AGENDA
MIDDLESEX-LONDON BOARD OF HEALTH
Finance and Facilities Committee

50 King Street, London
Middlesex-London Health Unit – Room 3A
Thursday, July 5, 2018 8:30 a.m.

1. DISCLOSURE OF CONFLICTS OF INTEREST

2. APPROVAL OF AGENDA

3. APPROVAL OF MINUTES – June 7, 2018

4. NEW BUSINESS

4.1 Ministry of Children and Youth Services Program Funding (Report No. 029-18FFC)
4.2 2019 PBMA Process, Criteria & Weighting (Report No. 030-18FFC)
4.3 2018 Budget Funding Increases – Recommended Expenditures (Report No. 031-18FFC)
4.4 New Policy Review – G 205 – Borrowing

5. OTHER BUSINESS

5.1 Next meeting: Thursday, September 6, 2018 @ 9:00 a.m. in Room 3A

6. CONFIDENTIAL

The Finance and Facilities Committee will move in-camera to approve confidential minutes from its June 7, 2018 meeting.

7. ADJOURNMENT

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:

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• 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. Belancic 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

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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	**CHRISTOPHER MACKIE**
Chair	**Secretary-Treasurer**

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MIDDLESEX-LONDON HEALTH UNIT

REPORT NO. 029-18FFC

TO: Chair and Members of the Finance & Facilities Committee

FROM: Christopher Mackie, Medical Officer of Health

DATE: 2018 July 5

MINISTRY OF CHILDREN AND YOUTH SERVICES PROGRAM FUNDING

Recommendation:

That the Finance & Facilities Committee recommend that the Board of Health:

1. ***Receive Report No. 029-18FFC re: "Ministry of Children and Youth Services Program Funding;" and***
2. ***Direct staff to receive this funding.***

Key Points

- The Ministry of Children and Youth Services (MCYS) is providing the Health Unit with one-time funding of $19,600 to ensure continuity of vital services to children and youth and to be spent on participation in the Outcome Tools Pilot for Children with Permanent Hearing Loss for the period of May 29, 2018, to March 31, 2019.

Discussion

The Infant Hearing Program (IHP) provides follow-up supports and services to children from birth to school age who are identified with permanent hearing loss through Infant Hearing Screening conducted by the Health Unit. One of the services provided is communication development. The IHP is developing a protocol for assessing children's developmental outcomes related to speech and language/communication development over time until the children turn six or when they are transitioned to school. All IHP regions across the province are conducting pilots using this protocol. Several different tests must be purchased for use in reassessing children. Tests range in price from approximately $500 to more than $2,000. Each of our five service provider sites will require several copies. In addition, there is a need for incremental labour to log test scores into a provincial database.

Conclusion

The MCYS is providing the Health Unit with one-time funding of $19,600 to support participation in the Outcome Tools Pilot for Children with Permanent Hearing Loss in the South West Region Infant Hearing Program. Funding covers purchase of program materials and data collection for the period from May 29, 2018, to March 31, 2019.

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

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

MIDDLESEX-LONDON HEALTH UNIT

REPORT NO. 030-18FFC

TO: Chair and Members of the Finance & Facilities Committee

FROM: Christopher Mackie, Medical Officer of Health

DATE: 2018 July 5

PROPOSED 2019 PBMA PROCESS, CRITERIA & WEIGHTING

Recommendation

That the Finance & Facilities Committee receive and make recommendation to the Board of Health to approve the 2019 PBMA criteria and weighting proposed in Appendix A to Report No. 030-18FFC.

Key Points

- MLHU is preparing for its sixth year of the PBMA criteria-based budgeting process.
- The criteria and weights for the PBMA process were developed in 2013 in consultation with staff and senior leadership, and approved by the Board of Health. They were revised for the 2015 PBMA process to reflect the findings from staff values consultations and experience with the 2014 process.
- No changes are currently proposed to the criteria and weightings for 2019, but these are subject to change as we consult with our major funders for their feedback on the choice of criteria.
- Depending on feedback we receive from these consultations, we may recommend changes to the criteria and weightings at any point during the process.

Background

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

The 2019 PBMA Process

The 2019 PBMA process consist of:

a) Validation of the assessment criteria and weighting by the Senior Leadership Team and the Non-Union Leadership Team;
b) Approval of criteria and weighting by the Board of Health via the Finance & Facilities Committee (FFC);
c) Proposal development that identifies investments that will have the greatest positive impact and disinvestments that will have the least negative impact;
d) Review of proposals by internal advisory committees;
e) Proposal review and recommendations by the Senior Leadership Team;
f) Consultation with our major funders on continued relevance and applicability of current criteria and weighting; and
g) Review of recommended proposals by FFC and approval by the Board of Health.

2019 Criteria and Weights

The current criteria and weights for the 2019 PBMA process are outlined in Appendix A.

The criteria and weights will be reconsidered each year to respond to changing priorities, demands, and strategic directions. In 2019, MLHU plans to consult with the City of London, the County of Middlesex, and the Ministry of Health (our major funders) through key informant interviews to clearly set out the objectives of the PBMA process and gather insight about public health needs and available relevant opportunities.

The software application used to track the budgeting process may be updated to accommodate changes to criteria and weightings at any point during the process.

Next Steps

The criteria and weights approved by the Finance & Facilities Committee will be applied to each proposal for investment and disinvestment and used to rate the potential for positive and negative impacts on program and service delivery at the Middlesex-London Health Unit. These proposals for investment and disinvestment will be brought to the Board of Health for approval as part of the 2019 budget process.

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

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

2019 PBMA Criteria

Criteria	2019 Weight	Change	2018 Weight
Legislative Requirement	14	-	14
Other Requirement – Alignment	6	-	6
Health Need – Burden of Illness	7	-	7
Health Need – SDOH	8	-	8
Impact – Burden of Illness	14	-	14
Impact – SDOH	14	-	14
Impact – Customer Service	11	-	11
Community Capacity	4	-	4
Collaboration / Partnership	7	-	7
Organizational Risks / Benefits – reputation/litigation	7	-	7
Organizational Risks / Benefits – implementation	3	-	3
Organizational Risks / Benefits – culture	5	-	5
Total	**100**		**100**

Legislative Requirement

Criteria	Weight	Ratings
Assess the impact of the proposed change on the ability of the program to meet the legislative requirements for this program / activity (if any)	14	DISINVESTMENT - Major negative impact on ability to meet the legislative requirements (-3.00) DISINVESTMENT - Moderate negative impact on ability to meet the legislative requirements (-2.00) DISINVESTMENT - Minor negative impact on ability to meet the legislative requirements (-1.00) BOTH - No impact on ability to meet the legislative requirements (0.00) INVESTMENT - Minor positive impact on ability to meet the legislative requirements (1.00) INVESTMENT - Moderate positive impact on ability to meet the legislative requirements (2.00) INVESTMENT - Major positive impact on ability to meet the legislative requirements (3.00)

- In the rationale section, indicate whether this program / activity is specifically mandated under: (a) the Health Protection and Promotion Act via the OPHS, (b) other legislation, or (c) not mandated under legislation. Provide a hyper-link(s) (website address) where possible.
- If mandated under the OPHS, indicate which standard/protocol mandates the requirement/activity and quote the specific requirement for this program / activity.
- Indicate if there is an accountability agreement indicator associated with this program and if so, what the indicator is.
- If mandated by other legislation, provide a hyper-link to the requirements under the legislation.

Other Requirement

Criteria	Weight	Ratings
Assess the alignment of the proposed change with MLHU's Strategic Plan or other guidance documents	6	DISINVESTMENT - Considerable dis-alignment with MLHU's Strategic Plan or other documents (-3.00) DISINVESTMENT - Some dis-alignment with MLHU's Strategic Plan or other documents (-2.00) DISINVESTMENT - Little dis-alignment with MLHU's Strategic Plan or other documents (-1.00) BOTH - No alignment with MLHU's Strategic Plan or other documents (0.00) INVESTMENT - Little alignment with MLHU's Strategic Plan or other documents (1.00) INVESTMENT - Some alignment with MLHU's Strategic Plan or other documents (2.00) INVESTMENT - Considerable alignment with MLHU's Strategic Plan or other documents (3.00)
• Consider how this proposed change aligns with the Health Unit's strategic plan and other strategic documents such as the Ontario Public Health Sector Strategic Plan, Chief Medical Officer of Health reports, etc.		

Health Need

Criteria	Weight	Ratings
Assess the need for this program / activity in terms of the burden of illness it is intended to prevent and/or the risk factor it is intended to reduce	7	DISINVESTMENT - Major health need (high prevalence & high severity) (-3.00) DISINVESTMENT - Moderate health need (either high prevalence or high severity) (-2.00) DISINVESTMENT - Minor health need (low prevalence & low severity) (-1.00) BOTH - No health need (0.00) INVESTMENT - Minor health need (low prevalence & low severity) (1.00) INVESTMENT - Moderate health need (either high prevalence or high severity) (2.00) INVESTMENT - Major health need (high prevalence & high severity) (3.00)
• Using local statistics if possible, consider one or more of the following related to the burden of illness or risk factor being addressed by the program / activity: (a) potential years of life lost, (b) mortality rate, (c) hospitalization rate, (d) rate of illness or rate of risk factor in our community compared to other communities or the province as a whole		

Health Need

Criteria	Weight	Ratings
Assess the need for this program/activity in terms of the social determinant of health (SDOH) it is intended to address and/or health inequities	8	DISINVESTMENT - Major SDOH or health inequity addressed by this program/activity (-3.00) DISINVESTMENT - Moderate SDOH or health inequity addressed by this program/activity (-2.00) DISINVESTMENT - Minor SDOH or health inequity addressed by this program/activity (-1.00) BOTH - No SDOH or health inequity addressed by this program/activity (0.00) INVESTMENT - Minor SDOH or health inequity addressed by this program/activity (1.00) INVESTMENT - Moderate SDOH or health inequity addressed by this program/activity (2.00) INVESTMENT - Major SDOH or health inequity addressed by this program/activity (3.00)
• Using local statistics if possible, consider how the issue being address by this program / activity affects the social determinants of health (SDOH) and/or health inequities		

Impact

Criteria	Weight	Ratings
Assess the expected impact of the proposed change to the program/activity on the burden of illness it is intended to prevent and/or the risk factor it is intended to reduce	14	DISINVESTMENT - Major increase in illness/risk factors (-3.00) DISINVESTMENT - Moderate increase in illness/risk factors (-2.00) DISINVESTMENT - Minor increase in illness/risk factors (-1.00) BOTH - No reduction/prevention of illness/risk factors (0.00) INVESTMENT - Minor reduction/prevention of illness/risk factors (1.00) INVESTMENT - Moderate reduction/prevention of illness/risk factors (2.00) INVESTMENT - Major reduction/prevention of illness/risk factors (3.00)
• Consider how the proposed change is expected to impact on the health needs (outlined above) or other indicators, such as quality adjusted life years, when compared to current service. If these are unavailable, impact on shorter term outcomes of the program / activity can be considered (e.g., impact on knowledge, skills, attitudes etc.) • Sources of the information above can be published literature, evaluation reports, health status reports, surveillance data etc.		

Impact

Criteria	Weight	Ratings
Assess the expected impact of the proposed change to the program / activity on the SDOH and/or health inequities	14	DISINVESTMENT - Major increase in health inequities / negative effect on a SDOH (-3.00) DISINVESTMENT - Moderate increase in health inequities / negative effect on a SDOH (-2.00) DISINVESTMENT - Minor increase in health inequities / negative effect on a SDOH (-1.00) BOTH - No impact on health inequities / effect on a SDOH (0.00) INVESTMENT - Minor reduction of health inequities / positive effect on a SDOH (1.00) INVESTMENT - Moderate reduction of health inequities / positive effect on a SDOH (2.00) INVESTMENT - Major reduction of health inequities / positive effect on a SDOH (3.00)
• Using local statistics if possible, consider how the issue being address by this program / activity affects the social determinants of health and/or health inequities		

Impact

Criteria	Weight	Ratings
Assess the expected impact of the proposed change to the program / activity on client experience	11	DISINVESTMENT - Major decline in client experience (-3.00) DISINVESTMENT - Moderate decline in client experience (-2.00) DISINVESTMENT - Minor decline in client experience (-1.00) BOTH - No impact on on client experience (0.00) INVESTMENT - Minor improvement to client experience (1.00) INVESTMENT - Moderate improvement to client experience (2.00) INVESTMENT - Major improvement to client experience (3.00)
• Consider how the change will impact the client experience which includes: (a) the extent to which the service respects client and family needs and values, (b) client safety, (c) cultural appropriateness, and (d) how the client will perceive the experience with regard to communication, staff professionalism, and being client focused.		

Community Capacity

Criteria	Weight	Ratings
Is there duplication of a program / activity in the community? Assess if others in the community are doing some or all of this program / activity or if it is unique to the Health Unit.	4	DISINVESTMENT - No capacity in the community (-3.00) DISINVESTMENT - Limited capacity in the community (-2.00) DISINVESTMENT - Some capacity in the community (-1.00) BOTH - Considerable capacity in the community (0.00) INVESTMENT - Some capacity in the community (1.00) INVESTMENT - Limited capacity in the community (2.00) INVESTMENT - No capacity in the community (3.00)
• Is there duplication of a program / activity in the community? • Consider if there are others in the community who are doing all or part of this program / activity. Specifically, are others likely to fill in the gap in cases of disinvestment. • If proposing possible discontinuation of the program / activity, if appropriate, use the rationale section to indicate those in the community who could take on this role.		

Collaboration / Partnership

Criteria	Weight	Ratings
How does the proposed change affect collaboration/partnerships that contribute to meeting the Health Unit's goals outside of impact?	7	DISINVESTMENT - Major negative impact on collaboration/partnerships (-3.00) DISINVESTMENT - Moderate negative impact on collaboration/partnerships (-2.00) DISINVESTMENT - Minor negative impact on collaboration/partnerships (-1.00) BOTH - No impact on collaboration/partnerships (0.00) INVESTMENT - Minor improvement to collaboration/partnerships (1.00) INVESTMENT - Moderate improvement to collaboration/partnerships (2.00) INVESTMENT - Major improvement to collaboration/partnerships (3.00)
• Consider the community partners involved in this program / activity and how being involved in this collaboration / partnership supports the Health Unit in achieving its goal and building goodwill in the community, as well as how the proposed change will affect this collaboration/partnership.		

Organizational Risks / Benefits

Criteria	Weight	Ratings
Assess the risks/benefits to the Health Unit of implementing the proposed change. Specifically consider organizational reputation and risk of litigation that exists separately from our legislative mandates.	7	DISINVESTMENT - Major risk to reputation / of litigation (-3.00) DISINVESTMENT - Moderate risk to reputation / of litigation (-2.00) DISINVESTMENT - Minor risk to reputation / of litigation (-1.00) BOTH - No risk/benefit to reputation / of litigation (0.00) INVESTMENT - Minor benefit to reputation / decreased risk of litigation (1.00) INVESTMENT - Moderate benefit to reputation / decreased risk of litigation (2.00) INVESTMENT - Major benefit to reputation / decreased risk of litigation (3.00)

- Consider how this change will impact the reputation of the Health Unit and/or if this change puts the Health Unit at risk for litigation.

Organizational Risks / Benefits

Criteria	Weight	Ratings
ORGANIZATIONAL RISKS / BENEFITS: Assess the risks/benefits to the Health Unit of implementing the proposed change. Specifically consider implementation challenges (incl. ease of sustainment and impact on other frontline/support services)	3	DISINVESTMENT - Major implementation challenges (-3.00) DISINVESTMENT - Moderate implementation challenges (-2.00) DISINVESTMENT - Minimal implementation challenges (-1.00) DISINVESTMENT - No implementation challenges / INVESTMENT - Major implementation challenges (0.00) INVESTMENT - Minimal implementation challenges (1.00) INVESTMENT - Moderate implementation challenges (2.00) INVESTMENT - No implementation challenges (3.00)
• Consider the following as possible implementation challenges in addressing this criteria: (a) how easy or difficult it will be to implement this change in the short-term? (b) how easy or difficult will the change be to sustain over the long-term? (c) how much impact will the change have on front line staff and/or support services?		

Organizational Risks / Benefits

Criteria	Weight	Ratings
ORGANIZATIONAL RISKS / BENEFITS: Assess the risks/benefits to the Health Unit of implementing the proposed change. Specifically consider the impact on workplace culture and our values (e.g., morale, the ability to be innovative, internal collaboration)	5	DISINVESTMENT - Major risk to workplace culture (-3.00) DISINVESTMENT - Moderate risk to workplace culture (-2.00) DISINVESTMENT - Minor risk to workplace culture (-1.00) BOTH - No risk/benefit to workplace culture (0.00) INVESTMENT - Minor benefit to workplace culture (1.00) INVESTMENT - Moderate benefit to workplace culture (2.00) INVESTMENT - Major benefit to workplace culture (3.00)
• Consider the impact of the change on factors such on our values, workplace morale, personal and professional growth opportunities, teamwork, the Health Unit's ability to be innovative, etc.		

MIDDLESEX-LONDON HEALTH UNIT

REPORT NO. 031-18FFC

TO: Chair and Members of the Finance & Facilities Committee

FROM: Christopher Mackie, Medical Officer of Health

DATE: 2018 July 5

2018 BUDGET FUNDING INCREASES – RECOMMENDED EXPENDITURES

Recommendation

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

1) ***Receive Report No. 031-18FFC re: 2018 Budget Funding Increases – Recommended Expenditures;***
2) ***Approve Appendix A; and***
3) ***Recommend to the Board of Health to approve the judicious over-hiring of permanent staff in limited circumstances.***

Key Points

- On May 7th, the Health Unit received the provincial grant approvals for 2018 which included an increase to base funding totaling $484,000 as outlined in Board of Health Report 027-18.
- There are several pressing public health needs that this funding can support. Appropriate expenditures have been identified as set out in Appendix A.
- Due to challenges related to turnover of staff, it is recommended that MLHU strategically over-hire a small number of full-time public health nurses in order to generate an appropriately skilled and qualified candidate pool.

Financial Highlights

The Health Unit has reviewed unfunded Program Budget Marginal Analysis (PBMA) investment proposals from the 2018 budget process, and has identified additional pressing public health issues which merit assessment. These proposals have been scored using the 2018 PBMA criteria; all achieved a score of greater than 200, with the exception of smaller expenditures, which are generally expected to score lower. The expenditures, amounting to $433,450 are set out in the attached Appendix A. Although the initiatives currently identified amount to less than the additional funds available, further costs such as architectural consulting have been identified though not yet fully costed for Board approval.

In 2017, Human Resources filled 47 PHN positions. In 2018 there has been a significant increase in the number of leaves (e.g. parental and medical), as well as retirements. To date in 2018, 27 PHN positions have been filled, which is trending as a 13% increase over 2017. All full-time vacancies have been filled internally with many temporary leave replacements requiring external hiring. Historically, temporary hiring does not always attract appropriately skilled and qualified applicants. Experienced candidates from other health units, hospitals or other organizations are unwilling to leave a permanent role for a temporary one.

Additionally, temporary candidates are not considered internal applicants for full-time permanent MLHU positions. Based on the time it takes to recruit and onboard new hires, there is continual wage gapping and persistently open roles to fill across the Health Unit at any given time. Therefore, it is recommended that the Board of Health support judicious over-hiring of up to five full-time PHNs at any one time, in order to create a qualified internal candidate pool to quickly fill vacancies and reduce the “domino effect” created by internal transfers.

Next Steps

The Health Unit is commencing the 2019 PBMA process, a criteria-based budgeting process that facilitates reallocation of resources based on maximizing services. This will inform further expenditure recommendations.

This report was prepared by the Finance and Human Resources Teams, Healthy Organization Division.

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

Appendix A
Report 031-18FFC

2018 BUDGET FUNDING INCREASES – RECOMMENDED EXPENDITURES

Ref	Division	Proposal	Value	Position	Score
1	EHID	Processing data entry backlog - VPD	$24,000	PT	235
2	EHID	PHN for Outreach Team	$44,000	FT	293
3	HS	PHN for Best Beginnings Team to support home visiting	$46,000	FT	278
4	HS	PA for Middlesex-London Infant Feeding Surveillance System and Early Years and Reproductive Health teams	$15,000	PT	135
5	HS	PHN to support work of the Early Years team during the transition to the new breastfeeding home visits	$46,000	FT	231
6	OCNO	Health promoter support to implement health equity strategic priorities	$9,000	PT	199
7	OCNO	Supporting reconciliation and promoting a diverse and inclusive environment	$25,000	-	167
8	HL	PHN to support Community Drug & Alcohol Strategy – in addition to related program costs	$50,000	FT	236
9	HL	Temporary health promoter - Tobacco Control	$36,450	FT	244
10	HL	Communications campaign related to legalization of non-medical cannabis	$35,000		217
11	HL	Policy Analyst		FT	250
12	HO	Temporary assistance for Finance	$47,000	FT	231
13	HO	Temporary Assistance for the administrative policy manual review and related policy documentation software	$41,000	FT	200
14	HO	Construction project engineer/manager to support relocation project	TBD	-	
15	HO	Architectural consulting for relocation project	TBD	-	
16	OMOH	Focus group testing for rebranding of Health Unit name and logo	$15,000	-	211
		Total of Recommended Expenditures	**$433,450**		

Appendix A
Report 031-18FFC

Descriptions of Recommended Expenditures

#1. Processing Data Backlog – Vaccine Preventable Disease
This initiative is designed to clear the remaining backlog of unentered Panorama data, complete entry of 4,800 immunization records and clear up to 18,000 outstanding duplicate records. These funds are incremental to the $16,000 funding request previously identified in report 020-18FFC.

#2 PHN for Outreach Team
An additional permanent outreach nurse will improve capacity to provide nursing support to over 100 clients currently engaged with the team.

#3 PHN for Best Beginnings Team
The HBHC team is experiencing significant difficulty in meeting mandatory program requirements due to several medical leaves, a maternity leave, a secondment, and movement within the health unit. The unit has been managing a wait list to address capacity challenges since April 2017.

This proposal requests a full-time PHN for HBHC, from mid-July to December 2018, to assist with direct service delivery of the Healthy Babies Healthy Children Program Protocol 2018. HBHC is a mandated Ministry of Children and Youth Services program. The additional PHN support will be required to mitigate and/or eliminate the team's persistent waitlist.

#4 Part-time PA for Middlesex-London Infant Feeding Surveillance System and Early Years and Reproductive Health teams
This additional resource will provide part time assistance to support the infant feeding surveillance system and will split additional time providing support to both Early Years and the Reproductive Health teams.

#5 Full-time PHN for Early Years team
The Early Years Team requires the additional support of one temporary full time PHN to assist with implementing existing programs from mid-July to December 2018. Existing programs include providing breastfeeding home visits, staffing existing Healthy Start Infant Drop-ins, providing telephone counseling at the Health Connection, supporting infant/child mental health and early childhood growth and development initiatives in collaboration with the Community Early Years Partnership, the Community Early Years Healthcare Provider Partnership and other community partners, working with community partners to enhance community support for perinatal mental health, and implementing a variety of health promotion strategies (including social media) to improve childhood developmental outcomes and school readiness.

#6 Health promoter support to implement Health Equity strategic priorities
This proposal is a request for an additional part time Health Promoter on the Health Equity Team, from September to December 2018. There are a number of strategic efforts currently underway related to health equity, and this additional resource would support the team in reaching its objectives this year.

#7 Supporting reconciliation and promoting a diverse and inclusive environment
This proposal is aligned with MLHU's efforts to move towards reconciliation and enhance diversity and inclusion. It will enable the organization to provide a welcoming environment that respects the need for reconciliation with Indigenous peoples and reflects the diversity of the workforce and the local community. This proposal will involve looking at various elements of the physical environment which impact one's sense of belonging and promote reconciliation, diversity, and inclusion (e.g., use of space, signage, décor, symbols of welcome, etc.)

#8 PHN to support Community Drug & Alcohol Strategy - for July to December, 2018, including related program costs
The Middlesex-London Community Drug and Alcohol Strategy (CDAS) in a collaborative, comprehensive and long term strategy to address and prevent harms of substances across a four pillar approach of treatment, prevention, harm reduction and enforcement. Under development with a broad range of partners and consultation with the community, the CDAS development phase is now complete. The full final Strategy report will be released in July. Overall, the Strategy consists of 23 recommendations with 98 associated actions. The next phase is to move the

Strategy to implementation. 59 priority actions have been identified for focus over the first 3 years.

For successful implementation, a full time drug strategy coordinator is needed. The full-time coordinator position will provide administrative leadership in all aspects of the Strategy with support from partners, and be accountable to a governance body. Over the long term, the role will include overseeing the implementation of the Strategy including ensuring actions are on track, coordinating participation from community partners, facilitating continual communication and managing the appropriate reporting processes. In-kind supports of many CDAS partners, which have built this Strategy over the past 2 years, will continue.

#9 Temporary Health Promoter - Tobacco Control
This request for one-time funding would support the hiring of a temporary full-time health promoter dedicated to the local implementation and promotion of the changes to the Smoke-free Ontario Act 2017, and to support the work that will be required to coordinate "smoke" messages pertaining to the legalization of non-medical cannabis.

#10 Communications campaign related to legalization of non-medical cannabis
This request for one-time funding would support the local implementation and promotion of the legalization of cannabis in Ontario/Canada; primarily, to develop communication campaign materials to debunk myths that legalization of non-medical cannabis means that non-medical cannabis can be smoked and vaped in public. Program dollars would also be used to develop targeted messaging and materials to reach priority populations, using a harm reduction lens (youth, young adult, pre-conception and pregnant women).

#11 Policy Analyst
The revised Ontario Standards for Public Health Programs and Services describe policy development as a core component of public health work. Involvement in various aspects of public policy development is also specifically mentioned in the Foundational Standards and the Chronic Diseases and Injury Prevention, Wellness and Substance Misuse Standard.

Although some personnel across MLHU conduct policy work in their respective areas, there is a gap in the level of expertise required for in working within a policy environment at the municipal, provincial and federal levels and influencing policy adoption. It is critical to fill this gap in the current political environment with the upcoming legalization of Cannabis, and the notification that the newly formed Ontario Government will be revoking the implementation of the new Smoke Free Ontario Act 2017. MLHU needs a strong policy leader who understands the factors that influence the ability of governments to accept expert advice and incorporate it in their policy decisions. The temporary full-time position was approved in the 2018 PBMA process so there are no new funds being requested in this fiscal year. However, further funding will be required in upcoming years.

#12 Temporary Assistance for Finance
There is an immediate need to hire to provide back-up for critical roles within Finance due to staff leaves.

#13 Administrative policy Manual Review and related Document Repository
The Administrative Policy Manual Review and the updating of a significant number of policies are identified as a strategic priority on the 2018-2020 organizational balanced scorecard. It is also imperative that these policies be reviewed to ensure that MLHU is adhering to relevant legislation. To successfully execute this strategic initiative would require investing in a temporary full-time position responsible for reviewing/revising existing policies to ensure each and every document within the manual is up to date. To facilitate a robust process for completing this work and to prepare for future needs the investment would also include the purchase of a centralized electronic repository for all policy and procedure documents.

#14 Construction Project Engineer/Manager to support Citi Plaza Relocation Project
This construction project manager/engineer will play an important role in developing and maintaining the construction project timeline. They will also support the bid and contractor selection process to ensure that MLHU receives the best value for the services contracted. This position is also critical to mitigate risk associated with the move as they would provide extensive construction and engineering project management expertise to the Health Unit.

#15 Architect for Relocation Project
The architect will complete a design reassessment and will engage with MLHU employees to refine space needs, improve clinical flow and departmental adjacencies to provide a conceptual design. This design with be fine tunes with further input to create a detailed design which will form the basis on which construction services will be bid, selected and contracted. During the construction phase, the architect will be responsible for ongoing field reviews to verify the work that is performed. Their scope of work will be completed once the completion notice is provided by our contractors.

#16 Focus Group testing for rebranding of Health Unit name and logo
Communications is developing rebranding options using internal resources. An external consultant will conduct a thorough market research analysis on our proposed new corporate identity. This will include feedback on options for a new name and logo in terms of clarity, fit with perceptions of the Health Unit, emotional impact, success in conveying the desired attributes, uniqueness and perceived positives and negatives relating to the choices.

MIDDLESEX-LONDON HEALTH UNIT

GOVERNANCE MANUAL

SUBJECT:	Borrowing	**POLICY NUMBER:**	**G-205**
SECTION:	Financial and Organizational Accountability	**PAGE:**	1 of 2

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

PURPOSE

The purpose of this policy is to establish objectives for debt financing activities to meet infrastructure and operating requirements while meeting the objectives of the Board of Health and related statutory and contractual requirements.

POLICY

The Middlesex-London Health Unit (MLHU), pursuant to Section 56 (1) of the Health Promotion and Protection Act may enact by-laws and policies respecting banking and finance. In regards to borrowing, the Board of Health, after consultation with municipal councils, may borrow funds to meet infrastructure and operating requirements of the Health Unit.

The primary objectives of this policy are as follows:

1. **Adherence to statutory requirements**

   The Board shall secure temporary or long-term borrowing for health unit purposes as described by the Health Protection & Promotion Act, and the Municipal Act, specifically Part XIII Debt and Investment and the applicable regulations thereunder.

2. **Minimize long-term cost of financing**

   The Board shall ensure that the debt program uses a systematic approach that minimizes the impact of debt servicing costs on the operating budget.

   a. The Board shall strive to maintain a strong credit rating to assist in securing a favourable cost of borrowing.
   b. Municipal councils should be consulted and considered for access to their capital markets.
   c. The term of long-term financing shall not extend beyond the lifetime of the capital work for which the debt was incurred and shall not exceed 40 years in accordance to Section 408 (3) of the Municipal Act.
   d. The Health Unit shall monitor debt servicing costs and annual repayment limits and shall utilize benchmarks, measures, indicators, ratios and limits as determined relevant and appropriate by the Secretary-Treasurer or designate to monitor debt levels and servicing costs.

PROCEDURE

The Board Chair of the Board of Health and Secretary-Treasurer, following a majority vote of the Board of Health, are authorized on behalf of the Board to borrow, from time to time, by way of promissory note, or other suitable debt instrument from a registered chartered bank, trust company or credit union to meet Health Unit expenditures. The Board may delegate the Secretary-Treasurer to exercise this power on the behalf of the Board in such manner as the Board may determine by Board resolution. The Secretary-Treasurer or designate shall have the authority to implement the debt program and establish procedures consistent with this policy.

While the Board of Health has the authority to borrow, approval either through lease or purchase to acquire and hold real property for the purpose of carrying out the functions of the Health Unit, approval must first be obtained by the consent of councils of a majority of the municipalities served by the Board.

APPLICABLE LEGISLATION

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

RELATED POLICIES

G-B20 By-law #2 Banking and Finance