

AGENDA
MIDDLESEX-LONDON BOARD OF HEALTH

Wednesday December 12, 2018, 5:30 p.m.
399 RIDOUT STREET NORTH
SIDE ENTRANCE, (RECESSED DOOR)
MLHU 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

Ms. Tino Kasi

Mr. Marcel Meyer

Mr. Ian Peer

Ms. Elizabeth Pelosa

Mr. Matt Reid

Mr. Kurtis Smith

SECRETARY-TREASURER

Dr. Christopher Mackie

DISCLOSURE OF CONFLICTS OF INTEREST

APPROVAL OF AGENDA

APPROVAL OF MINUTES

November 15, 2018 – Board of Health meeting

October 18, 2018 – Relocation Advisory Committee meeting

DELEGATIONS

5:35 – 5:45 p.m.

Mr. Ian Peer, Chair, Relocation Advisory Committee - Verbal Update, re: Item #1
Relocation Advisory Committee meeting, December 12, 2018

Item #	Report Name and Number	Link to Additional Information	Delegation	Recommendation	Information	Brief Overview
Delegations and Committee Reports						
1	Relocation Advisory Committee Meeting – Verbal Update	December 12, 2018 Agenda	x	x	x	To receive information and consider recommendations from the December 12, 2018 Relocation Advisory Committee meeting.
Recommendation Reports						
2	Electronic Client Record (ECR) – Project Update (Report No. 072-18)	Appendix A		x		To receive the update and consider approving entering into a single source contract with Intrahealth Canada
3	Enterprise Resource Planning – Human Capital Management Contract Award (Report No. 073-18)	Appendix A		x		To receive the report for information and consider awarding the contract to Ceridian HCM Inc.
4	Information Technology (IT) Capital Spending and Contract Award (Report No. 074-18)	Appendix A Appendix B Appendix C		x		To receive the report for information, recommend that the Board of Health approve the strategy and purchases as outlined, and recommend to approve entering into a contract with Stronghold Services for the purchase of IT equipment.
5	Nurse Family Partnership (NFP) Ontario Clinical Lead (Report No. 075-18)			x		To receive the report for information and consider endorsing MLHU as the hiring agency for the Ontario NFP Clinical Lead cost-shared position.
Information Reports						
6	Hepatitis A Outbreak – Update (Report No. 076-18)	Appendix A			x	To provide up to date information on the recently declared Hepatitis A outbreak.
7	Summary Information Report for December (Report No. 077-18)				x	To provide an update on Health Unit programs and services for December.
8	Medical Officer of Health/Chief Executive Officer Activity Report for December (Report No. 078-18)				x	To provide an update on the activities of the MOH/CEO for December

OTHER BUSINESS

- New Board Members
- Next Finance and Facilities Committee Meeting: Thursday, February 7, 2019 @ 9:00 a.m.
- Next Board of Health Meeting: Thursday, January 24, 2019 @ 7:00 p.m.
- Next Governance Committee Meeting is scheduled for March 21, 2019.

CONFIDENTIAL – November 15, 2018 Board of Health confidential minutes

CORRESPONDENCE

ADJOURNMENT

CORRESPONDENCE – DECEMBER 2018

- a) Date: 2018 November 2
Topic: Public Health Policy Approach to Drug Policy Reform
From: Peterborough Public Health
To: Hon. Ginette Petitpas Taylor, Hon. Jody Wilson-Raybould

Background:

At its meeting on September 12, 2018, the Board of Health for Peterborough Public Health endorsed the recommendation of the Canadian Public Health Association's 2017 position statement on the [Decriminalization of Personal Use of Illicit Psychoactive Substances](#). Refer to correspondence item a) in the [September 20, 2018 Board of Health agenda](#) for more information.

Recommendation: Receive.

- b) Date: 2018 November 5
Topic: *Smoke Free Ontario Act, 2017*
From: Peterborough Public Health
To: Hon. Christine Elliott

Background:

At its meeting on October 10, 2018, the Board of Health for Peterborough Public Health passed a motion to urge the Ontario government to strengthen the *Smoke-Free Ontario Act, 2017* and prohibit the promotion of vaping product through this regulation. The current legislation only bans vaping product displays at retail outlets and does not restrict other types of retail promotion for vaping products. On November 5, 2018, the Board of Health for Peterborough Public Health wrote to Minister Christine Elliott requesting a timely evaluation of the implementation of the *Smoke-Free Ontario Act, 2017* to monitor the impacts of the limited promotion of vaping products.

Recommendation: Receive.

- c) Date: 2018 November 5
Topic: Sustainable Infrastructure and Financial Supports for Local Drug Strategies
From: Peterborough Public Health
To: Hon. Christine Elliott

Background:

On November 5, 2018, the Board of Health for Peterborough Public Health wrote to Minister Christine Elliott asking her to consider increasing institutional and financial supports for the work of local drug strategies across the province and to support collaborative action across the four pillars of prevention, treatment, harm reduction, and enforcement. Peterborough Public Health is calling upon the provincial government to ensure local drug strategies are integrated into any future planning for a provincial mental health and addiction program.

Recommendation: Receive

- d) Date: 2018 October 5 [Received 2018 November 06]

Topic: *Cannabis Act, 2017*
From: Windsor-Essex County Health Unit
To: All Health Units

Background:

At its meeting on October 5, 2018, the Board of Health for Windsor-Essex County Health Unit (WECHU) passed a resolution recommending that Windsor-Essex municipalities opt out of the cannabis retail model proposed by the provincial government in response to the *Cannabis Act, 2017* coming into effect on October 17, 2018. The WECHU urges the provincial government to provide local public health units with dedicated funding for public education and health promotion activities, as well as the enforcement of cannabis-related regulations under the *Smoke-Free Ontario Act*. Refer to correspondence items d) and e) from the [November 15, 2018 Board of Health agenda](#) for more information.

Recommendation: Receive

e) Date: 2018 November 5
Topic: Regulatory Framework for Cannabis Storefronts in Ontario
From: Peterborough Public Health
To: Renu Kulendran, Executive Director, Legalization of Cannabis Secretariat, Ministry of the Attorney General

Background:

On November 8, 2018, the Board of Health for Peterborough Public Health wrote to Renu Kulendran, Executive Director, Legalization of Cannabis Secretariat, submitting comments for consideration regarding the development of specific regulations relating to cannabis storefront operating parameters, siting requirements, and public notice processes. These suggestions include: 1) that cannabis retail hours reflect those established by the Liquor Control Board of Ontario; 2) formal training for cannabis retail staff; 3) setting minimum distances between cannabis retailers and youth-serving facilities; 4) regulation of cannabis retail densities; 5) limit the co-location of cannabis and alcohol and tobacco outlets; 6) strengthen municipal influence over store locations and density; and 7) clarifying the public submission process regarding written interest for municipal respondents.

Recommendation: Receive

f) Date: 2018 November 09
Topic: 2019–2023 Hastings Prince Edward Strategic Plan
From: Hastings Prince Edward Public Health
To: All Health Units

Background:

On November 9, 2018, the Board of Health for Hastings Prince Edward Public Health shared their [2019–2023 Strategic Plan](#), which will guide their operations over the next five years.

Recommendation: Receive

g) Date: 2018 November 08
Topic: Ontario Basic Income Research Project
From: Huron County
To: Premier Doug Ford

Background:

On November 8, 2018, the Huron County Board of Health wrote to Premier Doug Ford supporting the correspondence received from Leeds, Grenville & Lanark District Health Unit regarding the Ontario Basic Income Research Project dated August 30, 2018. Refer to correspondence item u) from the [September 20, 2018 Board of Health agenda](#) for more information.

Recommendation: Receive

- h) Date: 2018 November 13
Topic: Association of Local Public Health Agencies 2019 Winter Symposium
From: Association of Local Public Health Agencies (alPHa)
To: Ontario Boards of Health

Background:

The Association of Local Public Health Agencies (alPHa) is holding its 2019 Winter Symposium on February 21, 2019, at the Chestnut Conference Centre, 89 Chestnut Street, in downtown Toronto. The one-day event will feature plenary speakers in the morning followed by concurrent afternoon meetings for board of health members and medical officers of health and associate MOHs. An evening reception and lecture is planned at a location within walking distance of the morning/afternoon sessions.

Recommendation: Receive

- i) Date: 2018 November 18
Topic: Revisions to the *Smoke-Free Ontario Act, 2017*
From: Peterborough Public Health
To: Hon. Caroline Mulroney, Ministry of the Attorney General

Background:

On November 18, 2018, the Board of Health for Peterborough Public Health wrote to Minister Caroline Mulroney requesting additional financial support and a dedicated funding stream to support cannabis education and enforcement activities necessary for public health interventions.

Recommendation: Receive



PUBLIC SESSION – MINUTES
MIDDLESEX-LONDON BOARD OF HEALTH

399 Ridout Street, London
Middlesex-London Board of Health Boardroom
Thursday, November 15, 2018, 7:00 p.m.

MEMBERS PRESENT: **Ms. Trish Fulton, Vice-Chair**

Mr. Michael Clarke
Ms. Maureen Cassidy
Mr. Ian Peer
Ms. Tino Kasi
Mr. Jesse Helmer
Mr. Trevor Hunter
Mr. Marcel Meyer

REGRETS:

Mr. Kurtis Smith
Ms. Joanne Vanderheyden

OTHERS PRESENT:

Dr. Christopher Mackie, Secretary-Treasurer
Dr. Alexander Summers, Associate Medical Officer of Health
Ms. Elizabeth Milne, Executive Assistant to the Board of Health and Communications Coordinator (Recorder)
Ms. Laura Di Cesare, Director, Healthy Organization
Ms. Cynthia Bos, Human Resources Manager
Mr. Dan Flaherty, Communications Manager
Ms. Heather Lokko, Director, Healthy Start
Ms. Kendra Ramer, Manager, Strategic Projects
Ms. Maureen Rowlands, Director, Healthy Living
Mr. Stephen Turner, Director, Environmental Health and Infectious Diseases
Mr. Alex Tymb, Online Communications Coordinator
Mr. Jordan Banninga, Manager, Program Planning and Evaluation
Ms. Nicole Gauthier, Manager, Privacy, Risk and Governance
Mr. Joe Belancic, Manager, Procurement and Operations
Ms. Mary Lou Albanese, Manager, Infectious Diseases Control
Ms. Marilyn Atkin, Outreach Team Lead
Ms. Nick Scrivo, Outreach Worker
Ms. Linda Stobo, Manager, Tobacco Control

Vice-Chair Fulton called the meeting to order at 7:03 p.m.

DISCLOSURES OF CONFLICT(S) OF INTEREST

Vice-Chair Fulton inquired if there were any disclosures of conflicts of interest to be declared.
None were declared.

APPROVAL OF AGENDA

It was moved by Mr. Hunter, seconded by Mr. Clarke, *that the **AGENDA** for the November 15, 2018 Board of Health meeting be approved as amended.*

Carried

Vice-Chair Fulton noted that recognition of MLHU's Outreach Team, which recently received the 2018 St. Joseph's Health Care London President's Award for Community Partner of Distinction, will be moved to the top of the agenda.

Dr. Mackie and Mr. Turner invited the Outreach Team, represented by Ms. Atkin and Mr. Scrivo, to the front of the room to acknowledge their work and recent award.

Mr. Turner called upon Ms. Atkin to provide some context, both for the award and for the work of the Outreach Team. Ms. Atkin highlighted the Team's many collaborations and relationships, built up over the course of its work on harm reduction efforts in the community. She also mentioned names of Team members who were very proud to receive this award but were unable to attend the meeting: Ms. Miriam Rivera, Ms. Natalie Meade, and Mr. Josh Poynter.

APPROVAL OF MINUTES

It was moved by Mr. Helmer, seconded by Mr. Peer, *that the **MINUTES** of the October 18, 2018 Board of Health meeting be approved.*

Carried

DELEGATIONS AND COMMITTEE REPORTS

Governance Committee meeting – November 15, 2018

Mr. Hunter introduced and provided context to the following reports considered at the Governance Committee meeting:

It was moved by Mr. Hunter, seconded by Mr. Helmer, *that the Board of Health receive the September 20, 2018 Governance Committee meeting minutes as amended.*

Carried

2018–20 Strategic Planning Update (Report No. 011-18GC)

On behalf of the Committee, Mr. Hunter noted that this report exemplifies an excellent strategic planning process, and credited the team and the leadership behind the plan.

Ms. Cassidy arrived at 7:10 p.m.

It was moved by Mr. Hunter, seconded by Mr. Peer, *that the Board of Health receive Report No. 011-18GC re: "2018–20 Strategic Planning Update" for information.*

Carried

Accreditation and Continuous Quality Improvement (Report No. 012-18GC)

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

- 1) *Receive Report No. 012-18GC for information;*
- 2) *Not pursue accreditation at this time; and*
- 3) *Request an additional report in 2020 to reconsider the costs and benefits of pursuing accreditation with an external body.*

Carried

Alignment of Programs with the Ontario Public Health Standards and MLHU Planning and Budgeting Processes (Report No. 013-18GC)

It was moved by Mr. Hunter, seconded by Mr. Clarke, *that the Board of Health receive Report 013-18GC for information.*

Carried

Governance Policy Review (Report No. 014-18GC)

Mr. Hunter noted that the bylaws require no changes and noted the new policy on occupational health and safety.

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

1. *Receive Report No. 014-18GC;*
2. *Approve renewal of the governance policies outlined in this report; and*
3. *Approve the new governance policy on Occupational Health and Safety (Appendix B).*

Carried

Mr. Hunter thanked staff for undertaking such an extensive policy review, and noted the few remaining policies left to approve.

Finance & Facilities Committee Meeting – November 1, 2018 (Report No. 067-18)

Ms. Fulton introduced and provided context for the following reports, which were considered at the November 1, 2018 Finance & Facilities Committee meeting:

Q3 Financial Update and Factual Certificate (Report No. 038-18FFC)

It was moved by Mr. Helmer, seconded by Mr. Hunter, *that the Board of Health receive Report No. 038-18FFC re: “Q3 Financial Update and Factual Certificate” for information.*

Carried

It was moved by Mr. Clarke, seconded by Ms. Cassidy, *that the Board of Health approve the allocation of surplus funds to mitigate costs related to Location Project expenses and the Electronic Client Records project.*

Carried

Cyber Insurance (Report No. 039-18FFC)

It was moved by Mr. Helmer, seconded by Mr. Meyer, *that the Board of Health receive Report No. 039-18FFC re: “Cyber Insurance” for information.*

Carried

Location Project – Source of Financing (Report No. 040-18FFC)

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

- 1) *Receive Report No. 040-18FFC re: “Location Project – Source of Financing” for information; and*
- 2) *Approve the selection of the City of London as the funder for office fit-up.*

Carried

Mobile Device Services Contract Extension (Report No. 042-18FFC)

It was moved by Mr. Helmer, seconded by Mr. Peer, *that the Board of Health receive Report No. 042-18FFC re: “Mobile Device Services Contract Extension” for information.*

Carried

Middlesex-London Health Unit Be Well Program Update (Report No. 043-18FFC)

It was moved by Mr. Meyer, seconded by Mr. Clarke, *that the Board of Health receive Report No. 043-18FFC re: "Middlesex-London Health Unit Be Well Program Update" for information.*

Carried

Proposed Resource Reallocation for the 2019 Budget (Report No. 044-18FFC)

It was moved by Mr. Hunter, seconded by Ms. Cassidy, *that the Board of Health receive Report No. 044-18FFC re: "Proposed Resource Reallocation for the 2019 Budget." for information.*

Carried

Great-West Life Benefits Renewal Update (Report No. 045-18FFC)

It was moved by Mr. Helmer, seconded by Ms. Cassidy, *that the Board of Health extend the current renewal period of the group insurance rates administered by Great-West Life as described in Report No. 045-18FFC re: "Great-West Life Benefits – Renewal Update."*

Carried

Enterprise Resource Planning – Human Capital Management Update (Report No. 046-18FFC)

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

- 1) *Receive Report No. 046-18FFC re: "Enterprise Resource Planning – Update" for information;*
- 2) *Approve the outsourcing of payroll services; and*
- 3) *Approve the implementation of a comprehensive Human Resource Capital Management System within the financial parameters identified herein.*

Carried

INFORMATION REPORTS

The Smoke-Free Ontario Act, 2017 – Changes to Cannabis, Vaping, and Smoking Laws in Ontario (Report No. 068-18)

Dr. Mackie invited Ms. Stobo to come forward to introduce the report. Ms. Stobo provided some context, outlining the current changes to the cannabis, vaping, and smoking laws in Ontario and the rules surrounding the sale of vaping products and how they fit within the *Smoke Free Ontario Act*.

Discussion ensued on the following items:

- Sale, restriction, and access of vaping products to youth
- That the sale of cannabis is being governed separately from the *Smoke Free Ontario Act*
- Penalties and fines associated with vaping and the consumption of vaping products
- How much room exists for municipalities to enact bylaws to help regulate vaping products and cannabis consumption
- Whether or not the new government has given any indication of zoning regulations around the retail sale of cannabis and vaping products
- That cannabis stores would be licensed provincially
- That the Board wishes to be kept apprised and updated regularly on this subject in order to remain proactive. Staff will aim to bring a monthly report by default, except when there is nothing to report.

It was moved by Mr. Clarke, seconded by Mr. Meyer, *that the Board of Health receive Report No. 068-18 re: "The Smoke-Free Ontario Act, 2017 – Changes to Cannabis, Vaping, and Smoking Laws in Ontario" for information.*

Carried

2017-18 Influenza Season in Middlesex-London – Final Report (Report No. 069-18)

Dr. Mackie introduced the report, and Ms. Albanese answered questions. Discussion ensued on the following items:

- Of the cases reported, how many were actually given the flu shot and if there is a correlation
- Analysis of vaccine effectiveness is conducted each year at the provincial and federal levels, which can help to understand and explain influenza rates and whether the vaccine has been effective in preventing flu
- Whether these numbers are comparable to the provincial, national, and continental data
- Whether the quadrivalent vaccine being used this year will help reduce influenza cases
- That predicting vaccine strain match is a helpful indicator for predicting influenza rates
- The high-dose trivalent vaccine, a new vaccine publicly available for those 65 or older, or for those at high risk—its benefits and cost.

It was moved by Mr. Helmer, seconded by Ms. Cassidy, *that the Board of Health receive Report No. 069-18 re: “2017–18 Influenza Season in Middlesex-London – Final Report” for information.*

Carried

Summary Information Report for November (Report No. 070-18)

Dr. Mackie introduced and provided context for the report. Mr. Clarke commended the work of staff members, who put together the recommendations for the federal consultation on advertising of unhealthy food to children.

It was moved by Ms. Cassidy, seconded by Mr. Clarke, *that the Board of Health receive Report No. 070-18 re: “Summary Information Report for November” for information.*

Carried

Medical Officer of Health/Chief Executive Officer Activity Report for November (Report No. 071-18)

It was moved by Mr. Helmer, seconded by Mr. Meyer, *that the Board of Health receive Report No. 071-18 re: “Medical Officer of Health Activity Report for November” for information.*

Carried

CORRESPONDENCE

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

Carried

There was a question about the Ontario Federation of Indigenous Friendship Centres, followed by a clarification as to its identity and role.

It was moved by Mr. Hunter, seconded by Mr. Helmer, *that the Board of Health endorse and refer correspondence item k) to staff.*

Carried

It was moved by Mr. Clarke, seconded by Mr. Helmer, *that the Board of Health endorse correspondence item l).*

Carried

Dr. Mackie noted that the terms of each the Board's three City of London representatives—Ms. Maureen Cassidy, Mr. Jesse Helmer, and Mr. Trevor Hunter—will expire at the end of this month. He thanked each of them for their involvement and dedication, and for their substantial contributions to the Board of Health.

Vice-Chair Fulton echoed Dr. Mackie's sentiments and acknowledged the committed members of the Board of Health, thanking each member for their effort and dedication.

CONFIDENTIAL

It was moved by Mr. Helmer, seconded by Ms. Cassidy, *that the Board of Health move in-camera to consider matters regarding identifiable individuals, the security of the property of the Middlesex-London Board of Health, and to receive the confidential minutes of the November 1, 2018 Finance & Facilities Committee meeting.*

Carried

At 8:43 p.m., it was moved by Mr. Peer, seconded by Mr. Helmer, *that the Board of Health rise and return to public session.*

Carried

Dr. Mackie advised Board members that without sufficient agenda items to justify a December meeting of the Finance & Facilities Committee, staff have recommended that the December meeting be cancelled. The Board agreed that the December 6 Finance & Facilities Committee be cancelled.

OTHER BUSINESS

Vice-Chair Fulton reviewed the upcoming meetings:

- Next Relocation Advisory Committee meeting: December 12, 2018 @ 4:30 p.m.
- Next Board of Health meeting: December 12, 2018 @ 5:30 p.m.
- Next Governance Committee meeting: March 21, 2019

ADJOURNMENT

At 8:46 p.m., it was moved Mr. Helmer, seconded by Mr. Meyer, *that the meeting be adjourned.*

Carried

TRISH FULTON
Vice-Chair

CHRISTOPHER MACKIE
Secretary-Treasurer



PUBLIC SESSION – MINUTES
MIDDLESEX-LONDON BOARD OF HEALTH
RELOCATION ADVISORY COMMITTEE

399 Ridout Street, London
Middlesex County Building, MLHU Boardroom
Thursday, October 18, 2018, 6:00 p.m.

Committee Members Present: **Mr. Ian Peer, Chair**
Ms. Joanne Vanderheyden
Mr. Trevor Hunter
Mr. Michael Clarke
Mr. Marcel Meyer

Others Present: Mr. Kurtis Smith, Board member
Mr. Jesse Helmer, Board member
Dr. Christopher Mackie, Secretary-Treasurer
Ms. Elizabeth Milne, Executive Assistant to the Board of Health
and Communications (Recorder)
Ms. Laura Di Cesare, Director, Healthy Organization
Mr. Joe Belancic, Manager, Procurement and Operations
Ms. Kendra Ramer, Manager, Strategic Projects

Dr. Mackie called the meeting to order at 6:00 p.m. He noted that this was the first Relocation Advisory Committee meeting and then opened the floor for nominations for Chair of the Relocation Advisory Committee. The Chair will be nominated until the committee ceases to exist, as per the Terms of Reference.

It was moved by Mr. Clarke, seconded by Mr. Meyer, *that Mr. Peer be nominated at Chair of the Relocation Advisory Committee.*

Carried

Mr. Peer accepted the nomination and agreed to let his name stand.

Dr. Mackie called for further nominations three more times.

Hearing none, it was moved by Mr. Meyer, seconded by Mr. Hunter *that nominations be closed and that Mr. Ian Peer be named Chair of the Relocation Advisory Committee.*

Carried

At 6:05 p.m., Mr. Peer took over as Chair.

DISCLOSURE OF CONFLICT(S) OF INTEREST

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

APPROVAL OF AGENDA

It was moved by Ms. Vanderheyden, seconded by Mr. Hunter, *that the **AGENDA** for the October 18, 2018 Relocation Advisory Committee meeting be approved.*

Carried

NEW BUSINESS

Location Project – Demolition Decisions (Report No. 001-18RAC**)**

Dr. Mackie provided context to this report and advised the Committee on the items brought forward for discussion this evening, namely the carpet, elevator and conveyor belt.

Ms. Di Cesare noted the first piece for direction, which is the elevator and outlined the recommendations staff have for its demolition plan.

Discussion ensued about the following items:

- Demolition plans for the conveyor belt; the functionality and risks tied to it
- Plans for the elevator and costs associated with it.
- Why the elevator is important and what would happen if there was no access to the elevator.
- If the cost to fix to the elevator should be a leasehold improvement versus an MLHU-associated cost.
- That additional improvements in the bottom line will be sought in order to try to reduce the costs associated with replacing the items outlined in this report.
- Discussion about the condition of the carpet, the replacement plan, the type of flooring that will replace the carpet, the life expectancy and longevity of the type of flooring chosen.
- That the life expectancy of the replacement carpet tiles would be 15-20 years.
- How the current holes in the subfloor will be filled when carpet is replaced.

It was moved by Mr. Hunter, seconded by Ms. Vanderheyden, that *the Relocation Advisory Committee recommend that the Board of Health:*

- 1) *Receive Report No. 001-18RAC, re: “Location Project –Demolition Decisions” for information;*
- 2) *Approve extension of the elevator to the basement and replacement of the existing carpeting at Citi Plaza; and*
- 3) *Direct staff to pursue all reasonable options to mitigate these costs.*

Carried

Decision-Making Matrix – Relocation Project (Report No. 002-18RAC)

Dr. Mackie introduced this report and provided context to the request to approve a decision making matrix for MLHU staff.

Discussion ensued about the following items:

- That it is critical to keep the committee apprised as decisions are made going forward.
- That both staff and the committee members work to avoid conflict of interest when working with this large a budget on such a large project.
- What staff think they might need by requesting decision making authority through this report.
- That the estimate of build costs was done some time ago, and the costs associated with work will have gone up by now, since initial quotes were received.
- That the MOH/CEO currently only has a \$50,000 dollar sending authority/limit.
- That this is best practice, the only thing missing would be a delegation of authority, if necessary, which MLHU staff will consider.
- How the added flexibility of the decision making matrix will assist with adhering to project timelines.
- That staff will keep the committee and board up to date on a monthly basis with regards to the location project budget, as it changes and if items come in over budget.
- That staff are still awaiting funding from the provincial government to help fund the location project.
- That the delay of decisions will actually increase costs, which could push the project over budget.
- That part of the overall project plan will include hiring a cost consultant to ensure that MLHU has funds to support design ideas going forward.
- That language in all tenders should be strong regarding timeline and budget.

It was moved by Mr. Clarke, seconded by Mr. Hunter, that *the Relocation Advisory Committee:*

- 1) *Receive Report No. 002-18RAC re: “Decision-Making Matrix – Relocation Project”;* and
- 2) *Recommend that the Board of Health approve the Decision-Making Matrix.*

Carried

Location Project Plan (Report No. 003-18RAC)

It was moved by Mr. Meyer, seconded by Mr. Hunter that *the Relocation Advisory Committee recommend that the Board of Health receive Report No. 003-18RAC, re: "Location Project Plan" for information.*

OTHER BUSINESS

Discussion ensued about the date of the next meeting and the committee decided to meet next month before the Governance and Board of Health meeting on November 15, 2018.

ADJOURNMENT

At 6:41 p.m., it was moved by Mr. Meyer, seconded by Mr. Hunter, *that the meeting be adjourned.*

Carried

IAN PEER
Chair

CHRISTOPHER MACKIE
Secretary-Treasurer



TO: Chair and Members of the Board of Health

FROM: Christopher Mackie, Medical Officer of Health /CEO

DATE: 2018 December 12

ELECTRONIC CLIENT RECORD – PROJECT UPDATE

Recommendation

It is recommended that the Board of Health:

- 1) Receive Report No. 072-18 re: “Electronic Client Record – Project Update”; and*
- 2) Approve entering into a contract with Intrahealth Canada Limited for the purpose of implementing an Electronic Client Record solution.*

Key Points

- Intrahealth Canada Limited was the successful proponent with regard to a Request for Proposal (RFP) issued by Ottawa Public Health (OPH), permitting the Middlesex-London Health Unit to trigger a “piggyback clause” with the selected vendor upon finalizing a contract.
- Contract negotiations have ceased between OPH and Intrahealth, prompting MLHU to enter into a single-source agreement with Intrahealth. Several other health units are already using, or continuing to pursue contracts with, Intrahealth.
- Intrahealth’s pricing model estimates the value of the contract to be approximately \$695,000 for a five-year term.
- Pricing for the electronic client record (ECR) solution is expected to increase by as much as 30 percent in 2019, but can be mitigated by entering into an agreement before the end of the year.
- A project charter has been initiated and work on the ECR project is well underway.

Background

Implementation of an effective electronic client record (ECR) solution can improve efficiency of service delivery, enhance information sharing and collaboration among program areas, and improve overall communication with clients. In 2016, Ottawa Public Health (OPH) issued a Request for Proposal (RFP) seeking an externally hosted, interoperable electronic public health record solution. In submitting proposals in response to the RFP, proponents had to agree that once a contract was awarded, the contractor’s proposal might be shared with other interested public agencies anywhere in Canada. MLHU opted to trigger this “piggyback clause,” once a signed contract is in place following OPH’s RFP process.

Intrahealth Canada Limited was the successful proponent in regard to the RFP issued by OPH. Intrahealth has extensive experience in the public health environment, with five public health units in Ontario currently using their solutions. Public health units currently under contract with Intrahealth include: Algoma Public Health, Durham Region Health Department, Brant County Public Health, Niagara Region Public Health, and Porcupine Health Unit.

As of November 19, 2018, Intrahealth and OPH ceased contract negotiations. In the absence of a signed agreement, a piggyback clause with MLHU cannot be triggered. However, with Intrahealth capacity not being deployed to the Ottawa implementation, there is an opportunity for MLHU to advance implementation timelines in order to be better prepared for the relocation to Citi Plaza.

Contract Negotiations with Intrahealth

Procurement protocols outlined in MLHU Policy G-230, Appendix A, Section 3.4 (1) (v) allows for a Direct Negotiation method when required goods and services are to be supplied by a particular vendor or supplier having special knowledge, skills, expertise, or experience. Based on the robust RFP process carried out by OPH, and from Intrahealth's engagement with five other Ontario public health units, it is clear that Intrahealth possesses specialized knowledge and expertise in the public health environment. Further, Section 3.2 of the Procurement Protocols specifies that the requirement for competitive bid solicitation may be waived where only one source of the supply would be acceptable and cost-effective. In order to achieve efficiencies in time with respect to the implementation of an ECR solution, MLHU is proposing to single-source and enter into direct negotiation with Intrahealth.

Terms and Conditions

A comprehensive review of Intrahealth's Master Level Service Agreement has been carried out following a competitive price negotiation. Confirming a contract prior to the end of 2018 will avoid an increase, for 2019, of up to thirty percent. The first fifty licenses are purchased in year one, and, once operational, additional licenses may be purchased in groups of ten. A periodic audit system procedure will report on actual concurrent licenses used during the first phase of implementation to predict the number of licenses required. At this time, it is estimated that a total of one hundred concurrent licenses would be required to complete all three phases of implementation.

The value of a five-year contract is approximately \$695,000, an amount that includes licensing costs and implementation fees. Annual maintenance and support fees have been included and are based on the total number of licenses purchased during the five-year period.

Update on Project Deliverables

A detailed project charter has been initiated and work on the project is well underway. The project steering committee has created a strategy modelled on that of OPH, which was based on a robust needs assessment OPH had carried out. A phased approach to implementation is being followed, which is outlined in [Appendix A](#). To achieve project scheduling efficiencies, program areas identified for Phase 1 implementation have participated in process mapping exercises. The completed business and workflow analyses will be used by Intrahealth's project implementation team to aid in building MLHU's ECR solution.

Next Steps

It is recommended that the Board of Health approve entering into an agreement with Intrahealth Canada Limited in order to expedite the implementation of ECR and to eliminate a potential price increase within the current market. The Board of Health will continue to receive updates on the status of key deliverables with respect to the ECR project.

This report was prepared by the Healthy Organization Division.



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

ECR IMPLEMENTATION			
Division	Phase 1	Phase 2	Phase 3
Healthy Start	Healthy Babies Healthy Children Early Years Nurse Family Partnership (NFP) Reproductive Health		
Healthy Living		Child Health Chronic Disease and Tobacco Control Healthy Communities and Injury Prevention Young Adult	Oral Health South West Tobacco Control Area Network
Environmental Health and Infectious Diseases	Sexual Health	Infectious Diseases	Vaccine Preventable Disease



TO: Chair and Members of the Board of Health

FROM: Christopher Mackie, Medical Officer of Health / CEO

DATE: 2018 December 12

ENTERPRISE RESOURCE PLANNING – HUMAN CAPITAL MANAGEMENT CONTRACT AWARD

Recommendation

It is recommended that the Board of Health:

- 1. Receive Report No. 073-18 re: “Enterprise Resource Planning – Human Capital Management Contract Award” for information; and*
- 2. Recommend the award of contract to Ceridian HCM Inc.*

Key Points

- A competitive bid was issued for procurement of a Human Capital Management system
- At the time of RFP closure on October 26, four bids had been received
- Preliminary budgets and funding for this system were approved by the Board of Health on November 15
- The highest-scoring proposal was provided by Ceridian
- The RFP value for both implementation and license costs over five years is approximately \$893,523.

Enterprise Resource Planning– Finance Upgrades – Background

The Middlesex-London Health Unit issued a request for proposal (RFP) on October 12 for a comprehensive Human Capital Management (HCM) system, which would include outsourcing managed payroll services. This RFP closed on October 26. Initial cost estimates for this proposal were approximately \$175,000 annually for license- and outsourcing-related costs, and up to \$90,000 for one-time implementation fees. The total value of the five-year contract was estimated at \$965,000. These costs will be funded through offsetting reductions in payroll administration salaries and efficiencies gained by consolidating various stand-alone software programs and their related consulting/support budgets.

RFP Results

At the time of RFP closure, four bids had been received. Bids were solicited directly from key players in the industry, as well as via other e-procurement solutions. These bids were assessed by an evaluation committee of eight team members using the criteria identified in [Appendix A](#). Staff met on November 21 to review the evaluation results, and recommended Ceridian as the preferred solution, since it had scored the highest and met the budgetary costing requirements. The implementation and license costs over five years represent an expenditure of \$893,523, which is \$71,477 less than the anticipated budget.

The scope of services includes the following modules:

1. Performance Management
2. Document Management
3. Recruiting
4. Dashboards
5. Compensation Management
6. Education Package
7. Core
8. Payroll
9. Managed Payroll
10. Benefits
11. Managed Benefits
12. Time and Attendance
13. Learning

Ceridian is a global HCM technology company serving over twenty-five million users in more than fifty countries since 1932. They are a leader in the Human Resource Information Systems industry and have extensive experience solving organizations' business challenges, helping them save time and money while increasing employee engagement and productivity. Some references include Deafblind Ontario Services, the Municipality of Middlesex Centre, and the Keuhne + Nagel Group.

Next Steps

The Board of Health approved contracting of payroll services and implementation of a comprehensive HCM system at its November 15 meeting. The purchase of this system is to be self-funded through payroll efficiencies and the software budget.

A recommendation from the Board of Health is sought in order to proceed with the award of contract for implementing an HCM system to Ceridian HCM Inc.

This report was prepared by the Healthy Organization Division.



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

RFP #18-04 HCM ERP		PROPONENT:	EVALUATOR	
	Selection Criteria	Evaluation Factors/Scoring Criteria	Comments	Score 100
1	Experience/ Personnel and Qualifications	<p>Verifiable references for work done on similar projects, and in similar environments, will be evaluated. Proven ability to deliver on time, on budget and provide solutions to system issues and proactive strategies to prevent further concerns. (5 points)</p> <p>Proponents must identify the personnel that will work on the project. The qualifications and experience of these personnel are paramount, as is the commitment of the proponent to utilize the named personnel in the project. (5 points)</p> <p>To accomplish this, the Health Unit seeks to select a provider that will provide:</p> <ul style="list-style-type: none"> • Highly skilled personnel with applicable HCM system knowledge, qualifications and expertise; • Solid experience and expertise in providing seamless transitions for entities to managed payroll services; • Quality services, demonstrating value for money; • Impeccable and timely customer support; (consider service level agreements) • Technical support both onsite and virtual in order to support ad hoc and timely staff issues <p>An integrated HCM and payroll solution that will align with the current Great Plains financial system (10 points)</p>		/20

2	Methodologies and Approaches	<p>The MLHU will evaluate established methodologies, approaches and techniques. However, innovation is also encouraged. Proponents should demonstrate these established methodologies, approaches, techniques and innovative ideas.</p> <p>Must meet the Scope of Work outlined below:</p> <p>A. Talent Management (4 points)</p> <ul style="list-style-type: none"> • Recruitment - applicant tracking system and associated workflows from requisition to hire • Onboarding Capabilities • Performance Management system • Train HR staff and management and assist with development of workflows <p>B. Learning and Development (6 points)</p> <ul style="list-style-type: none"> • Tracking of qualifications and skills attainment • Recommend training based on Performance Management outcomes or development plans • E-course delivery and ability to launch learning modules from the system • Concurrent users • Train staff and assist with development of work flows 		/26

		<ul style="list-style-type: none">• Provide guidance through rollout across the organization <p>C. Employee Management (4 points)</p> <ul style="list-style-type: none">• Connect all employee data with a single system of record• Employee document management• Self-service capabilities for all employees to amend profiles and access information• Provide training to all staff on usage <p>D. Time and Attendance (4 points)</p> <ul style="list-style-type: none">• Install and activate new Time and Attendance module• Train staff and managers on use of module• Facilitate data migration of current entitlements• Manage staff scheduling Allow for employees to work for different departments, multiple managers to approve timesheets <p>E. Payroll and Benefits Services (8 points)</p> <ul style="list-style-type: none">• Manage transition of a managed payroll and benefits service model across the organization• Provide training to Finance staff with respect to workflows and completing journal entries			
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		<ul style="list-style-type: none"> • Provide training to HR and MLHU Management • Provide ongoing support – technical and practical 		
3	Reasonableness of Costs	<p>Costs will be evaluated not just on the lowest costs, but on the value of the proposed work to be done and the costs for this work. Proponents are therefore encouraged to submit detailed information on what work will be done and at what costs.</p> <p>Annual Licence Cost Budget \$ 170,000 One-Time Implementation Cost Budget \$ 90,000</p> <p>Evaluate the costs to see if they are in line with the budget for example the five year fully loaded cost (implementation and license cost) as a % of the score. (15 points)</p> <p>Verify that the all modules below are included in this scoring (2 pts for each module). This could ensure a full scope of work when we evaluate each proposal. (10 Points)</p> <p>Talent Management Learning and Development Employee Management Time and Attendance Payroll and Benefits Services</p>		/25

4	Delivery - Timelines	<p>The MLHU have defined business goals and deadlines. It is imperative that the proposed work be done within reasonable timelines. Proponents are encouraged to define requirements of MLHU staff in their proposals so that the proponent may meet their proposed timelines.</p>		/5	
5	Reports	<p>Proponents should demonstrate their abilities to complete formal reports, contract documents etc. MLHU will evaluate content, form and ease of usefulness for the MLHU.</p> <p>Reporting and Dashboard Capabilities</p> <ul style="list-style-type: none"> • Organizational charting capabilities • HR dashboard and labour costing reports • Metrics tracking • Training for HR and Finance staff on report writing 		/4	
6	Training Programs/Resources	<p>Proponents' ability to provide training to MLHU staff as well as their own that meets all requirements under various legislative bodies.</p>		/10	
7	Value Added Benefits	<p>Proponents should describe what sets them above other proponents; what value added services they provide that could distinguish them from other proponents.</p> <p>The Proponent shall provide advice and project management support in areas including, but not limited to;</p> <ul style="list-style-type: none"> • Process Mapping Future state processes for Talent Management; 		/10	

		<ul style="list-style-type: none">• Process Mapping Future state processes for Learning and Development;• Process Mapping Future state processes for Employee Management;• Process Mapping Future state processes for Time and Attendance;• Process Mapping Future state processes for Managed Payroll Services;• Process Mapping Future state processes for Reporting and Dashboards.			
TOTAL POINTS SCORE					/100



TO: Chair and Members of the Board of Health

FROM: Christopher Mackie, Medical Officer of Health /CEO

DATE: 2018 December 12

INFORMATION TECHNOLOGY CAPITAL SPENDING AND CONTRACT AWARD

Recommendation

It is recommended that the Board of Health:

- 1. Receive Report No. 074-18BOH re: “IT Capital Computer Spending and Contract Award” for information; and*
- 2. Recommend that the Board of Health approve the strategy and purchases as outlined; and*
- 3. Recommend that the Board of Health approve entering into contract with Stronghold Services for the purchase of Information Technology equipment*

Key Points

- Computer Equipment (Hardware) replacement should align with strategic projects such as Electronic Client Records and Enterprise Resource Planning implementation.
- A replacement plan which considers strategic projects will ensure staff has little to no technology barrier while learning new systems and processes.
- Following receipt of quotations from the Vendor of Record Program (VOR) and the Ontario Education Cooperative Marketplace (OECM) preferred suppliers, Stronghold Services provided the lowest acceptable quote for approximately 50 workstations

Background

The next year will bring about many technology changes and improvements throughout MLHU. With our rollout and planning of Electronic Client Records and extensive changes to our Human Resource and Finance operations, the technology demands on end users, the IT Department and operations in general will be considerable. More technology requires a well-planned replacement and strategic plan that aligns with end user requirements and organizational improvements. End user requirements for technology are also changing and demanding to be more flexible in usage and mobility/convenience.

MLHU has not made a significant capital expenditure on end user devices since 2016. [Appendix A](#) outlines our current end user computer breakdown, based on the release or ‘generation’ of central processing. This is a useful indicator in determining the overall capabilities of devices as far as battery life (for mobile devices), screen size, memory and storage space.

This data suggests that the majority of end user devices currently in use are due for replacement in the next calendar year assuming a 4- year cycle. The current warranty period of end user devices is three years and the majority of end user devices will enter a non-warranty period in the next year. This requires investment in parts and repairs on older devices and is not a strategic use of budget dollars.

Another identified issue with the current fleet of end user laptops was the purchase and standardization of a proprietary docking station. The manufacturer has ceased manufacturing this type of dock and we have been locked to a single manufacturer due to the capital cost of the docking stations.

Identified Needs

The requirements for end users have shifted from a permanent desktop system to a mobile arrangement. The ABW initiative and end user demand has clearly moved towards a trend of laptop preference. There is still a need for desktop systems in clinics, for certain administrative jobs and fixed office preferences but a trend towards mobility has been identified.

Mobile technology has advanced dramatically in the past couple of years. A common type of laptop is called a '2 in 1' and are also called Ultrabooks (an industry standard). These laptops can be used as a laptop configuration and can convert to a tablet configuration by folding the screen. Some '2 in 1' configurations are also considered a '3 in 1' as the third mode is a tent shape where the screen can be used to present materials. These laptops are also commonly touch screen, preferably with pens built in (that do not require battery changes frequently). This would enable field workers the ability to collect signatures digitally from clients and will enhance capabilities of ECR usage. The Ultrabook standard also defines long battery life and can operate over 8 hours without charging.

Another defining feature of new mobile devices purchased will be to a new industry standard that is called USB-C. A USB-C connection includes power, video and sound. This single connector can be used with multiple vendors and docking stations and minimizes cabling required to set up a workspace.

Desktop technology has similarly changed in the past few years. Desktops are a much smaller form factor and can be mounted directly to monitors. This saves space, power consumption and cable management issues.

Budget

The existing 2018 IT hardware budget includes approximately \$120,000 for computer and related equipment. Replacements were estimated to cost \$2000 per setup, this includes a laptop, monitor, dock, UPS, keyboard/mouse and laptop stand. As a result, the plan is to purchase of over 50 devices. These devices will be apportioned based on the Capital Replacement Strategy identified in [Appendix B](#).

Quotes

Due to limited timing, MLHU staff worked with provincially approved co-operative purchasing vendors from the Vendor of Record (VOR) program as well as the Ontario Educational Cooperative Marketplace (OECM) to secure quotations. Three vendors were approached through these programs to provide quotations on the specifications identified in [Appendix C](#). Our current IT Managed Service Provider, Stronghold Services was also contacted for quotation purposes. Following review of the quotations, Stronghold Services provided the lowest acceptable quote. Their low quote of \$1797.83 per laptop bundle was provided due to promotions provided by the hardware supplier which surpassed the discounts provided by the cooperative purchasing contracts.

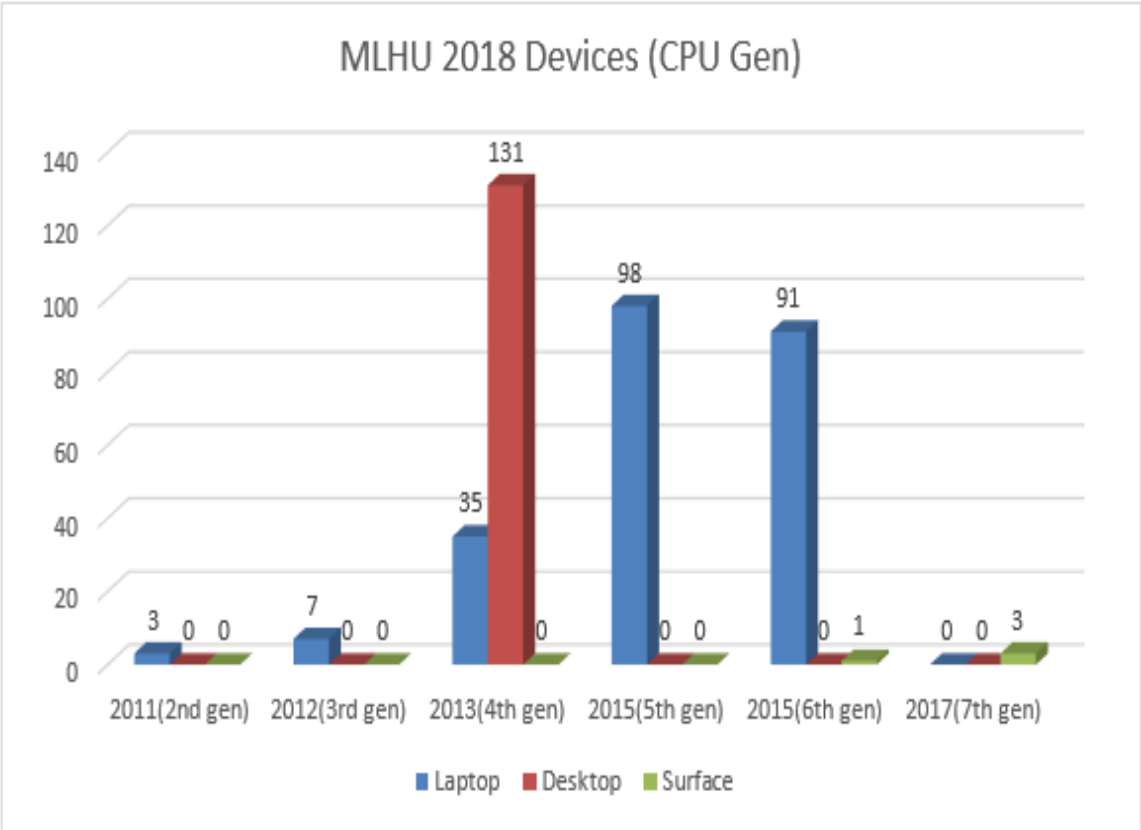
Next Steps

A recommendation is requested from the Board of Health to proceed with the Q4 Computer Capital Purchase with Stronghold Services

This report was prepared by the Healthy Organization Division.



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



2018 Q4 Computer Capital Strategy

The table below identifies information gathered from the programs that are involved in the first phase of ECR implementation. We suggest a priority to replace devices within these programs is an important investment in making the integration and adoption of ECR seamless and supported by the organization as a whole. It is important that the technology used by these end users do not create barriers when adopting new processes and systems.

ECR Phase 1 Teams	
Team	Laptops
Reproductive Health Team	11
Healthy Babies Healthy Children	22
Nurse-Family Partnership	9
Early Years Team	13
Sexual Health	12
Total	67

We have also recommended a replacement of the Human Resources and Finance departments due to their adoption of new systems and the current capabilities of their systems. The Young Adult Team (YAT) is on this list due to the requirement of using Windows 10 devices within the TVDSB.

Second Phase of Capital Purchase	
Young Adult Team	11
Human Resources	6
Finance	5
Total	29

Existing Devices and Roll Over

The IT Department has built a list of devices in use throughout MLHU and has ranked the usability according to age and warranty. Current end user devices in use by the teams mentioned above will be assessed and compared with devices in use across the organization. Using this data, a small stock of laptops will be available to use for repairs and new employees. The remainder of the usable devices will be used to replace devices identified as End of Life. This will build a roll over effect that will remove the lowest ranked devices from use entirely.

Hardware Specifications

1) 13.3" Convertible Tablet

- i5 8250 or better CPU
- 8GB RAM
- 256GB NVMe SSD Hard Drive
- 1920x1080p resolution Display
- Bluetooth capable
- Windows 10 Pro
- Includes Pen
- 3 Year Warranty
- Optional Accidental Damage Protection

2) USB-C Docking solution

3) 24" 2560-x1440 IPS Monitor

4) Any cabling required to connect monitor to docking station

5) Laptop Stand

6) 425VA UPS

TO: Chair and Members of the Board of Health

FROM: Christopher Mackie, Medical Officer of Health / CEO

DATE: 2018 December 12

POST-CaNE NURSE-FAMILY PARTNERSHIP® ONTARIO CLINICAL LEAD

Recommendation

It is recommended that the Board of Health:

- 1. Receive Report No. 075-18 re: “Post-CaNE Nurse-Family Partnership® Ontario Clinical Lead” for information; and*
- 2. Endorse Middlesex-London Health Unit (MLHU) as the hiring agency for the Ontario NFP Clinical Lead cost-shared position, within its role as the Ontario NFP license holder.*

Key Points

- The Nurse Family Partnership (NFP) is an evidence-based home visiting program targeting young, low-income, first time mothers. Implementation of NFP will continue in five Ontario health units beyond the Canadian Nurse-Family Partnership Education (CaNE) pilot.
- Post-CaNE implementation of NFP in Ontario requires a full-time Community Health Nursing Specialist (NFP Ontario Clinical Lead), with costs shared by Ontario health units implementing NFP.
- As the NFP license holder in Ontario, MLHU is well-positioned to function as the hiring agency for this position.

Background

The Nurse-Family Partnership® (NFP) is an intensive home visiting program for young, low-income, first-time mothers. The NFP has been evaluated in three randomized controlled trials in the US which have demonstrated positive effects on the outcomes of pregnancy, children’s subsequent health and development, and parents’ economic self-sufficiency.

In 2015, the Middlesex-London Health Unit launched the Canadian Nurse-Family Partnership Education (CaNE) Project in Ontario with funding from the Ontario Local Poverty Reduction Fund (LPRF) to develop, pilot and evaluate a Canadian model of education for public health nurses and managers responsible for delivering the NFP program.

During the pilot, MLHU (as the lead CaNE agency) seconded a “CaNE Provincial Clinical Lead” from The City of Hamilton, Public Health Services. The Provincial Clinical Lead was responsible for developing and coordinating the CaNE education in collaboration with the NFP international consultant from the University of Colorado, in addition to providing NFP implementation support at the designated sites. This position was funded by the LPRF grant and contributions from health units participating in the CaNE pilot.

NFP Implementation in Ontario Beyond 2018

The CaNE pilot will conclude on December 31, 2018, however, implementation of the Nurse Family Partnership will continue in Ontario while awaiting the outcome of a randomized controlled trial (RCT) in British Columbia which is testing the effectiveness of the Nurse-Family Partnership program in a Canadian context. Results of the RCT are expected in 2021.

Post-pilot implementation of the NFP requires participating health units to budget for individual and shared costs, with MLHU's budget allocation in PBMA proposal #1-0015 recently approved by the Board of Health. Part of the planned shared costs include salary and benefits for a full-time Nurse-Family Partnership Ontario Clinical Lead, which is a position required for successful implementation of NFP.

Currently, two NFP licenses are held in Ontario. Post-CaNE, MLHU will be the Ontario NFP license-holder, with Memorandums of Understanding in place with all other NFP-implementing public health units in the province (City of Toronto (Public Health Division); Regional Municipality of York, Public Health Branch; Niagara Region Public Health; and City of Hamilton, Public Health Services).

As the NFP license holder for Ontario, MLHU is well-positioned to be the hiring agency for a permanent full-time Community Health Nursing Specialist (NFP Ontario Clinical Lead). The role of the CaNE Provincial Clinical Lead will be expanded post-pilot to that of an advanced practice public health nurse; the designation of Community Health Nursing Specialist will reflect the level of skill, expertise and responsibility required.

Next Steps

With endorsement from the Board of Health to function as the hiring agency for the Community Health Nursing Specialist (NFP Ontario Clinical Lead), MLHU will promptly proceed with required recruitment procedures to ensure this shared position is filled by January, 2019.

This report was prepared by the Healthy Start 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 December 12

HEPATITIS A OUTBREAK DEMONSTRATES LOCAL HEALTH INEQUITIES – UPDATE

Recommendation

It is recommended that the Board of Health receive Report No. 076-18 re: “Hepatitis A Outbreak Demonstrates Local Health Inequities – Update” for information.

Key Points

- To date, a total of 29 hepatitis A cases have been reported to the Health Unit in 2018. In the previous five years, an average of three cases was reported annually, most of them travel-related.
- Among the 2018 hepatitis A cases, the vast majority are not travel-related. Many cases report using drugs and/or being under-housed or homeless.
- The Health Unit has activated the Incident Management System (IMS) to respond to this outbreak. Actions taken to date include targeted community immunization clinics, notifications to health care providers, and public notification.

Background

Hepatitis A is a liver infection caused by the hepatitis A virus. The infection is spread by the fecal-oral route, which means that feces (stool) from an individual infected with the hepatitis A infection must be consumed by another person. People who get sick with hepatitis A can experience fever, loss of appetite, nausea, and abdominal discomfort. After several days, patients may develop jaundice, wherein their skin and the whites of their eyes may become yellow. Recovery often takes four to six weeks, but can take longer.

In Ontario, two doses of hepatitis A vaccine are publicly funded for the following high-risk groups:

- People with chronic liver disease (including hepatitis B and C)
- People who inject drugs
- Men who have sex with men

A single dose of publicly funded hepatitis A vaccine is also available to close contacts of people who have had a recent laboratory-confirmed case of the infection. These contacts may include those who live in the same space as, have intimate contact with, or share drugs or equipment with an infected person. In this circumstance, vaccine is offered as a post-exposure measure to provide contacts with protection against developing the infection themselves.

Overview

As of November 30, 2018, 29 laboratory-confirmed hepatitis A cases were reported among Middlesex-London residents (see [Appendix A](#)). Between 2013 and 2017, the five-year annual average was 2.6 cases reported per year, most of them travel-related. Among the cases reported to date in 2018, over 90% (93.1%, or 27/29) are *not* travel-related. More than two-thirds (77.8%, or 21/27) of the non-travel cases reported drug use, while nearly half (48.1%, or 13/27) of the cases reported using injection drugs. Being under-housed or homeless was reported by 44.4% (or 12/27) of cases. A [provincial hepatitis A outbreak](#) with similar at-risk populations has been under investigation since 2017, and 21 of the cases in the local outbreak are genetically matched to the provincial outbreak strain.

The Health Unit's Response to Date

Since the first non-travel hepatitis A case was reported in July 2018, the Health Unit has taken a number of measures to increase health care provider and public awareness about hepatitis A and to prevent the further spread of hepatitis A in the community. The Health Unit has also worked aggressively to immunize close contacts and at-risk individuals through clinics held at shelters, community meal programs, and the Temporary Overdose Prevention Site. These measures have included:

- Issuing healthcare provider alerts in [July](#) and [October](#)
- Notifying staff at shelters who work with homeless or under-housed clients
- Public notification through a [news release](#)
- Administering more than 700 immunizations to contacts of known cases and other high-risk individuals

To date, it has been possible to carry out these efforts with the resources available to core programs; however, the response is beginning to reduce MLHU's capacity to fulfill some of its mandates.

Planned Response

On November 26, MLHU activated its internal Incident Management System (IMS) in order to better resource efforts to contain the Hepatitis A outbreak. In activating IMS, a command team is established to identify operational objectives; create short-, mid-, and long-range plans; collect and distribute information; liaise with external stakeholders; track extraordinary expenses; provide logistic support; and shift resources in order to ensure the continuity of operations in core programs. MLHU's objectives will be to stop the outbreak by providing immunization to as many at-risk individuals as possible, using enhanced surveillance measures to track new cases while searching for common linkages and creating a targeted public awareness campaign to promote measures that people may take to help reduce the risk of infection.

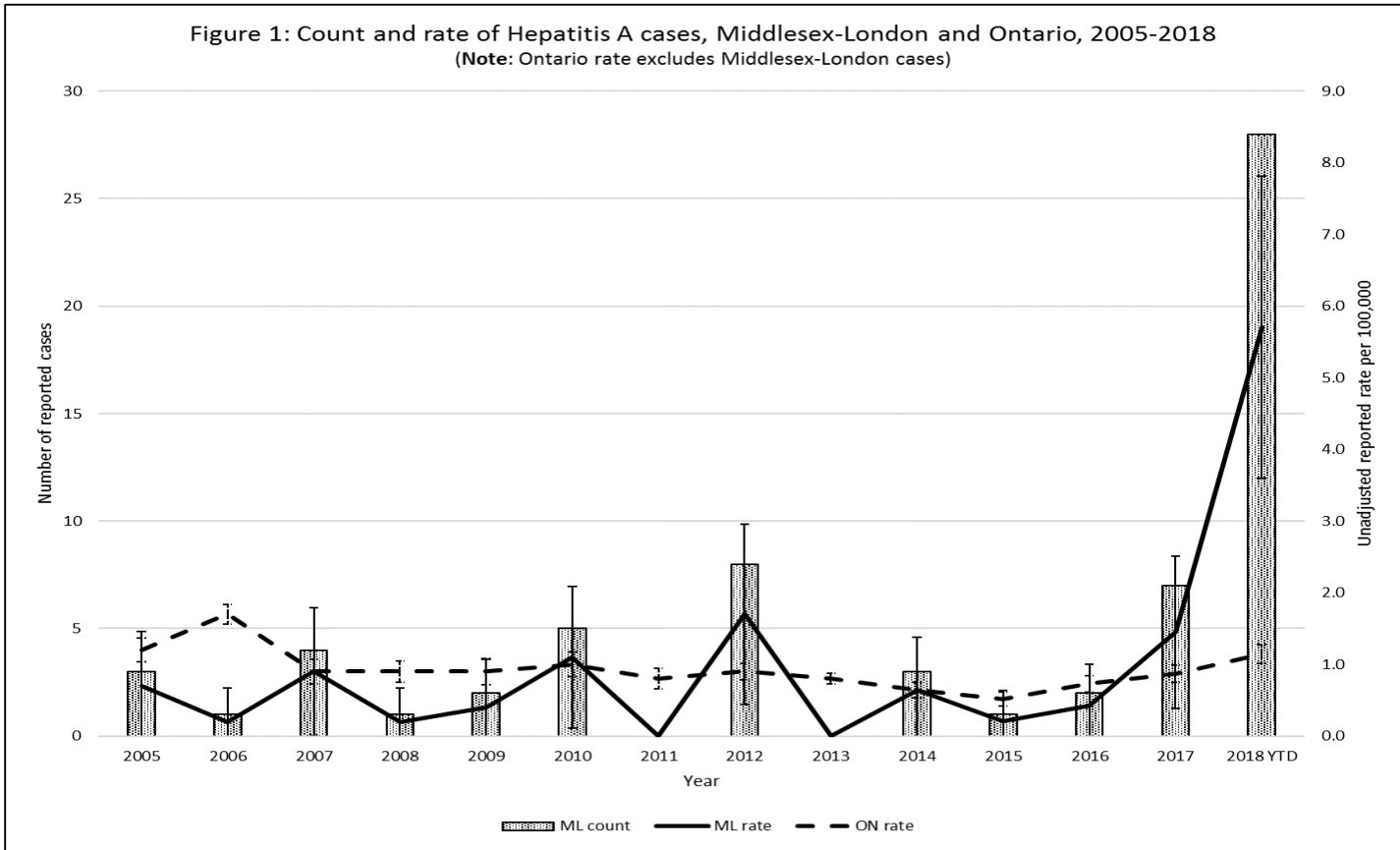
Conclusion

The Health Unit has seen an unexpected number of hepatitis A cases reported since July 2018. Many cases are among under-housed or homeless residents, and those who use drugs. The Health Unit has activated its IMS to respond to the outbreak, and will continue to take measures to provide enhanced vaccination to communities at risk and increase public awareness about hepatitis A in order to stop further transmission within the community.

This report was prepared by the Environmental Health and Infectious Diseases Division and the Office of the Associate Medical Officer of Health.

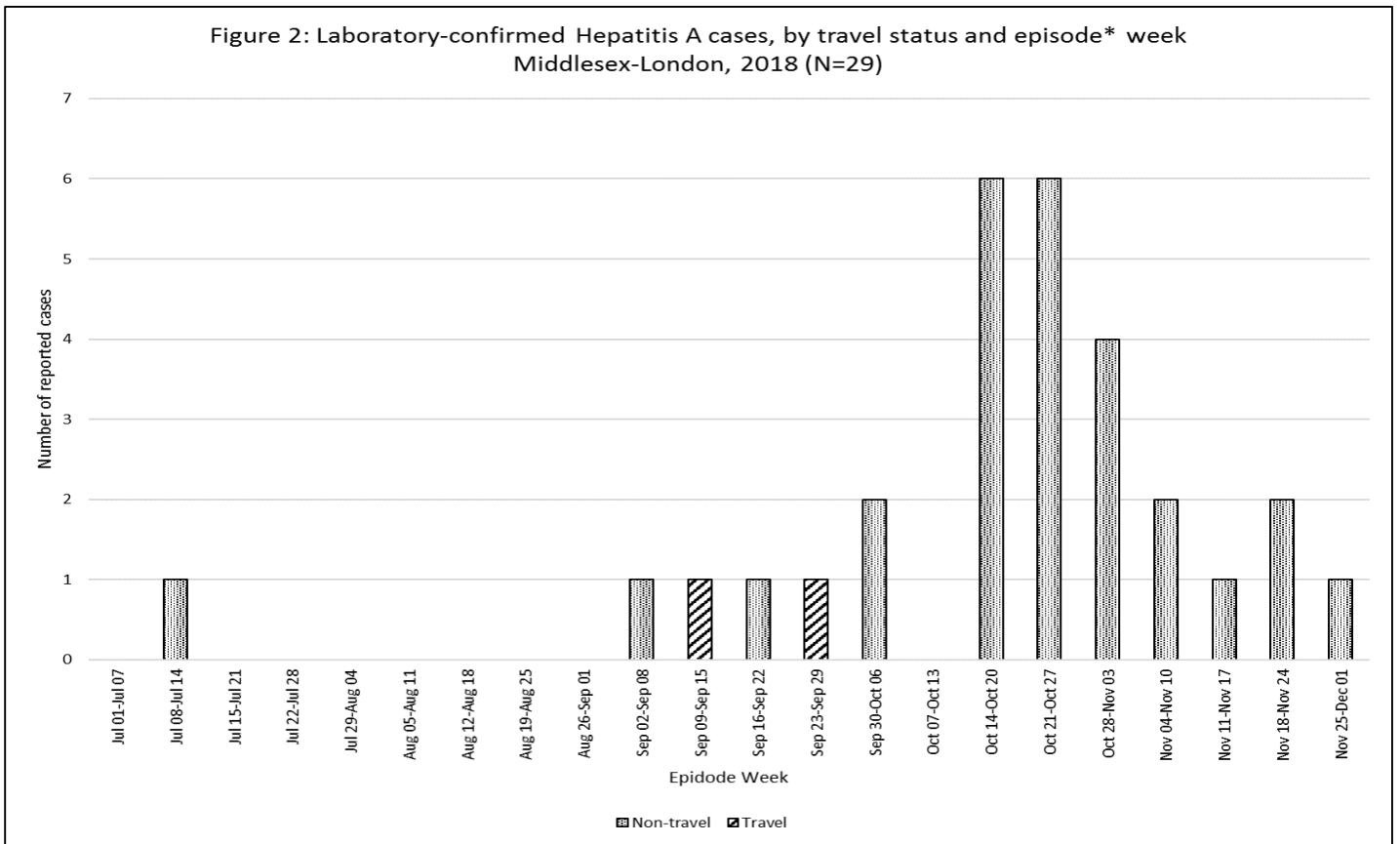


Christopher Mackie, MD, MHSc, CCFP, FRCPC
Medical Officer of Health / CEO



Data source: Public Health Ontario Infectious Disease Query, data extracted November 30, 2018. Data current as of November 28, 2018, 7am
 Note: Excludes one 2018 case that was reported to the Health Unit after data were compiled from the provincial repository on November 28, 2018.

Figure 2: Laboratory-confirmed Hepatitis A cases, by travel status and episode* week
Middlesex-London, 2018 (N=29)



Data source: MLHU internal case tracking, data extracted November 30, 2018

* Episode date is the earliest of symptom onset date, specimen collection date, laboratory test date, or reported date. One case has specimen collection date and one case has laboratory test date as episode date. All remaining cases have symptom onset date as episode date.



TO: Chair and Members of the Board of Health

FROM: Christopher Mackie, Medical Officer of Health / CEO

DATE: 2018 December 12

SUMMARY INFORMATION REPORT – DECEMBER 2018

Recommendation

It is recommended that Report No. 077-18 re: “Summary Information Report – December 2018” be received for information.

Key Points

- MLHU provided feedback to the Royal College of Dental Surgeons of Ontario (RCDSO) regarding their proposed Infection Prevention and Control (IPAC) guideline.
- MLHU provided feedback to the Canadian Agency for Drugs and Technologies in Health (CADTH) regarding their research review of community water fluoridation. Recommendations included creating summary documents, including autism as a health outcome, the need for clear conclusions, and that municipal and provincial governments collaborate to assess all local environmental impacts.
- The London Community Foundation granted the London Community Dental Alliance (LCDA) \$230,000 to create a dental clinic for low-income adults. MLHU supported the grant application.
- An oversample of the upcoming Ontario Student Drug Use and Health Survey (OSDUHS) in Middlesex-London by the Centre for Addiction and Mental Health (CAMH) will measure changing attitudes and behaviours as children transition from elementary to high school.
- In July, the Board of Health approved the allocation of \$25,000 to enhance the inclusivity of MLHU’s physical environment. A small portion of these funds will be spent in 2018, with further expenditures deferred until 2019 in order to better align with the space design processes for the new location.

Royal College of Dental Surgeons of Ontario (RCDSO) Infection Prevention and Control (IPAC) Consultation

As part of its ongoing commitment to act in the public interest, RCDSO formed a working group to review its IPAC guideline. Based on the working group’s recommendations, the RCDSO’s Quality Assurance Committee presented the proposed standard to Council, where it was approved. As part of the consultation process, the proposal was circulated to stakeholders for comment.

Accordingly, MLHU has provided feedback to the RCDSO regarding the IPAC guideline. It was suggested that our feedback be added to the “Professional and Regulatory Considerations” section. It was emphasized that members of the RCDSO should see local public health units as partners and collaborators, since part of their mandate is to support dentists and dental health staff with education and guidance to improve IPAC practices.

The following measures were recommended:

- Dentists should work with public health unit staff during an IPAC investigation;
- RCDSO members should be aware that the new legislation, as outlined in the Infection Prevention and Control Disclosure Protocol, 2018, mandates the online reporting of IPAC lapses; and
- RCDSO members should be aware that Public Health Ontario's (PHO) role is to provide scientific advice, develop guidelines for IPAC, and assess the level of risk associated with an IPAC investigation. It is the role of the local public health unit to conduct the IPAC investigation.

Canadian Agency for Drugs and Technologies in Health (CADTH) Water Fluoridation Consultation

The Chief Dental Officer of Canada commissioned the CADTH to conduct a health technology assessment of community water fluoridation to support Canadian decision makers. The assessment is to address the following topics: effectiveness, cost, safety, ethics, environmental impact, and implementation issues.

CADTH sought stakeholder feedback regarding the scientific rigour of the research and the proposed final reports. MLHU provided the following feedback:

- Summary documents should be developed for decision makers;
- The inclusion of Autism as a health outcome should be considered;
- Even though the final result was reported at the end of the ethics section, the inconsistent argument on the need for consent may be confusing to readers; and
- Consideration of water fluoridation should be done collaboratively with municipal and provincial authorities to ensure that all potential impacts on the local environment are addressed and mitigated.

London Community Dental Alliance (LCDA)

The 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 has applied for several grants to secure funding for a proposed dental clinic. The LCDA presented before the London Community Foundation and was granted its request of \$230,000. The LCDA will shortly be undertaking incorporation in order to upgrade its status from alliance to non-profit organization. MLHU will be granted membership status and will assist in planning and operation of the dental clinic.

Additional Sample for the Ontario Student Drug Use and Health Survey (OSDUHS)

In July, the Board of Health approved \$20,000 to obtain an oversample of the upcoming Ontario Student Drug Use and Health Survey (OSDUHS) being conducted in Middlesex-London by the Centre for Addiction and Mental Health (CAMH). There will be 500 students selected from grades 7 and 8, and 500 students from grades 9 to 12, to measure changing attitudes and behaviours as children transition from elementary to high school. As a result of the oversample, much richer data about local youth will be available on topics such as substance use, sleep, mental and physical health, body image, violence and bullying, food insecurity, and others. Data will also be analyzed by sex, grade, and socio-economic factors to understand priority populations. CAMH and MLHU are awaiting final confirmation from the school boards, and the schools randomly sampled, to participate in the study, which will greatly increase our chance of reaching the 1,000-respondent target. An additional \$8,600 payment will be required in 2020 after the dataset has been delivered. This data is essential for understanding the health status of our youth and focusing our Child Health and Young Adult teams' programming and services upon areas where it's needed most.

Update on Enhancing Inclusivity of Physical Space

As part of MLHU's health equity efforts, it is important to consider how the physical environment can help people feel welcome and enhance a sense of inclusivity and belonging for both clients and employees. In addition to a focus on how people are spoken to and treated, displaying inclusive signage and local artwork that reflects community diversity have also been identified as steps that may be taken to create a welcoming environment (EQUIP Health Care, 2017). Earlier in 2018, the Finance & Facilities Committee reviewed a request to use \$25,000 in variance funds to enhance the welcoming nature of MLHU's physical spaces. As this initiative must be aligned closely with the space design processes to be undertaken in 2019, most of this expenditure will be deferred until then. For 2018, MLHU will use approximately \$1,800 to enhance the sense of inclusivity within the quiet room (available both for client and employee use) and approximately \$4,000 to purchase artworks from three local Indigenous artists for display in the public spaces.



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 December 12

MEDICAL OFFICER OF HEALTH ACTIVITY REPORT FOR DECEMBER

Recommendation

It is recommended that the Board of Health receive Report No. 078-18 re: “Medical Officer of Health Activity Report for December” for information.

The following report presents activities of the Medical Officer of Health (MOH) for the period of November 2, 2018, to November 30, 2018.

- November 2 Attended the Urban Public Health Network (UPHN) Conference in Ottawa
- November 6 Interviewed by Jonathan Juha, *London Free Press*, in regard to Supervised Consumption Facilities (SCFs)
Attended the Board to Board Engagement meeting, titled “Creating a Community Vision: Infant, Children and Youth Mental Health Services in London-Middlesex,” hosted by Vanier Children’s Services
- November 7 Phone meeting with Dr. David Williams for monthly update
- November 12 Attended the City of London Strategic Plan 2019–23 launch at Goodwill Industries
- November 13 Met with Elizabeth Pelozza, councillor-elect, City of London Ward 12
- November 14 Participated in Council of Medical Officers of Health (COMOH) Executive Committee teleconference
Met with Arielle Kayabaga, councillor-elect, City of London Ward 13
Teleconference with Dr. Lisa Simon, AMOH, Simcoe Muskoka District Health Unit, in regard to SCFs
Teleconference with The Ontario Public Health Convention (TOPHC) Workshop Committee
- November 15 Taught class in Master’s in Public Health program at Western University
Teleconference with the Office of Controlled Substances in regard to SCF application
Attended the Board of Health and Governance Committee meetings
- November 16 Participated in a staff consultation with Endri Poletti, architect, in regard to the new Health Unit location
- November 19 Met with 4th Year Medical students to discuss Public Health
Attended “Leaders in Innovation” event at the Convention Centre
- November 20 Participated in the Indigenous Public Health Community of Practice teleconference

- November 21 Invited to play Mind Grind with other Pillar Innovation Award nominees at Corus Radio for 103.1 FM
Met with City of London staff to discuss zoning for the 446 York Street SCF
- November 22 Met with Michelle Quintyn, President and CEO at Goodwill Industries to discuss the Community Health Collaborative
Presented at the City of London new councillor orientation event at the Central Library
Welcomed City of London councillor elects and staff to the Health Unit as part of the City of London orientation process
Attended the 2018 Pillar Innovation Awards Celebration and announcement where MLHU and partners received the award for Innovation in Community Collaboration
- November 23 Received the YMCA Peacemaker Award at the Wortley Green YMCA
Via teleconference, participated on the alpha Board of Directors meeting
Met with Brian Schwartz, PHO via the phone for an update meeting

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



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