flexibility.

Procurement Process

MLHU Procurement and Stronghold Services contacted key ISPs capable of supplying Internet services to all Health Unit locations, together with access to a data centre. On-site visits were conducted and proposals were received from two ISPs.

Start.ca is the recommended ISP for this enhancement. The contract has a three-year term, and allows MLHU to move from its current 50 King Street and 201 Queens Avenue locations in downtown London (i.e., within the start.ca fibre network) without penalty. Rogers will remain the ISP for the Strathroy location. There are limited options available in that area. These recommended ISPs submitted the lowest-cost proposals and met the requirements set forth by the MLHU.

Financial Impacts

The current cost for Internet services for all three locations is \$2,889/month, or \$34,668 annually (before taxes); this includes a mix of fibre, virtual circuits, and DSL modems. The proposed cost of the network

enhancements is \$2,975/month, or \$35,700 annually (before taxes). The cost of this improvement represents an \$86/month increase, or \$1,032 annually, over the current WAN costs, and includes a full rack and data centre for the MLHU server environment. By bundling the contract for a WAN together with a data centre agreement, the need to enter into a separate contract is alleviated, making this a more cost-effective solution for MLHU.

Next Steps

Procurement and Operations will finalize contracts with start.ca (for the London offices) and Rogers (for the Strathroy office) for a three-year term.

This report prepared by the IT and Procurement and Operations teams, Healthy Organization Division.



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



TO: Chair and Members of the Board of Health

FROM: Christopher Mackie, Medical Officer of Health / CEO

DATE: 2018 June 21

MIDDLESEX-LONDON FOOD POLICY COUNCIL PROGRESS REPORT

Recommendation

It is recommended that Report No. 037-18 re: “Middlesex-London Food Policy Council Progress Report” be received for information.

Key Points

- The Middlesex-London Food Policy Council (MLFPC), established in 2016, provides food system leadership through its partnerships, website, social media communications, and community events.
- Guided by a strategic plan for 2018–21, the MLFPC aims to advance and inform public policy measures that will strengthen the local food system, empower citizens to engage in local food system change, and enhance coordination between all food system sectors.

Background

A healthy local food system is essential for a vibrant and healthy community. At the June 2016 Board of Health meeting, [Report No. 043-16](#) noted the completion of the Middlesex-London Community Food Assessment (MLCFA), the establishment of the MLFPC, and the appointment of a Board of Health representative to the Council as a voting member. The Health Unit provides coordination and administrative support to the Council and its operations. This was made possible by a 2016 PBMA investment in a 0.5 FTE Registered Dietitian (RD) to increase the Health Unit’s capacity to address food systems and the food environment. Through this investment and increase in capacity, the Health Unit is better positioned to address economic, social, environmental, and nutritional food system factors that can inequitably impact individuals’ food decisions and health status. The RD assigned to the food systems portfolio supports the MLFPC’s work by: providing communications support for the website and student volunteers; coordinating and facilitating Council meetings; preparing monthly newsletters and stakeholder/membership communications; and providing programmatic leadership related to strategic planning.

As part of its contribution to the MLCFA, the Health Unit collected two rounds of Rapid Risk Factor Surveillance System (RRFSS) survey data from Middlesex-London residents, between September 2015 and August 2016, pertaining to local food procurement. The data, summarized in [Appendix A](#), showed that Middlesex-London residents are interested and committed to purchasing locally produced food if and when it is available. This local data reinforces the need and support for programs, services, and policies that address food accessibility and local food procurement, processing, and distribution.

www.healthunit.com/uploads/2018-06-21-report-037-18-appendix-b.pdf

Middlesex-London Food Policy Council Progress

Following a community call to action for membership applications, the MLFPC was formed and held its inaugural meeting on November 29, 2016. In 2017, the Council established an Executive Committee and finalized its [Terms of Reference](#). The MLFPC’s vision is to sustain a healthy, safe, equitable, and

ecologically responsible food system that nourishes all local residents and is economically viable. Its mission is to: 1) be a forum for discussing local food issues; 2) empower citizens to be involved in food system decisions; 3) foster coordination between food system sectors; 4) create, evaluate, and influence policy; and 5) support programs and services that address local needs. The Council achieves its mission through advocacy, communication, coordination, education, evaluation, leveraging community resources, research, and networking.

During the first year of Council activities, four Action Groups were established to begin work on food system priority issues, as identified by the MLCFA: 1) Food Literacy; 2) Food Accessibility; 3) Food Procurement, Processing, and Distribution; and 4) Rural/Urban/Indigenous Connection. In their inaugural year, these Action Groups became forums for discussing issues, empowering and engaging citizens, and fostering coordination. A workshop on barriers to local food procurement for institutions was attended by stakeholders from academia, health, and business. A food literacy networking event brought together stakeholders from the city and county for a dynamic session of learning and making new connections. Approximately fifty representatives from the food distribution, retail, and non-profit sectors attended “Beyond Waste: Food Recovery and Redistribution,” a networking forum to encourage public-private collaboration around food recovery and redistribution.

A Communications Committee was also formed to develop a consistent brand for the MLFPC, promote awareness of the newly formed Council, and provide oversight for establishing a [website](#) and a communications strategy. With the assistance of Fanshawe College and Brescia University College students, the MLFPC has established a social media presence on [Facebook](#), [Twitter](#), and [Instagram](#).

At its Annual General Meeting in April, the MLFPC recognized the contributions of many individuals and groups in Middlesex County and the City of London who have contributed to an improved food system. Awards were presented to fourteen exceptional local food champions who exemplify leadership, innovation, and inspiration in working toward creative and unique solutions to overcoming barriers within our food system ([Appendix B](#)). The MLFPC’s [2017 Annual Report](#) includes Action Group highlights from its first year, a Council membership list, and a financial statement, plus it provides direction for future activities by the Council.

MLFPC Future Priorities

The Strategic Plan for 2018–21, attached as [Appendix C](#), outlines four priorities, including: 1) Building Council Strength; 2) Defining Shared Language and Metrics; 3) Developing an Information Repository; and 4) Building Pathways to Affect Food Policy Change. These priorities align well with the Health Unit’s mission to promote and protect community health through values of collaboration, empowering citizens, excellence, and equity. Activities for the next three years include developing a sustainable funding model, providing consistent food system information based on credible evidence, creating partnerships and channels of communication within the Middlesex-London food community, and positioning the MLFPC as the community voice on food system policy issues.

This report prepared by the Healthy Living Division.



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

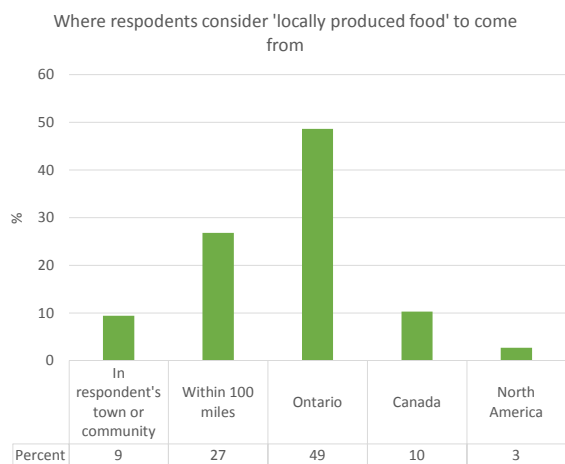
Food Procurement: Public Perception

Summary of Results

Food Procurement: Public Perception

- Rapid Risk Factor Surveillance System (RRFSS) Module
- Purpose of the module is to gather information to develop and implement, if feasible, a local food procurement policy.
- Asked September 2015 – August 2016 to residents of Middlesex London
- Total sample size 1186

Definition of locally produced food

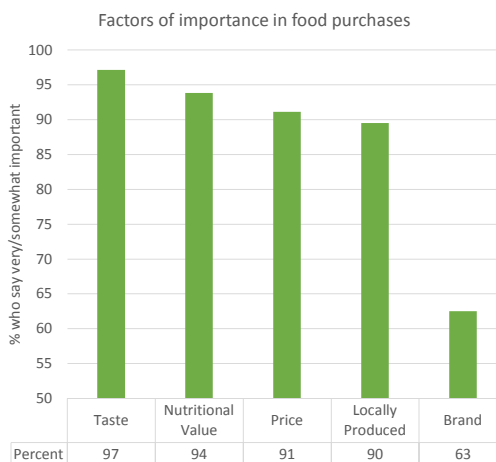


- 85% of respondents said locally produced food was from Ontario or a place closer to their home.

- 86% of people look for locally produced food most of the time or some of the time when shopping for food.

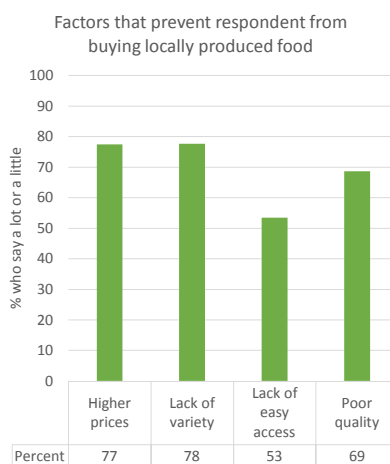
Factors of importance in food purchases

- Nearly 90% of adults (18+) reported locally produced food as an important factor when purchasing food
- There was very little difference when compared across socio-demographic characteristics about the importance of locally purchased.



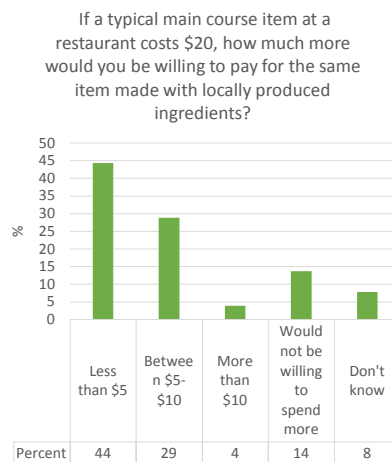
Factors preventing local food purchase

- Half to three quarters of respondents reported these factors had a lot or a little to do with preventing them from purchasing local foods.
- 80% of the 18-24 age group indicated that lack of easy access prevented them from purchase. This was significantly higher than the proportion in other age groups ~50%.
- Reporting higher prices as a barrier was NOT substantially higher in those with lower incomes.
- There was no difference seen between residents of London and Middlesex.



Willing to pay more

- 76% are willing to spend more on a locally produced menu item.



- 94% of people think institutions such as schools, hospitals and daycares should buy locally produced food, if cost and quality are the same.
 - Of those people, 87% of people are supportive even if the budget needs to increase by 5%.

LOCAL FOOD CHAMPIONSHIP AWARDS

MLFPC recognizes the amazing talents and contributions of many individuals and groups in Middlesex and London that have contributed to an improved food system. For 2017/18, the Council nominated 14 exceptional local food champions, who exemplify leadership, innovation and inspiration in creative and unique solutions to overcoming barriers within our food system.

2017 Recipient List:

Adaptive Cooking

London Convention Centre

Carmen McClaremont

Metro Wellington & Commissioners

Danielle Mooder

North London Costco

Gabor Sass

Old East Village Grocer

Growing Chefs!

Rundle's No Frills

Healthy Kids Community Challenge,
Middlesex County

South London Costco

Hospitality Services at Western
University

Urban Roots



Middlesex London Food Policy Council Strategic Plan 2018-2021

This strategic plan was prepared by the Executive Committee in May 2018, based on the two strategic planning sessions the MLFPC held in March and April 2018. It was submitted for approval to the Council on May 23, 2018.

Vision

The Middlesex London community sustains a healthy, safe, equitable and ecologically responsible local food system, that nourishes all residents and is economically viable.

Mission

The Middlesex London Food Policy Council will:

- ✓ Be a forum for discussing local food issues
- ✓ Empower citizens to be involved in food system decisions.
- ✓ Foster coordination between sectors in the food system.
 - ✓ Create, evaluate and influence policy.
- ✓ Support programs and services that address local needs.

Goal

To facilitate and support a safe, healthy and accessible local food system that is socially, economically, and environmentally sustainable.



Priorities

Priority 1	Building Council Strength	MLFPC will help council members to appropriately represent us through consistent messaging and facilitation training. Good council governance (structure, succession planning and pro-active member recruitment) is key to ensure that MLFPC remains sustainable and protected from liability. Strong collaboration with municipal and community partners will support our Vision, Mission and Values.
Priority 2	Defining shared language and metrics	To be leaders in food system education and advocacy, we need to be able to measure the impact of our work and share the same language.
Priority 3	Developing information repository	This is a key resource adding value to MLFPC by identifying organizations working on the food system and hosting information on MLFPC website that helps stakeholders and community members to connect with each other.
Priority 4	Building pathways to affect food policy changes	MLFPC will develop strategies to implement food system change. We will do so by building a network with educational institutions and other food policy councils, and by making recommendations to stakeholders, eager to move system initiatives forward. We will also build pathways into the systems of power such as city hall, municipal council and provincial and federal groups to assist us in influencing policy change.

Steps to take to achieve our priorities

Strategic Priority	Action Step	Lead	Timeline	Resources needed
1. Build Council Strength	1.1. Recruitment / Succession planning	Executive	Year 1	no
	1.2. Sustainability (e.g., funding, partnerships)	Executive	Year 1	no
	1.3. Governance and structure (e.g., incorporation, designated media spokesperson)	Executive	Year 1	yes
	1.4. Facilitation training for Council members (e.g., consistent messaging)	Executive	Year 1	maybe
	1.5. Process for dealing with incoming issue	Executive	Year 1	no
	1.6. Prepare annual report, organize AGM	Executive	Year 1	yes
2. Define shared language and metrics	2.1. Establish our definitions of terms that have different meanings in the community	council members	Year 1	no
	2.2. Define metrics to evaluate success of strategic plan	council members	Year 1	no
3. Develop information repository	3.1. Develop template and marketing plan	UWO students	Year 1	no
	3.2. Build repository	Jean/Paid staff	Year 2-3	yes
4. Build pathways to affect food policy changes	4.1. Host 2 community conversations (food literacy & food accessibility)	Council members	Year 1	yes
	4.2. Create channels to increase communications between community and council (social media/website)	Council members, Christine	Year 1	no
	4.3. Create avenues for effective policy change: identify where we have a voice	Council members	Years 1-3	no



TO: Chair and Members of the Board of Health

FROM: Christopher Mackie, Medical Officer of Health / CEO

DATE: 2018 June 21

ENACTMENT OF THE NEW SMOKE-FREE ONTARIO ACT, 2017

Recommendation

It is recommended that Report No. 038-18 re: “The Enactment of the New Smoke-Free Ontario Act, 2017” be received for information.

Key Points

- In the spring of 2017, the Minister of Health and Long-Term Care and the Government of Ontario committed to modernization of the provincial Smoke-Free Ontario Strategy. This was [publicly released](#) in April 2018.
- To address emerging smoking products and help fulfill its commitment to having the lowest smoking prevalence rate in Canada, Ontario updated its smoking and vaping laws.
- Effective July 1, 2018, the new [Smoke-Free Ontario Act, 2017](#) will take effect, regulating the sale, supply, use, display, and promotion of tobacco and vapour products (e-cigarettes), and the smoking and vaping of medical cannabis.

Background

The *Smoke-Free Ontario Act* (SFOA) came into effect in May 2006 and imposed regulatory changes that led to significant reductions in smoking and tobacco use across Ontario. Smoking rates have decreased in Ontario, from 24.5% in 2000 to 16% in 2016 (CCHS 2014). In the spring of 2017, the Minister of Health and Long-Term Care and the Government of Ontario committed to modernization of a provincial Smoke-Free Ontario Strategy and to update Ontario’s smoking and vaping laws to address emerging smoking products, which continue to come into the market. In April 2018, the government released its report, [“Smoke-Free Ontario: The Next Chapter – 2018”](#) and announced a date for updated smoking and vaping laws to come into effect in Ontario. Effective July 1, 2018, the [Smoke-Free Ontario Act, 2017](#) (SFOA 2017) regulations will repeal the existing SFOA and the *Electronic Cigarettes Act, 2015* (ECA). The SFOA 2017 will regulate the sale, supply, use, display, and promotion of tobacco and vapour products (e-cigarettes), and the smoking and vaping of medical cannabis.

Places of Use

The SFOA 2017 will prohibit the smoking of tobacco, the use of e-cigarettes, and the smoking and vaping of medical cannabis in all enclosed public spaces and workplaces, as well as additional prohibited places, such as children’s playgrounds, sport fields and spectator areas, and bar and restaurant patios (which were already prohibited under the former SFOA). The SFOA 2017 will further protect Ontarians from second-hand smoke and vapour by prohibiting the smoking of tobacco, the use of e-cigarettes, and the smoking and vaping of medical cannabis in additional places not previously prohibited under the SFOA. A summary of these prohibitions, and a comparison to the previous version and municipal bylaws, can be found in the table attached as [Appendix A](#).

Sales Restrictions and Rules Regarding Display and Promotion

The SFOA 2017 will prohibit the display and promotion of tobacco products, branded tobacco product accessories, and vapour products at places where they are sold or offered for sale. While these regulations were in place for tobacco products under the previous legislation, the regulations related to electronic cigarettes and vaping products, including e-substances/e-liquids, are new and specific to SFOA 2017.

The regulation mandates exemptions for “Tobacconists and Specialty Vape Stores” to display these products with in-store promotion if specific conditions are met, including a requirement to ensure that people under the age of 19 are not permitted to enter the store. These exemptions require business owners to register annually with the Board of Health and to comply with the following conditions:

- **Tobacconists:** permitted to display and promote specialty tobacco products if a minimum of 85% of the store’s revenues or inventory is dedicated to speciality tobacco products. These requirements have been expanded from the 50% required under the previous SFOA.
 - The remaining 15% of a store’s revenue/inventory must be dedicated to the sale of cigarettes, items associated with tobacco, or items branded with the name of the tobacconist or a brand of tobacco.
- **Specialty vape stores:** permitted to display and promote vapour products if a minimum of 85% of the store’s revenues or inventory is dedicated to vapour products.
 - Specialty vape stores are not permitted to sell tobacco products, and the remaining 15% of the store’s revenues or inventory must be dedicated to items associated or branded with the name of the vape store or a brand of vape product.

Efforts to Promote the New Legislation

Over the next few months, the Health Unit will reach out to affected stakeholders to promote the new regulations. Tobacco Enforcement Officers will deliver tobacco and e-cigarette retail vendor information sessions and will conduct educational visits at retail locations to promote the new regulations. They will also reach out to bar and restaurant owners, as well as fair and festival organizers, to notify them of the restrictions on smoking within nine metres of patios. The Health Unit will continue to work with school board staff and principals to provide education and enforcement expertise regarding smoke-free and vape-free spaces within twenty metres of school property, and will continue to work with municipal partners to educate them on the impacts that SFOA 2017 will have on recreational facilities, sporting areas, and playgrounds, and how best we can work together to support the distribution of signage and information to businesses operating within each municipality. The Health Unit plans to implement a communication campaign over the summer and fall to promote the new regulations and to support voluntary compliance with the SFOA 2017. The Health Unit will continue to work in partnership with the Southwest Tobacco Control Area Network to ensure consistent application and interpretation of the law and to share resources.

This report prepared by the Chronic Disease Prevention and Tobacco Control Team, Healthy Living Division.



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

Summary of Regulatory Changes under the *Smoke-free Ontario Act 2017 - Places of Use*

Topic/Regulation	OLD Legislation <i>Smoke-free Ontario Act/ Electronic Cigarettes Act</i>	NEW Legislation <i>Smoke-free Ontario Act 2017</i>	Impact on Municipal Bylaws
Products Prohibited for Use in Prescribed Places	Smoke or hold lighted tobacco under the old <i>Smoke-free Ontario Act</i>	<ul style="list-style-type: none"> • Smoke or hold lighted tobacco • Smoking or vaping of medical cannabis • Use an electronic cigarette or vapour product 	<p>Smoking Near Recreation Amenities in City Parks and Entrances to Municipal Buildings Bylaw – current definition includes smoke or hold lighted tobacco</p> <p>Municipality of Strathroy-Caradoc Bylaw to Regulate and Prohibit Smoking Near Municipally-Owned Buildings – current definition includes smoke or hold lighted tobacco</p> <p>Township of Lucan Biddulph Smoke-Free Municipal Spaces Bylaw – current definition includes carrying of lighted cigarettes, cigars, pipes or any other lighted smoking equipment whether or not it contains tobacco, including e-cigarettes, vaporizers and hookah pipes</p>
Smoking/Vaping Prohibition on School Grounds	A school as defined in <i>The Education Act</i> – no smoking or holding lighted tobacco on school property	<p>A school as defined in <i>The Education Act</i>:</p> <ul style="list-style-type: none"> • No smoking or holding lighted tobacco, no vaping, or no smoking or vaping of medical cannabis on school property • No smoking or holding lighted tobacco, no vaping, or no smoking 	Bylaws are silent on the issue of school property

		<p>or vaping of medical cannabis at public areas within 20 m of any point on the perimeter of a school</p>	
<p>Smoking/Vaping Prohibition on Children’s Playgrounds and Play Areas</p>	<ul style="list-style-type: none"> • Children’s playgrounds • Public areas within 20m of any point of the perimeter of a children’s playground 	<ul style="list-style-type: none"> • No change in definition of the prohibited area • Inclusion of smoking or vaping of medical cannabis and use of an electronic cigarette 	<p>City of London - these regulations will continue to supersede outdoor smoking bylaw by extending the prohibition to 20m (from 9 m)</p> <p>Strathroy-Caradoc – bylaw is silent on playgrounds</p> <p>Lucan-Biddulph – exceeds provincial legislation, banning the use on all municipally-owned property, including parking lots, public places, recreational sports fields, trails, paths or on any land owned or rented / leased by the township, and includes hookah</p>
<p>Smoking/Vaping Prohibition for Sporting Areas</p>	<ul style="list-style-type: none"> • Sporting areas • Spectator areas • Public areas within 20m of any point on the perimeter of a sporting area or spectator area. 	<ul style="list-style-type: none"> • No change in definition of the prohibited area • Inclusion of smoking or vaping of medical cannabis and use of an electronic cigarette 	<p>City of London - these regulations will continue to supersede outdoor smoking bylaw by extending the prohibition to 20m (from 9 m)</p> <p>Strathroy-Caradoc – bylaw is silent on sports fields and spectator areas</p> <p>Lucan-Biddulph – exceeds provincial legislation, banning the use on all municipally-owned property, including parking lots, public places, recreational sports fields, trails, paths or on any land owned or rented / leased by the township, and includes hookah</p>

<p>Smoking/Vaping Prohibition on Community Recreational Facilities Property</p>	<ul style="list-style-type: none"> • No provincial regulations 	<ul style="list-style-type: none"> • The outdoor grounds of a community recreation facility and public areas within 20m of any point on the perimeter of the grounds. • Includes community recreational facilities owned by the province, municipalities, and/or organizations that are a registered charity or a “not-for-profit” organization • Inclusion of smoking or vaping of medical cannabis and use of an electronic cigarette 	<p>City of London - these regulations will supersede outdoor smoking bylaw by extending the prohibition to 20m of any point on the perimeter of the grounds (was 9 m from entrance of municipally-owned building), and will capture community recreational facilities previously excluded in the bylaw</p> <p>Strathroy-Caradoc – these regulations will supersede the bylaw by extending the prohibition to 20m of any point on the perimeter of the grounds (was 20 m from perimeter of a municipally-owned building), and will capture community recreational facilities previously excluded in the bylaw</p> <p>Lucan-Biddulph – these regulations will supersede the bylaw by extending the prohibition to 20m of any point on the perimeter of the grounds and will capture community recreational facilities previously excluded in the bylaw</p>
<p>Smoking/Vaping Prohibitions on Restaurant and Bar Patios</p>	<ul style="list-style-type: none"> • Restaurant and bar patios, which by definition included areas of outdoor fairs and festivals • Legions and Veterans organizations could continue 	<ul style="list-style-type: none"> • Restaurant and bar patios • Public areas within 9m of any point on the perimeter of a restaurant or bar patio 	<p>Municipal bylaws are silent on the issue of bar and restaurant patios specifically.</p>

	to operate and allow smoking and holding of lighted tobacco on uncovered patios	<ul style="list-style-type: none"> • Inclusion of smoking or vaping of medical cannabis and use of an electronic cigarette • Legions and Veterans organizations can continue to operate and allow smoking and holding of lighted tobacco on uncovered patios; however, they cannot allow the use of an e-cigarette and they cannot allow the smoking or vaping of medical cannabis 	
Smoking/Vaping Prohibitions on Hospital Property	<ul style="list-style-type: none"> • Smoking or holding of lighted tobacco on hospital property 	<ul style="list-style-type: none"> • No change in definition of the prohibited area • Inclusion of smoking or vaping of medical cannabis and use of an electronic cigarette 	Municipal bylaws are silent on the issue of hospital property
Smoking/Vaping Prohibitions on Long-Term Care property	<ul style="list-style-type: none"> • Smoking or holding of lighted tobacco within 9m of entrance to a long-term care facility 	<ul style="list-style-type: none"> • No change in definition of the prohibited area • Inclusion of smoking or vaping of medical cannabis and use of an electronic cigarette 	Municipal bylaws are silent on the issue of hospital property



TO: Chair and Members of the Board of Health
FROM: Christopher Mackie, Medical Officer of Health / CEO
DATE: 2018 June 21

SUMMARY INFORMATION REPORT – JUNE 2018

Recommendation

It is recommended that Report No. 039-18 re: “Summary Information Report – June 2018” be received for information.

Key Points

- The dental clinic partnership between MLHU and the Southwest Ontario Aboriginal Health Access Centre (SOAHAC) is now in operation, providing dental treatment options for Indigenous people. The clinic opened on May 1, 2018. MLHU will continue to support SOAHAC until they transition to their new location on Dundas Street, anticipated in summer of 2019.
- The London Community Dental Alliance (LCDA) is a group of London agencies that have come together to increase access to dental treatment services for low-income adults in London. MLHU will provide support and guidance during the establishment of this dental treatment clinic as well.

MLHU and Southwest Ontario Aboriginal Health Access Centre (SOAHAC) Partnership to Provide New Dental Treatment Options for Indigenous Communities

In December 2017, MLHU adjusted its oral health programs to focus on preventive services. With dental treatment space and equipment available, MLHU approached SOAHAC to gauge their interest in establishing their own dental clinic. In early 2018, MLHU and SOAHAC established a partnership to enable SOAHAC to provide culturally safe dental treatment services to their clients.

Staff from MLHU and SOAHAC, the media, and community members gathered for the official launch of the SOAHAC Dental Clinic, which opened and began treating clients on May 1, 2018. MLHU continues to support SOAHAC in developing their clinical processes, and creating policy and procedures. So far, SOAHAC clients have expressed satisfaction with the clinical environment and the care they have received. Awareness of the dental clinic is growing among Indigenous communities. MLHU and SOAHAC staff were interviewed on Aboriginal Peoples Television Network (APTN) to highlight the need in the community and to promote the clinic.

Collaboration to Provide Dental Treatment Services for Low-income Adults in London

The Local Community Dental Alliance (LCDA) is a group of London agencies—including Western University, Fanshawe College, London Intercommunity Health Centre, Glen Cairn Resource Centre, and others—that have come together to increase access to dental treatment services for low-income adults in London. The project was initiated by Dr. Kenneth Wright, founder of the Dental Outreach Community Service program at Western University. The LCDA applied for several grants to secure funding for the proposed dental clinic. In this regard, the LCDA made a presentation to the London Community Foundation and was selected to move forward in the interview process. So far, the LCDA has secured a clinic location (Glen Cairn Resource Centre); raised approximately \$300,000 in capital costs to establish the clinic; secured approximately \$290,000 annually to fund clinic operations; and developed policies and guidelines for the

clinic's ongoing operations. MLHU supports the LCDA's objectives, and has agreed to participate as a member on a committee to provide support and guidance.

A handwritten signature in black ink, appearing to read 'C. Mackie'.

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



TO: Chair and Members of the Board of Health
FROM: Christopher Mackie, Medical Officer of Health / CEO
DATE: 2018 June 21

MEDICAL OFFICER OF HEALTH ACTIVITY REPORT FOR JUNE

Recommendation

It is recommended that the Board of Health receive Report No. 040-18 re: “Medical Officer of Health Activity Report for June” for information.

The following report presents activities of the Medical Officer of Health for the period of May 7, 2018, to June 6, 2018.

- May 9 Participated in teleconference with COMOH Executive
Participated in teleconference with COMOH Working Group – PH System Sustainability
Chaired a meeting of the IMS Opioid Crisis Group
Interviewed by Miranda Chant, Blackburn Radio, in regard to Supervised Consumption Facilities (SCF) and next steps
Interviewed by Megan Stacey, *London Free Press* (LFP), in regard to City Council support for SCF
- May 10 Attended a Nursing Practice Council-sponsored educational event: MLHU Partnerships and Collaborations
Attended the Pre-Election Information Forum sponsored by Addiction Services of Thames Valley (ADSTV)
- May 11 Presented on the opioid crisis at McMaster University
- May 14 Met with two members of the public opposed to opening an SCF at 446 York Street
Attended a meeting of the City of London Planning and Environment Committee regarding SCF zoning
- May 15 Attended meeting of the London Directors’ Club to present on the opioid crisis and SCFs
Met with Dr. Petrella and Dr. Thornton at Western University in regard to their Canadian Academy of Sport and Exercise Medicine (CASEM) abstract “Family Medicine Study on Physical Activity Teaching in Residency”
Spoke as a member of the #MeToo Male Allyship Panel at the London Club
- May 16 Participated in Mid-Sized Cities event at Museum London
- May 17 Attended tour of the Temporary Overdose Prevention Site (TOPS) with Ms. Theresa Leveschuk, Executive Director, Thames Valley District School Board
Attended the May Board of Health meeting
- May 22 Attended meeting of the Senior Leadership Team for the City of London to discuss mobile SCFs
Attended meeting at City Hall to discuss safe drinking water
Met with Brian Lester, Executive Director, Regional HIV/AIDS Connection (RHAC) to discuss SCFs
- May 23 Participated in staff training on “Leading a Mentally Healthy Workplace”
Teleconference with Elizabeth Cormier, Legal for SoHo group

- May 24 Attended YOU board meeting
Phone call with Dr. Martyn Judson to discuss opioid crisis
Met with MLHU staff regarding tracking opioid overdoses
Participated in tour of the Greenway Pollution Plant
Attended retirement celebration for Kathy Dowsett, Manager, Health Start Division
- May 25 Phone call with Karen Vecchio, MP, Elgin-Middlesex-London to discuss concerns about supervised consumption sites
Interviewed by various media regarding MLHU Location Project, including Jaclyn Carbone, AM980 News; Gerry Dewan, CTV; *London Free Press*; and CBC
- May 28 Met with City Councillor Michael van Holst in regard to SCFs
Attended and presented at meeting of the Homeless Prevention Implementation Team
Met with legal counsel at McKenzie Lake Lawyers to discuss draft lease
- May 30 Attended the CEO/CAO Breakfast Meeting at Goodwill Industries
Participated in teleconference with Health Canada in regard to SCFs
Met with staff from RHAC, Addiction Services, Canadian Mental Health Association, and MLHU to discuss next steps for the Community Drug and Alcohol Strategy
Attended second Community Liaison Meeting for 186 King Street TOPS
- May 31 With several MLHU staff, attended annual Father's Day Breakfast at Western Fair District
Met with legal counsel in regard to the Location Project
Met with Ms. Shireen Mamika, downtown property owner, in regard to supervised consumption facilities
Met with Ms. Moon Kolar in regard to the opioid crisis
- June 1 Attended meeting of the CMO Drug Action Group
Participated in pre-interview planning meeting with Chantal Lavigne, *Enquête*, Radio-Canada (CBC French service)
- June 4 Attended and presented at the All Staff Town Hall meeting
Attended the Lucan Biddulph municipal meeting
- June 5 Interviewed by Chris dela Torre, CBC Radio, and Mike Stubbs, AM980, regarding the Health Unit's media release on the increased presence of fentanyl in the region
Presented to the Hamilton Road Area Business Association on the opioid crisis
- June 6 Met with Dr. Brian Schwartz, Interim Vice-President, Science and Health Protection, Public Health Ontario, and the Environmental Health and Infection Diseases (EHID) Management Team, to discuss health protection issues
Interviewed by Chantal Lavigne, *Enquête*, Radio-Canada, regarding the opioid crisis, TOPS, SCFs (to be aired in October)

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



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



TO: Chair and Members of the Board of Health

FROM: Christopher Mackie, Medical Officer of Health / CEO

DATE: 2018 June 21

LETTER FROM COUNTY OF MIDDLESEX

Recommendation

It is recommended that the Board of Health receive Report No. 041-18 re: “Letter from County of Middlesex” for information.

Key Points

- The Warden of Middlesex County has written to the Board of Health Chair with a number of questions and requests related to location issues (see [Appendix A](#)).
- The letter expressed County Council’s interest in the work to establish Supervised Consumption services in London, which is welcomed. It contained a request to attend County Council, which seems to be based on the assumption that MLHU is seeking to acquire real property, which is not the case.
- Several questions in the letter pertained to the MLHU location project, and have been answered previously in various fora. Staff will identify an appropriate route to provide a full, consolidated set of responses.

Summary of Letter and Related Additional Facts

Following the Middlesex County Council meeting of June 12, a letter from the Warden was received by the Board of Health Chair with a number of questions and requests related to location issues. MLHU welcomes any opportunity to have a constructive dialogue with County Council, and will ensure that the related questions and requests are answered and fulfilled as appropriate.

There are three components to the letter:

1. A request to attend County Council to discuss the County’s consent for a new acquisition of property by MLHU for the purposes of operating a supervised consumption facility.
 - a. County Council’s interest in the work to establish supervised consumption services in London is welcomed. Staff will identify appropriate opportunities to ensure that County Council has accurate information about this work, including an offer to tour the Temporary Overdose Prevention Site.
 - b. MLHU is not seeking to acquire or hold real any new property at this time. If any property is to be acquired for supervised consumption facilities, this would be done by Regional HIV/AIDS Connection (RHAC).
2. A question about how MLHU’s relocation-related costs will impact the County’s Annual Repayment Limit. This refers to the amount of debt carried by the County, and recognizes that debt acquired by MLHU would be reflected in the financial statements of the County.
 - a. MLHU’s negotiation of an excellent lease arrangement and careful accumulation of reserve funds over the past several years means that there should be minimal impact of the relocation on the County’s Annual Repayment Limit. The tenant allowance provided in the

- lease agreement plus the related MLHU reserve funds will cover the majority of the relocation-related costs.
- b. For all such costs, MLHU has applied for a Community Health Capital Program (“CHCP”) grant from the Ministry of Health and Long-Term Care. Obtaining such funds would negate the need for some of the related reserve funds, and in such circumstances, MLHU could potentially release related reserve funds to the benefit of municipal funders.
 - c. If CHCP grant funds are not obtained, the County’s portion of any debt would likely be less than \$500,000.00. MLHU would plan to pay down this debt within five to ten years.
 - d. Support from the County to advocate to the new government to acquire a CHCP grant would be welcome, and would help minimize the likelihood of an impact on the County’s Annual Repayment Limit.
3. A request for answers to questions posed by the County CAO on April 9th in the context of the Superior Court Application.
 - a. These responses were previously provided in emails, meetings, MLHU’s presentations to County Council, and materials submitted as part of the MOH/CEO’s second affidavit to the Superior Court. Staff will identify appropriate routes to provide a full, consolidated set of responses.

Next Steps

The relationship between MLHU and Middlesex County Council is of significant importance. MLHU will aim to use this opportunity to demonstrate the organization’s commitment to respecting and honouring municipal partners, providing excellent public health service, and leading in sound, competent, and innovative public sector administration.

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



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



Office of the Warden

County of Middlesex, 399 Ridout Street North, London Ontario N6A 2P1
mwilkins@middlesex.ca

June 12, 2018

Joanne Vanderheyden, Chair
Middlesex London Board of Health
50 King Street
London, Ontario N6A 5H4

Dear Chair Vanderheyden:

I am writing today to request your assistance in receiving a response to a series of questions that were presented by the County of Middlesex to Mr. Mackie some time ago in regard to the likely impact of the MLHU's 30 year lease on County residents. For your review, I have provided a copy of the questions and I look forward to a response at your earliest opportunity. I would also appreciate it if you would provide Council with an update on how your financing efforts for the new facility including the costs associated with relocation and new equipment will affect the County's Annual Repayment Limit.

In addition to a written response, I would also like to schedule the MLHU for a discussion in regard to the pursuit of a safe-injection site. To date, County Council has received very little information in regard to the proposed sites and I want to make sure that County Council has adequate time to review your request for consent to an acquisition or holding of real property in accordance with Judge Morrissette's decision and the legislated requirements of the HPPA. Our next meeting is scheduled for Tuesday, June 26, 2018 or July 17, 2018 and I would be pleased to provide you and your colleagues from the MLHU a delegation opportunity for this purpose. Please make arrangements with Kathy Bunting, County Clerk prior to the agenda posting.

Yours truly,

A handwritten signature in black ink, appearing to read "M. Wilkins", written over a large, stylized loop.

Marigay Wilkins
Warden
Attachment



Office of the Chief Administrative Officer

399 Ridout Street North, London, Ontario, N6A 2P1

519-930-1000

cao@mdlsx.ca

COPY

April 9, 2018

VIA FACSIMILE (519-663-9581)

AND E-MAIL (Christopher.Mackie@mlhu.on.ca)

Attention: Dr. Christopher Mackie

Middlesex-London Health Unit

50 King Street

London, ON N6A 5L7

Dear Dr. Mackie:

RE: Middlesex-London Health Unit – S. 52 Consent

As you know, on March 6, 2018, County Council did not provide consent at that time for the Middlesex-London Health Unit ("MLHU") to acquire property rights through a proposed 30 year lease, as Council determined that a number of its questions/concerns on behalf of its constituents were either not answered or not answered to its satisfaction. While you are aware from the meeting of the remaining service, cost, and timing concerns of Council as a funder and on behalf of its constituents, the below particulars await the Health Unit's address:

Services

1. Why did the MLHU not consult with County Council and discuss that service delivery may potentially require acquisition of new property rights with in advance of February, 13 2018 and in advance of issuing an RFP?
2. If the MLHU was concerned about deficiencies with its existing London facility, why did it never provide a list of deficiencies in accordance with the procedure set out in the lease and discuss same?
3. What steps were taken to involve funder stakeholders (County, City, Aboriginal and Province) prior to signing the letter of intent?
4. How will the new space identified impact the MLHU service of County residents over the next 30 years?
5. You stated that the impact on County residents was not studied in advance and that such study would occur after the acquisition of property interest. How is County Council able to know the impact on its residents and opine on the impact as a funder if they study is being done later?
6. Why would the MLHU study the needs of County residents after such a major commitment?
7. Shouldn't the cost & service model and implementation plan for these needs be considered in conjunction with the capital service plan of the MLHU?

8. Why not complete a review of County service delivery prior to making a 30 year property right acquisition decision to ensure that any new facility in London is adequately serving the needs of County residents and all residents in the service area?
9. You stated at the February 13, 2018 Committee meeting that the MLHU performed a study on the needs in the City of London. Council would like to know why the MLHU performed a service study excluding the County, the efficiency and accountability of same, and whether or not that been done before for the service area?
10. Why wouldn't the MLHU complete a service review for the entire service area community to ensure that the new space in London is adequately serving the needs of County residents and all residents of the service area, as opposed to committing the bulk of its resources within the City of London without study of entire service area?
11. County residents are required to travel large distances to receive health services. Would a decentralized service model serve County citizens better than a consolidated approach? Isn't decentralization consistent with the Provincial Expert Panel on Public Health's recommendations?
12. Why did the MLHU not examine service opportunities when the opportunity to build onto comprehensive libraries in the County was brought to your attention several years ago?
13. Is the MLHU making use of the most current real-time communication technology?

Costs

14. The MLHU has stated that consolidation is a primary component of its capital decisions:
 - a) How will the service delivery model for the County be impacted by the desire to consolidate facilities?
 - b) How can decisions be made about the appropriate capital in the County in isolation of your Middlesex-London consolidation of services?
 - c) Why would the MLHU predetermine the capital decisions for Middlesex-London prior to doing a service review in the County?
15. What is the cost of the new property right? The answer provided by the MLHU to County Council was that it would cost more than the current costs. You were not able to identify for Council how much more. Council would like to know that.
16. With respect to increased costs, what is the amount that the Province would be contributing compared to the municipal contribution? Council would like to know this and needs to know this to determine the cost impact.
17. How specifically will cost savings be achieved by the new property acquisition? At the Committee meeting, you stated that there would be lots of efficiencies up to 15%. What is that based on? What is the efficiency? Does the MLHU have any data or business plan to demonstrate that the strategy would certainly work or even be likely to work? What specific evidence is there of cost savings reductions in other jurisdictions for consolidation or service delivery in a centralized urban environment? None were presented.
18. In his presentations to Committee and Council, you placed a strong reliance on what was stated to have worked in the City of Hamilton without going into any detail, studies, data or evidence. Does the MLHU have data showing if the Middlesex-London Service Area is like/has the same needs as in Hamilton? Does the MLHU have data showing if such efficiencies have in fact worked or not in Hamilton? Council would like to see such data.

19. You stated that multiple reserves already exist to fund the cost of the property acquisition. County Council continues to object to the creation and utilization of reserves created with 100% municipal funds. Why does the MLHU believe it was appropriate for surplus to be returned to municipal funders in ever year with the exception of 2013?
20. How does the property right acquisition help getting us closer to 75-25% funding levels agreed to by the MLHU and the County? There was a time when a Provincial Policy directive/goal for Health Units to achieve a 75% provincial dollars and 25% municipal dollars split was in place. During that time, the municipal funders of the MLHU agreed to contribute more than 25% in the short term in return for the promise for the MLHU to reduce municipal costs to 25% as quickly as possible. With that Provincial Policy no longer in place, legitimate accountability expectations of Health Units continue to exist for Health Units to reduce municipal contributory costs. The County expects the MLHU to fulfill its particular promise independent of the Provincial Policy. How does ramping up and saving of reserves at 100% municipal dollars for a property acquisition and the property acquisition itself contribute to addressing the disparity between municipal and provincial contributions both during the time when the 75%/25% Policy goal was in place and thereafter? Should such funds by not have been used to deal with the disparity in costs between municipal and provincial contributions?
21. With the proposed new property acquisition, will the MLHU have money left to address new capital needs that are identified in the County of Middlesex?
22. What are the specific costs associated with moving the MLHU locations and new furniture?
23. Does non-free parking for staff decrease costs to funders?

Timing

24. The Expert Panel Report on Public Health has made a number of recommendations in regard to MLHU restructuring in Ontario. Council would like to know and evaluate:
 - a) The wisdom and cost implications of making a thirty-year location/space needs decision in the middle of this review when such will have an important impact on service recipients in the County?
 - b) The wisdom and cost implications of making a thirty-year financial commitment to one location when the Expert Panel has already opined that restructuring and decentralization is appropriate and the MLHU in the near future could cover an area as large of an area as Bruce through to Elgin Counties?
 - c) Would it not make more sense for the sake of the provincial tax payer to wait and examine the service delivery model in the context of the Review?
25. This lease creates a long-term liability for the funders. Please quantify the risk associated with this long-term liability?

The County looks forward to the Health Unit addressing of the above through the democratic process.

Yours truly,



Bill Rayburn