

AGENDA
MIDDLESEX-LONDON BOARD OF HEALTH
Finance & Facilities Committee

Microsoft Teams
Thursday, November 5, 2020 9:00 a.m.

1. DISCLOSURE OF CONFLICTS OF INTEREST

2. APPROVAL OF AGENDA

3. Approval of Minutes – September 10, 2020

4. BUSINESS

- 4.1 2021 Budget - PBMA Proposals (Report No. 027-20FFC)
- 4.2 Q3 Financial Update and Factual Certificate (Report No. 028-20FFC)
- 4.3 Emergency Contract Award (Report No. 029-20FFC)
- 4.4 Governance Policy and By-Law Review (Report No. 030-20FFC)
- 4.5 Insurance Assessment and Recommendation - Verbal Update

5. OTHER BUSINESS

- 5.1 Next meeting Thursday, December 3, 2020 at 9:00 a.m.

6. ADJOURNMENT



PUBLIC MINUTES
FINANCE & FACILITIES COMMITTEE
Middlesex-London Health Unit
355 Wellington Street, Suite 110, London, Ontario
Microsoft Teams Conferencing
Thursday, September 10, 2020 9:30 a.m.

MEMBERS PRESENT: Ms. Maureen Cassidy
Ms. Aina DeViet
Ms. Kelly Elliott (Chair)
Ms. Tino Kasi
Mr. Ian Peer

OTHERS PRESENT: Ms. Arielle Kayabaga, Board Member
Dr. Christopher Mackie, Secretary-Treasurer
Dr. Alexander Summer, Associate Medical Officer of Health
Ms. Lynn Guy, Executive Assistant to the Medical Officer of Health (Recorder)
Dr. Michael Clarke, CEO (Interim)
Mr. Brian Glasspoole, Manager Finance
Mr. Joe Belancic, Manager Procurement and Operations
Mr. Mirek Pawelec, incoming Manager, Finance
Ms. Maureen MacCormick, Director, Healthy Living
Ms. Elizabeth Milne, Executive Assistant to the Board of Health and Communications Coordinator

At 9:30 a.m., Chair Elliott called the meeting to order.

DISCLOSURES OF CONFLICT(S) OF INTEREST

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

APPROVAL OF AGENDA

It was moved by Ms. DeViet, seconded by Ms. Cassidy, *that the AGENDA for the September 10, 2020 Finance and Facilities Committee meeting be approved.*

Carried

APPROVAL OF MINUTES

It was moved by Mr. Peer, seconded by Ms. Cassidy, *that the MINUTES of the July 2, 2020 Finance and Facilities Committee meeting be approved.*

Carried

NEW BUSINESS

3.1 March 31st Financial Statements (Report No. 020-20FFC)

Mr. Glasspoole provided the context for this report.

It was moved by Mr. Peer, seconded by Ms. Cassidy *that the Finance and Facilities Committee recommend that the Board of Health approve the audited Consolidated Financial Statements for the Middlesex-London*

Health Unit, March 31, 2020 as appended to Report No. 020-20FFC re: "March 31st Financial Statements."

Carried

3.2 Q2 Financial and Factual Certificate Update (Report No. 021-20FFC)

Dr. Mackie provided the introduction to this report. He noted that the report was revised to include funding for the development of a racism strategy.

Mr. Glasspoole noted that all costs related to COVID were separated for Ministry reporting.

There was a lengthy discussion in regard to the racism strategy. Dr. Mackie noted that the Health Unit is looking to find someone who is involved and connected in the black community. The funding will be used to support a temporary hire or contract consultant to be the bridge to the black community. It was noted that it will take time to build a strong relationship with communities. Dr. Mackie noted that the work that was undertaken with the indigenous community was very successful and the Health Unit hopes to build on that success.

Further discussion included:

Qualifications and criteria for hiring someone to start the development of a racism strategy
The risk for tokenism – do more at the operational level to address the diversity in the organization
Would be beneficial that the candidate has public health expertise
Informing the Board early in the process
This is not the strategy but one step among many
MLHU is beginning the internal work
MLHU is at the City of London diversity table
The Health Unit has an important role in collecting data to understand the health inequities in our community
Need to have input of the diverse community and the credibility to listen.

There will be more detailed reports coming to the Board of Health

Dr. Mackie shared his appreciation of the comments made by Board Members.

It was moved by Ms. Kasi, seconded by Ms. Cassidy *that the Finance and Facilities Committee:*

- 1) *Receive Report No. 021-20FFC re: "Q2 Financial Update and Factual Certificate" for information;*
- 2) *Approve the allocation of up to \$40,000 of variance funds to support the development of a strategy to address anti-black racism; and*
- 3) *Approve the allocation of variance funds, above those required to offset the agency gapping budget, to relocation-related expenses to a maximum of \$250,000 in 2020.*

Carried

3.3 Proposed 2021 PBMA Process, Criteria and Weighting (Report No. 022-20FFC)

Dr. Mackie introduced this report and noted no changes to the criteria this year.

There was a discussion in regard to the previously proposed 70/30 funding ratio.

It was moved by Mr. Peer, seconded by Ms. DeViet *that the Finance and Facilities Committee receive and make recommendation to the Board of Health to approve the 2021 PBMA criteria and weighting that is proposed in [Appendix A](#) to Report No. 022-20FFC.*

Carried

3.4 Emergency Contract Award (Report No. 023-20FFC)

Mr. Belancic noted that this contract was needed for COVID related purchases on an emergency basis to meet ongoing care of the community.

It was moved by Mr. Peer, seconded by Ms. Kasi *that the Finance and Facilities Committee recommends the Board of Health receive Report No. 023-20FFC, re: "Emergency Contract Award" for information.*

Carried

OTHER BUSINESS

Next meeting: October 1, 2020

CONFIDENTIAL

At 10:13 am, it was moved by Mr. Peer, seconded by Mr. Cassidy, that the *Finance and Facilities Committee will move in-camera to consider matters regarding a trade secret or financial information, supplied in confidence to the local board, which if disclosed, could reasonably be expected to prejudice significantly the competitive position or interfere significantly with contractual or other negotiations of a person, group of persons or organization, and a trade secret or financial information that belongs to the municipality or local board and has monetary value.*

Carried

At 10:34 a.m., it was moved by Ms. Cassidy, seconded by Mr. Peer, *that the Finance and Facilities Committee return to public session.*

Carried

At 10:34 a.m. the Finance and Facilities Committee returned to public session.

The Committee thanked Mr. Glasspoole for his services and wished him well in retirement.

ADJOURNMENT

At 10:35 a.m., it was moved by Ms. Cassidy, seconded by Ms. Kasi, *that the meeting be adjourned.*

Carried

At 10:35 a.m., Chair Elliott *adjourned the meeting.*

KELLY ELLIOTT
Chair

CHRISTOPHER MACKIE
Secretary-Treasurer



TO: Chair and Members of the Finance & Facilities Committee

FROM: Christopher Mackie, Medical Officer of Health
Michael Clarke, CEO (Interim)

DATE: 2020 November 5

2021 BUDGET – PBMA PROPOSALS

Recommendation

It is recommended that the Finance & Facilities Committee:

- 1) Approve [Appendix A](#), PBMA Disinvestments totaling \$385,984;
- 2) Approve [Appendix B](#), PBMA Investments totaling \$337,197;
- 3) Approve [Appendix C](#), PBMA One-time Proposals totaling \$100,000; and
- 4) Approve increase to 2021 budget of \$ 762,182

Key Points

- Program Budgeting and Marginal Analysis (PBMA) is an integral part of the Health Unit's budget process and allows us to identify opportunities for reallocating resources from areas of lower impact to areas of higher impact.
- A total of 15 PBMA proposals are being recommended for inclusion in the 2021 budget.

Background

In report *022-20FFC, Proposed 2021 PBMA Process, Criteria & Weighting*, no revisions to the approach to PBMA were introduced for 2021. This report outlined the 2021 PBMA process and annual process to review criteria and weights to ensure that they respond to changing priorities, demands and strategic direction of the Health Unit. These criteria and weighting were 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.

Proposed PBMA Disinvestment and Investment Opportunities

There are a total of 15 proposals being recommended by the Senior Leadership Team (SLT) for inclusion in the 2021 Health Unit Budget, 10 disinvestments (totaling \$385,984), 4 investments (totaling \$337,197) and 1 one-time proposal (totaling \$100,000). Descriptions of the proposals have been included for recommended disinvestments ([Appendix A](#)), recommended investments ([Appendix B](#)) and recommended one-time investment proposals ([Appendix C](#)). In addition to the PBMA proposals, MLHU is facing inflationary and incremental premises pressures in the amount of \$ 710,969 (not included in these costs are COVID related expenses and a future CEO recruitment, both of which will be included in the 2021 budget presented to the board in February 2021). The net effect of these pressures along with proposals presented amount to a budget increase of \$ 762,182.

Item Description	Amount
Disinvestments - Appendix A	\$ (385,984)
Investments ongoing - Appendix B	337,197
Investments one time - Appendix C	100,000
Net effect of PBMA proposals	51,213
Budget requirements ¹	710,969
Increase to 2021 Budget	\$ 762,182

1. Includes inflationary pressures


Next Steps

If approved, the recommended proposals will be incorporated into the 2021 budget proposal.

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



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



Dr. Michael Clarke, PhD
Interim CEO

2021 PBMA Disinvestment

Dept.	No.	Proposal	Value	FTE	Score
EHID	1-0008	Staff Immunization Services	- \$ 6,988	- 0.08	-67
EHID	1-0018	Travel Clinic	- \$ 23,203	-0.40	-90
EHID	1-0019	MOH On Call Stipend	- \$ 8,400	0.00	-63
HL	1-0002	Discontinuation of UVR Health Promotion	- \$ 54,798	-0.50	-181
HO	1-0014	Refund - ASO Overcontribution	- \$ 150,000	0.00	0
HO	1-0015	Eliminate Conferencing Tool	- \$ 3,600	0.00	0
HS	1-0005	Operational Budget Reduction	- \$ 20,000	0.00	0
HS	1-0006	Eliminate Casual PHN Budget	- \$ 24,135	0.20	-121
HS	1-0009	Deprioritize Preconception Health	- \$ 48,960	0.50	-181
OCNO	1-0016	Health Equity Professional Services	- \$ 45,900	0.00	
		Total	-\$ 385,984	-1.68	-703

Disinvestment Descriptions

#1-0008 – Staff Immunization Services

The staff immunization PHN on the vaccine preventable disease team would continue to review and assess immunization status of new and current employees including students and volunteers and recommend vaccines according to staff immunization policies.

Instead of offering appointments and organizing flu clinics, the staff immunization PHN would recommend that these services be accessed in the community and an updated record be submitted for input into the Ontario Immunization database Panorama.

Currently this Program requires a .15 FTE. This proposed initiative would reduce FTE requirement by half.

#1-0018 – Travel Clinic Closure

Elimination of the MLHU support for the Travel Clinic. Includes disinvestment of MLHU's contributions to PA support, Materials and Supplies and staff development.

#1-0019 – MOH On Call Stipend

Elimination of stipend for 3rd MOH on-call due to resignation.

#1-0002 – Discontinuation of UVR Health Promotion

This proposal is the disinvestment of a 0.5 FTE Public Health Nurse who is the agency and content lead for the ultraviolet radiation and sun safety program, and the person responsible for Healthcare Provider Outreach and website content pertaining to cancer screening (0.4 FTE). The position also supports the Tobacco Quit Clinic and the Tobacco Cessation program (0.1 FTE).

#1-0014 – Refund - ASO Overcontribution

In reviewing MLHU's experience in funding Administrative Services Only (ASO) personal insurance claims for employees, the monthly contribution to the Health Unit's insurer, Canada Life, has consistently exceeded the ASO experience paid out for insurance claims submitted. Monthly premiums were reduced commencing in January 2020 by approximately \$8,500 or \$102,000 per annum. In addition, \$250,000 was also withdrawn from the ASO balance in Q3, 2020 due to continued lower experience of claims. Notwithstanding these adjustments to the ASO pool, the plan consultant, AON has confirmed that MLHU can safely withdraw between 133,000 and \$185,000 in 2021 if the account remains at current surplus levels. Accordingly, a withdrawal of up to \$150,000 to occur in Q4, 2021 is proposed.

#1-0015 – Eliminate Conferencing Tool

Pragmatic has supplied conference calling to MLHU for many years. The implementation of MS Teams has reduced the need for conference calling as it was replaced with video conferencing. Audio conference calling can be maintained through the 3CX phone system at no additional charge to the organization. As a result, Pragmatic conference calling could be eliminated without any disruption to existing services. Instructions will be provided to MLT on how to use 3CX conference calling prior to the elimination of Pragmatic.

#1-0005 – Operational Budget Reduction

To disinvest \$15,000.00 from the Early Years Program Supplies budget, in addition to \$5,000 from the HS Office of the Director. There is no change in program implementation with this disinvestment as many health promotion activities are currently being implemented through social media.

#1-0006 – Eliminate Casual PHN Budget

Disinvest public health nurse casual wage budget from the Early Years Team budget. This would result in the casual wage funding to no longer be available to support the program work of the Early Years Team. This represents approximately 0.20 FTE of a PHN (1 day/week). This would impact the capacity of the team to conduct its work (e.g., community partnerships, breastfeeding visits, phone line support) .

#1-0009 – Deprioritize Preconception Health

Preconception health is identified as a topic area for consideration in the OPHS. At this point, there are not sufficient resources to address preconception health using a comprehensive population health approach, and the impact of existing efforts is unknown. As a result of COVID-19 the program planning and review process has not been completed. If this disinvestment proposal is accepted, the program planning process will not continue and all preconception health interventions, other than providing information on the MLHU website, will be discontinued indefinitely.

#1-0016 – Health Equity Professional Services

Funds allocated to the Health Equity Team to pay an external consultant for the Diversity and Inclusion Assessment will not be needed in full again in 2021, or at all in 2022. This proposal considers the divestment of these funds from the Health Equity budget.

2021 PBMA Investment

Dept.	No.	Proposal	Value	FTE	Score
HL	1-0025	Investment, 1.0 FTE PHN Substance Use Prevention & Drug Strategy Prevention Focused Support	\$ 108,399	1.00	252
HS	1-0027	Nurse-Family Partnership Expansion	\$ 108,399	1.00	288
HS	1-0028	Introduction of iHEAL Program	\$ 108,399	1.00	212
OMOH	1-0023	Community Outreach Team, Client Travel	\$ 12,000	0.00	175
		Total	\$ 337,197	3.00	927

Investment Descriptions

#1-0025 – Investment PHN Substance Use Prevention & Drug Strategy Prevention Focused Support

This proposal is for a 1.0 FTE PHN to increase MLHU capacity in meeting its public health mandate for substance misuse prevention under the OPHS Substance use and Injury Prevention program standard, and to provide MLHU resources to support the Middlesex-London Community Drug and Alcohol Strategy in implementing recommendations related to prevention

This proposal is for a 1.0 FTE PHN to increase MLHU capacity in meeting its public health mandate for substance misuse prevention under the OPHS Substance use and Injury Prevention program standard, and to provide MLHU resources to support the Middlesex-London Community Drug and Alcohol Strategy in implementing recommendations related to prevention. This position would be focused on substance prevention using a comprehensive *Public Health approach; ensure interconnection between prevention and harm reduction focused work; facilitate enhanced cross divisional coordination for substance related programming with the intent of greater impact; and strengthen collective community action related to upstream prevention.

Impact of COVID-19 on substance use and harms:

Substance use and related harms have been a concern in the Middlesex-London Community for some time, with significant evidence and surveillance data demonstrating community need. There is growing and broad Canadian evidence, and emerging local evidence that that the COVID-19 pandemic and associated public health measures aimed at controlling viral spread have led to increased substance use and substance related harms, including increased opioid poisonings and deaths and increased rates of alcohol and cannabis use. Notably, there has been impact on substance related risk and protective factors (income, employment, mental wellbeing, social connection etc.) that are expected to have lasting implications. With future waves of COVID-19 in our communities and the unknowns about life post-pandemic, it is important for MLHU to continue to monitor the negative impacts associated with substance use, deliver related health promotion strategies, engage in policy development work, and leverage supports of community partners in order to reduce the negative impacts on substance use.

1-0027 – Nurse-Family Partnership

This PBMA enhancement proposal seeks the funds necessary to increase the PHN staffing complement of the NFP Team by one FTE. This enhancement will allow program caseload capacity to increase from 100 to 120 women and their children, and would ensure the NFP program is available for first-time mothers up to at least 24 years of age. The NFP program serves as an effective strategy to meet the recovery planning priorities identified by MLHU: domestic violence, mental health promotion, substance use, food insecurity and racism.

#1-0028 – Introduction of iHEAL Program

This proposal seeks funds to hire 1 FTE PHN in order to introduce the iHEAL program to the Middlesex-London Health Unit. iHEAL is a comprehensive, health promotion intervention for women who are in the transition of separating from an abusive partner. Public health nurses work in partnership with women for ~ 6 months to address a range of issues that affect women’s safety, health and well-being. This intervention aligns with the Substance Use and Injury Prevention Program, supports our mandate for mental health promotion, and aligns with the priorities proposed by Recovery Planning focused on emerging and priority public health issues (domestic violence, mental health, and possibly substance use).. It is essential to note that this individual-level intervention targeting women experiencing violence and at significant risk for exposure to increased violence must be part of a comprehensive population public health approach to addressing violence in our community.

#1-0023 – Community Outreach Team, Client Travel

Due to clients being significantly marginalized people with many immediate needs, travel by taxi continues to be the most efficient way to get clients to appointments and other supports in a timely manner. Taxi is an ideal mode of transport as they can be called to the client's location and drop them off at the door of a facility or hospital to assist with an immediate escort to their appointment location. This helps decrease “no show” rates for appointments and helps the team to work in a more efficient manner by seeing more clients each day. Bus tickets are also considered for clients experiencing more stability in their recovery journey.

Impacts of investment:

- With a budget of \$1,000 per month the team can prioritize travel for medical appointments and work with community partners to share travel responsibilities for shared clients where appropriate
- This budget will allow the Community Outreach Team to transport clients to HIV and other medical appointments
- Increase efficiencies to seek, find and link to care as clients can reliably make it to appointments
- Better engagement in the health system and connecting to care when travel is not a barrier to getting well

2021 PBMA One-time Investments

Dept.	No.	Proposal	Value	FTE	Score
HO	1-0026	IT Development	\$ 100,000	0.00	176
		Total	\$ 100,000	0.00	176

One-time Investment Descriptions

#1-0026 – IT Development

IT web development that can support the implementation and maintenance of new and existing organizational program applications.

A formal service agreement for IT web development services addresses the high demand for this skill-set across the organization in relation to ECR implementation and allow for customization of Profile that will improve the effectiveness of the tool. Besides the ECR Project, there are numerous Program Areas across each division that require a high degree of development and programming to accommodate existing databases and applications in use by each Team. These legacy applications (many are “Chuck” apps) require resources that are heavily weighted in the programming and application development skillset, which are not part of the IT department’s current mandate and practice.

In order to replace existing Access databases that are at end of life and support new applications being introduced there needs to be an investment in IT web development to fully move the organization to electronic documentation. This change also encompasses an increased need for report development that requires the skill-set of an IT web developer.



TO: Chair and Members of the Finance & Facilities Committee

FROM: Christopher Mackie, Medical Officer of Health
Michael Clarke, CEO (Interim)

DATE: 2020 November 5

Q3 FINANCIAL UPDATE AND FACTUAL CERTIFICATE

Recommendation

It is recommended that the Finance & Facilities Committee recommend that the Board of Health: Receive Report No. 028-20FFC re: “Q3 Financial Update and Factual Certificate” for information.

Key Points

- The 2020 approved budget consists of a zero percent increase in Mandatory Programs funding from the Ministry of Health (MOH).
- A full year spending surplus of \$55,962 is currently forecast as favourable variances across the organization will fully offset and exceeded the planned agency gapping budget of \$1,140,858.
- Included in the financial update is a signed factual certificate, which provides assurance that financial and risk management functions are being performed.

Background

The Board of Health approved the 2020 operating budget on February 27, 2020 (Report No. 002-20FFC). The approved budget consists of no increase in Mandatory Programs funding from the MOH but does reflect a change of funding mix between the province and municipalities for previously 100% provincially funded programs.

Financial Highlights

The Budget Variance Summary, which provides budgeted and actual expenditures for the first nine months and projections to the end of the operating year for the programs and services governed by the Board of Health, is attached as [Appendix A](#). This analysis is based on the original budget for 2020 as approved by the Board of Health and outlined to the Board of Health in Report 002-20FFC.

The current full year forecast projects a spending surplus of \$55,962, as favourable variances anticipated across the organization will fully offset the expected agency gapping budget of \$1,140,858.

COVID-19 and Extraordinary Funding

In response to the COVID-19 pandemic, the Health Unit reassigned a majority of its staff to roles related to addressing the pandemic and supporting the community. The Budget Variance Summary has been modified to show the costs related to supporting a community response to COVID 19 and to demonstrate what costs were covered by approved budgets for salaries and benefits of staff redeployed and which costs were extraordinary, to be funded through a one-time funding mechanism established by the MOH (see Report No. XXX-20FFC).

Factual Certificate

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

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



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



Dr. Michael Clarke, PhD
Interim CEO

MIDDLESEX-LONDON HEALTH UNIT
NET BUDGET VARIANCE SUMMARY
As at September 30, 2020

	2019 YTD ACTUAL (NET)	2020 Q3	COVID Reclass	Q3 Restated	2020 YTD BUDGET (NET)	VARIANCE (OVER) / UNDER	% VARIANCE	DECEMBER FORECAST	FUNDING ADJUSTMENTS	2020 ANNUAL NET BUDGET	ANNUAL SURPLUS / (DEFICIT)	% VARIANCE	Comment / Explanation
Environmental Health & Infectious Disease													
Office of the Director	\$ 299,210	\$ 181,319	\$ -	\$ 181,319	\$ 227,831	\$ 46,512	20.4%	\$ 243,874		\$ 303,774	\$ 59,900	19.7%	Lower spending in salaries \$37,200 and benefits \$7,900 due to staffing gap for executive assistant and travel clinic. Lower than planned program supplies \$8,500, travel 6,500, and meeting expenses \$2,500.
Emergency Management	143,640	22,927	67,214	90,141	100,364	10,222	10.2%	125,284		\$ 133,818	\$ 8,534	6.4%	Lower than planned spending for program supplies \$3,641 and other program costs \$4,000 due to shift of focus to COVID 19.
Food Safety & Healthy Environments	1,668,921	828,216	232,504	1,060,720	1,079,702	18,981	1.8%	1,386,806		1,439,602	\$ 52,796	3.7%	Lower spending in salaries \$28,474 and benefits \$11,822 due to staffing gap. Lower than planned program supplies \$5,000, travel 10,000, staff development \$7,500 and other program costs \$2,000, partly offset by lower revenues (\$12,000) due to food handler courses on hold.
Infectious Disease Control	1,683,267	683,547	525,580	1,209,127	1,320,286	111,159	8.4%	1,753,140		1,760,381	\$ 7,241		Unanticipated spending on TB client \$ 15,204. Additional favourable variances from lower salaries and benefits \$ 3,582 travel spending \$3,495, staff development \$2,705 program supplies \$6,913 and professional services \$5,750.
Safe Water, Rabies & Vector-Borne Disease	1,294,542	898,880	177,006	1,075,886	1,276,062	200,176	15.7%	1,613,621		1,701,416	\$ 87,795	5.2%	Lower spending in salaries \$12,077 and benefits \$2,152 due to staffing gap. Lower than planned program supplies \$10,000, travel 12,000, staff development \$7,500 and lower than planned professional service fees \$44,067 for mosquito ID and abatement programs.
Sexual Health	2,718,615	1,533,147	235,665	1,768,812	1,786,160	17,348	1.0%	2,292,218		2,381,546	\$ 89,328	3.8%	Lower spending for salaries and benefits \$63,000 due to decreased clinics and less need for casual employees, lower travel \$10,700 staff development \$4,000 and other program costs \$12,900. Lower than planned clinic revenues (\$212,383) are partly offset by lower program supplies \$146,483 and professional services \$40,000.
Vaccine Preventable Disease	1,532,758	860,459	389,955	1,250,414	1,107,936	(142,478)	-12.9%	1,636,448		1,477,248	\$ (159,200)	-10.8%	Higher salaries (\$40,000) and benefits (\$9,200) due to higher PHN casual hours for cold chain inspections and school clinics. TBD whether some of these out of plan costs will be covered by extraordinary COVID-related grants. Lower revenues (\$120,000) due to clinic closures and unplanned purchase of a folding machine \$1,500, partly offset by lower travel costs \$2,500 program supplies \$10,000 and staff development \$1,500.
COVID-19	-	7,291,060	(5,736,296)	1,554,765	1,554,765	-		2,391,946	2,391,946		\$ -	0.0%	Incremental costs to support COVID-19 beyond transfer of operating budgets for staff redeployed. Assume that all out-of-budget incremental costs for COVID 19 will be funded by one-time Ministry funding.
Total Environmental Health & Infectious Disease	\$ 9,340,953	\$ 12,299,556	\$ (4,108,371)	\$ 8,191,185	\$ 8,453,103	\$ 261,919	3.1%	\$ 11,443,337	\$ 2,391,946	\$ 9,197,785	\$ 146,394	1.6%	
Healthy Living													
Office of the Director	\$ 268,152	\$ 138,295	\$ 9,734	\$ 148,030	\$ 198,424	\$ 50,394	25.4%	\$ 187,148		\$ 264,565	\$ 77,417	29.3%	Retirement of executive assistant contributes \$59,828 in reduced salaries and benefits. In addition, lower than planned travel \$3,500 and program supplies \$5,000 staff development \$2,688 professional services \$4,000 furniture and equipment \$ 1,150 and other program costs \$1,250
Child Health	1,578,916	385,032	668,727	1,053,759	1,240,741	186,982	15.1%	1,476,821		1,654,321	\$ 177,500		Lower spending in salaries due to vacancies \$129,000 benefits \$11,500 travel \$14,000 and program supplies \$20,000 and staff development \$3,000
Chronic Disease and Tobacco Control	1,362,515	700,184	171,174	871,358	1,190,532	319,174	26.8%	1,445,103		1,587,376	\$ 142,273	9.0%	Lower spending in salaries \$75,144 and benefits \$15,870 due to staffing gaps. Lower than planned program supplies \$30,000, travel 13,400, and staff development \$2,000 professional services \$4,860 and other program costs \$1,000
Healthy Communities and Injury Prevention	1,036,239	209,494	447,076	656,570	857,220	200,650	23.4%	1,005,830		1,142,960	\$ 137,130	12.0%	Lower spending in salaries \$75,038 and benefits \$15,000 due to staffing gap. Additional savings in travel \$7,874 program supplies \$25,278 staff development \$3,940 and professional services \$5,500 as program delivery was delayed due to COVID. Other program costs \$3,900
Oral Health	1,394,496	410,229	317,320	727,550	740,098	12,548	1.7%	824,229		986,797	\$ 162,568		Lower spending in salaries \$59,895 and benefits \$17,532 as some staff resources were shifted to support the set-up of the Senior Dental Program. In addition, lower than planned travel \$13,575 and program supplies \$47,065 staff development \$3,000 professional services \$ 1,500 furniture and equipment \$20,000.
Senior Dental Program	126,504	101,105		101,105	\$ 101,105	-	0.0%	2,455,451		2,455,451	\$ -		Senior Dental Program is 100% funded by MOH. Any unspent funds during the year must be deferred to 2021 or returned. Favourable variance is \$700,000 for mobile bus and \$599,144 underspend in operating costs comprised of lower spending for salaries \$147,428 and benefits \$33,411 due to nine-month delay to hire a dentist and CDA, lower than planned travel \$10,000, lower professional fees for dentures and translation services \$168,250 and other program costs \$236,140 due to delay in promotional campaign.
Southwest Tobacco Control Area Network	436,500	64,208	53,623	117,830	251,567	133,736	53.2%	250,727		335,422	\$ 84,695	25.3%	Lower spending in salaries \$108,813 and benefits \$24,505 due to staffing gap. Additional savings in travel \$2,500 program supplies \$6,800 and staff development \$1,000 as program delivery was delayed due to COVID partly offset by decision not to request provincial funding shortfall from other SWTCAN public health units (\$105,923).
Young Adult Health	1,087,351	302,482	417,195	719,677	831,176	111,499	13.4%	993,557		1,108,234	\$ 114,677	10.3%	Lower spending in salaries \$71,173 and benefits \$11,504 due to staffing gap. Additional savings in travel \$8,000 program supplies \$20,000 as professional services \$3,000 and staff development \$ 1,000
Total Healthy Living	\$ 7,290,672	\$ 2,311,029	\$ 2,084,850	\$ 4,395,879	\$ 5,410,861	\$ 1,014,982	18.8%	\$ 8,638,866	\$ -	\$ 9,535,126	\$ 896,260	9.4%	After adjusting for unspent funds for Senior Dental Program in the first quarter, adjusted favourable variance to budget is \$564,670

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

As at September 30, 2020

	2019 YTD ACTUAL (NET)	2020 Q3	COVID Reclass	Q3 Restated	2020 YTD BUDGET (NET)	VARIANCE (OVER) / UNDER	% VARIANCE	DECEMBER FORECAST	FUNDING ADJUSTMENTS	2020 ANNUAL NET BUDGET	ANNUAL SURPLUS / (DEFICIT)	% VARIANCE	Comment / Explanation
Healthy Start													
Office of the Director	\$ 198,317	\$ 141,484	\$ -	\$ 141,484	\$ 159,355	\$ 17,871	11.2%	\$ 194,038		\$ 212,473	\$ 18,435	8.7%	Lower than planned travel \$2,400, program supplies \$7,750, staff development \$3,400 and other program costs \$1,300.
Best Beginnings	2,856,341	2,281,853	231,028	2,512,881	2,443,993	(68,888)	-2.8%	3,258,657		3,258,657	\$ -		HBHC and SSFB Programs are included with MLHU2 - assumes that funding will be fully spent.
Early Years Health	1,587,936	925,420	205,354	1,130,774	1,189,749	58,975	5.0%	1,484,990		1,586,332	\$ 101,342	6.4%	Lower spending in salaries \$56,532 and benefits \$14,660 due to staffing gap. Lower than planned program supplies \$25,000, travel \$1,000, and staff development \$3,500.
Reproductive Health	1,383,257	354,280	470,912	825,192	962,534	137,342	14.3%	1,141,312		1,283,379	\$ 142,067	11.1%	Lower spending in salaries \$64,968 and benefits \$13,752 due to staffing gap. Lower than planned program supplies \$34,000, travel \$7,000, staff development \$4,000, professional services \$11,500 and other program costs \$2,400. In addition, unplanned revenue was received \$4,447.
Screening Assessment and Intervention	2,103,417												
Total Healthy Start	\$ 8,129,267	\$ 3,703,037	\$ 907,294	\$ 4,610,331	\$ 4,755,631	\$ 145,300	3.1%	\$ 6,078,997		\$ 6,340,841	\$ 261,844	4.1%	
Office of the Chief Nursing Officer	\$ 501,352	\$ 175,748	\$ 166,547	\$ 342,295	\$ 591,988	\$ 249,693	42.2%	\$ 662,581		\$ 789,317	\$ 126,736	16.1%	Lower spending in salaries \$50,234 and benefits \$23,779 due to staffing gap. Lower than planned travel \$5,400 program supplies \$5,213, professional services \$33,000 other program costs \$7,700, and staff development \$1,500.
Office of the Medical Officer of Health													
Office of the Medical Officer of Health	\$ 446,995	\$ 324,771	\$ -	\$ 324,771	\$ 325,699	\$ 927	0.3%	\$ 423,265		\$ 434,265	\$ 11,000	2.5%	Anticipated savings in travel \$4,000 program supplies \$2,000 Staff development \$3,200 and other program costs \$1,500.
Communications	517,598	367,662	5,550	373,212	439,303	66,091	15.0%	570,952		585,737	\$ 14,785	2.5%	Anticipated savings in travel \$2,500 program supplies \$2,000 staff development \$2,250 and other program costs \$8,000.
Associate Medical Officer of Health	281,836	246,104		246,104	217,611	(28,493)	-13.1%	290,148		290,148	\$ -	0.0%	No variances anticipated at year-end
Population Health Assessment & Surveillance	576,519	434,424	170,033	604,458	650,300	45,843	7.0%	799,303		867,067	\$ 67,764	7.8%	Lower spending in salaries \$43,070 and benefits \$18,720 due to staffing gap. Lower than planned program supplies \$1,325, travel \$2,250, and staff development \$2,250.
Community Outreach & Clinical Support Servi	-	165,584	45,113	210,697	412,035	201,339	48.9%	574,660		549,380	\$ (25,280)	-4.6%	Higher than planned salaries (\$5,000) travel costs (\$4,300) and program supplies (\$20,000), partly offset by lower staff development costs \$2,000 and other program costs \$2,020
Total Office of the Medical Officer of Health	\$ 1,822,948	\$ 1,538,545	\$ 220,696	\$ 1,759,241	\$ 2,044,948	\$ 285,707	14.0%	\$ 2,658,328		\$ 2,726,597	\$ 68,269	2.5%	
Healthy Organization													
Office of the Director	\$ 345,488	\$ 309,005	\$ -	\$ 309,005	\$ 274,679	\$ (34,326)	-12.5%	\$ 510,266		\$ 366,239	\$ (144,027)		Unplanned salaries (\$188,433) and benefits (\$6,627) for VP Modernization / CEO partly offset by gapping to replace Director position and savings in travel \$11,873 Staff Development \$ 31,801 and Professional Services \$ 7,359
Finance	419,398	246,587	31,234	277,822	282,404	4,582	1.6%	376,539		376,539	\$ -		No variances anticipated at year-end
Human Resources	\$ 608,276	\$ 221,399	\$ 299,047	\$ 520,447	\$ 539,239	18,792	3.5%	712,440		718,985	\$ 6,545		Lower spending than anticipated on consulting / professional services.
Information Technology	1,246,931	832,132	111,212	943,344	906,699	(36,645)	-4.0%	1,234,082		1,208,932	\$ (25,150)		Unplanned variance for equipment purchases supporting new communications system \$25,150.
Privacy Risk & Governance	\$ 146,855	\$ 56,230	\$ 38,923	\$ 95,153	\$ 119,454	24,301	20.3%	137,471		159,272	\$ 21,801		Lower spending in salaries \$17,328 and benefits \$2,641 due to staffing gap and program supplies of \$ 1,831.
Procurement & Operations	283,271	133,145	176	133,321	140,866	7,545	5.4%	188,723		187,821	\$ (902)	-0.5%	Additional casual labour cost to support move to Citi Plaza
Program Planning & Evaluation	\$ 704,183	\$ 333,028	\$ 248,235	\$ 581,263	\$ 663,546	82,283	12.4%	834,518		884,728	\$ 50,210	5.7%	Lower spending in salaries \$45,635 and benefits \$4,575 due to staffing gap for program evaluator.
Strategic Projects	266,139	201,651	158	201,808	207,594	5,786	2.8%	276,792		276,792	\$ -		No variances anticipated at year-end
Total Healthy Organization	\$ 4,020,541	\$ 2,333,177	\$ 728,986	\$ 3,062,163	\$ 3,134,481	\$ 72,319	2.3%	\$ 4,270,831		\$ 4,179,308	\$ (91,523)	-2.2%	
General Expenses & Revenues	2,958,872	2,579,177	-	2,579,177	1,835,333	(743,844)	-40.5%	\$ 2,658,271		\$ 2,447,111	\$ (211,160)	-8.6%	General expenses have been adjusted to remove \$2,214,778 of leasehold fit-up costs and \$552,847 of furniture & equipment costs that will be capitalized. Higher operating costs are partly offset by lower spending in program supplies \$22,000 and other program costs \$16,840
Total Expenditures Before Expected Gapping	\$ 34,064,605	\$ 24,940,269	\$ 0	\$ 24,940,269	\$ 26,226,345	\$ 1,286,076	4.9%	\$ 36,411,211	\$ 2,391,946	\$ 35,216,085	\$ 1,196,820	3.4%	
Less: Expected Agency Gapping Budget					(855,644)	(855,644)		(1,140,858)		(1,140,858)	(1,140,858)		
TOTAL BOARD OF HEALTH EXPENDITURES	\$ 34,064,605	\$ 24,940,269	\$ 0	\$ 24,940,269	\$ 25,370,702	\$ 430,432	1.7%	\$ 35,270,353	\$ 2,391,946	\$ 34,075,227	\$ 55,962	0.2%	

Middlesex-London Health Unit
FACTUAL CERTIFICATE

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

The undersigned hereby certify that, to the best of their knowledge, information and belief after due inquiry, as at September 30, 2020:

1. The Middlesex-London Health Unit is in compliance, as required by law, with all statutes and regulations relating to the withholding and/or payment of governmental remittances, including, without limiting the generality of the foregoing, the following:
 - All payroll deductions at source, including Employment Insurance, Canada Pension Plan and Income Tax;
 - Ontario Employer Health Tax; and
 - Federal Harmonized Sales Tax (HST).Further, staff believe that all necessary policies and procedures are in place to ensure that all future payments of such amounts will be made in a timely manner.
2. The Middlesex-London Health Unit has remitted to the Ontario Municipal Employees Retirement System (OMERS) all funds deducted from employees along with all employer contributions for these purposes.
3. The Middlesex-London Health Unit is in compliance with all applicable Health and Safety legislation.
4. The Middlesex-London Health Unit is in compliance with applicable Pay Equity legislation.
5. The Middlesex-London Health Unit has not substantially changed any of its accounting policies or principles since December 8, 2016.
6. The Middlesex-London Health Unit reconciles its bank accounts regularly and no unexpected activity has been found.
7. The Middlesex-London Health Unit has filed all information requests within appropriate deadlines.
8. The Middlesex-London Health Unit is in compliance with the requirements of the Charities Act, and the return for 2019 has been filed.
9. The Middlesex-London Health Unit has been named in a complaint to the Human Rights Tribunal of Ontario by a former student. The hearing has been completed and a decision to dismiss has been rendered that found no violation of human rights. The individual filed an Application to Divisional Court for a Judicial Review which was dismissed. The individual is now seeking motion for leave to appeal. MLHU has also been named in a second complaint to the Human Rights Tribunal of Ontario by the same individual. This application is in respect to the recruitment of three management positions for which this individual was not selected for an interview.

10. The Middlesex-London Health Unit is fulfilling its obligations by providing services in accordance with our funding agreements, the Health Protection & Promotion Act, the Ontario Public Health Standards, as reported to the Board of Health through reports including but not limited to:

- Quarterly Financial Updates;
- Annual Audited Financial Statements;
- Annual Reporting on the Accountability Indicators;
- Annual Service Plans; and
- Information and Information Summary Reports.

Dated at London, Ontario this 2nd day of October, 2020

Christopher Mackie
Medical Officer of Health

Mirek Pawelec
Manager, Finance



MIDDLESEX-LONDON HEALTH UNIT

REPORT NO. 029-20FFC

TO: Chair and Members of the Board of Health

FROM: Christopher Mackie, Medical Officer of Health
Michael Clarke, CEO (Interim)

DATE: 2020 November 5

EMERGENCY CONTRACT AWARD

It is recommended that the Finance & Facilities Committee recommends the Board of Health receive Report No. 029-20FFC, re: “Emergency Contract Award” for information.

Key Points

- Emergency Procurement Protocols are required to support the recruitment of School-Focused Nurses in Public Health Units.
- Multiple bids were solicited, and 2 bids were received which were able to meet an expedited delivery schedule.
- The award of laptop purchases was issued to Stronghold Services which provided the lowest acceptable bid of \$48,364.

Background

On August 11th, a memorandum was issued by Dr. David Williams supporting the provincial investment of \$50 million to hire up to 500 additional school-focused nurses in public health units to provide rapid-response support to schools and boards in facilitating public health and preventative measures, including screening, testing, tracing and mitigation strategies.

Four weeks later, the Ministry of Health determined that 25 school nurses would be hired by the Middlesex-London Health Unit to support this investment. The recruitment cycle of these nurses would occur very quickly, and they would require computer equipment immediately to mobilize into the community.

In addition, an emergency purchase of fifty laptops was earlier this year to support the expansion of the COVID program, as described under report 023-20FFC. Three informal bids were provided at that time from an existing supplier pool. Stronghold Services provided the lowest acceptable bid, and, was awarded the contract.

Under the authority of the CEO, an additional emergency purchase of laptops was required to support the expansion of the COVID program. This purchase outside of Procurement Protocols was necessary as a delay would create an unexpected interruption of an essential public service.

Laptop Purchases

While the purchases were required immediately, informal quotations were solicited from existing suppliers. These suppliers were requested to supply and deliver the following materials:

- 1) 25 x ThinkPad L390 Yoga (20NT0004US)
- 2) 25 x ThinkVision P24h-10 24" Monitor (61AEGAR3US)
- 3) 25 x ThinkPad USB 3.0 to Ethernet Adapter (4X90S91830)
- 4) 25 x Three Year Depot Repair with Keep your Drive (5PS0A22969)
- 5) 25 x Kensington Smart Fit Easy Riser Go (50420) Lenovo L13 Yoga - 20R5001RUS
- 6) 25 x Three Year Accidental Damage Protection – 5PS0A23193
- 7) 25 x - 3 Year Keep Your Drive - 5PS0A23278

Two bids were received by September 8th and the lowest acceptable quote was provided by Stronghold Services Inc. at a value of \$48,364 inclusive of taxes. These laptops were placed on order and arrived two weeks later which was sufficient to meet the needs of new staff members. This expenditure will be funded through the COVID extraordinary costs funding from the Ministry of Health.

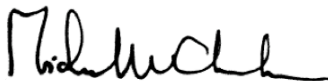
Next Steps

Staff will continue to work within existing financial policies to ensure that procurement processes are as robust as possible given the circumstances.

This report was prepared by the Procurement and Operations Team, Healthy Organization Division.



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



Michael Clarke, PhD
CEO (Interim)



TO: Chair and Members of the Board of Health

FROM: Christopher Mackie, Medical Officer of Health
Michael Clarke, CEO (Interim)

DATE: 2020 November 05

GOVERNANCE POLICY AND BY-LAW REVIEW

Recommendation

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

- 1) *Receive Report No. 030-20FCC re: “Governance Policy and By-Law Review”; and*
- 2) *Approve the new process for finance-related governance policies and by-laws appended to this report as [Appendix A](#).*

Key Points

- It is the responsibility of the Finance and Facilities Committee to make recommendations to the Board of Health regarding finance-related governance policies and by-laws.
- A new governance policy and by-law review process was approved by the Board of Health at its October 15, 2020 meeting, as outlined in [Report No. 012-20GC](#). A similar process is being recommended for finance-related governance policies and by-laws (included as [Appendix A](#) to this report) to align with the newly approved review process and to better support the Committee in carrying out its duties.
- The approved policy model requires that finance-related governance policies and by-laws be reviewed at least every two years. As outlined in [Report No. 006-20GC](#), review of several governance policies was deferred due to the COVID-19 pandemic. Two finance-related policies are currently past due for review and one is coming due for review in the next six months.

Background

In accordance with the Finance and Facilities Committee Terms of Reference (Policy G-290 Standing and Ad Hoc Committees), duties of the Finance and Facilities Committee include making recommendations on finance-related governance policy and by-law development and review.

Middlesex-London Health Unit (MLHU) administration assists with monitoring and reporting the status of finance-related governance policies and by-laws to the Finance and Facilities Committee. In addition, recommended changes to finance-related governance policies and by-laws are proposed by MLHU administration, based on their initial review, and brought forward to the Committee for their review at the next meeting. Committee members receive a package of policies that have been prepared for their review approximately one week prior to the committee meeting. Policy consultation takes place during the Finance and Facilities Committee meeting and proposed revisions are collated by MLHU administration and brought forward to the Governance Committee for further review and recommendation for approval by the Board.

Governance Policy and By-law Review Process

On October 15, 2020, a new governance policy review process was approved by the Governance Committee and the Board of Health (outlined in [Report No. 012-20GC](#)). A similar process is recommended (included as [Appendix A](#) to this report) to ensure that finance-related governance policies and by-laws are reviewed in a timely manner and to align with the review and approval process for all governance policies and by-laws. MLHU administration would continue to provide support to the Committee with the monitoring, reporting and administration of the policy review process.

Policy and By-law Review

As outlined in [Report No. 006-20GC](#), review of several governance policies was deferred due to the COVID-19 pandemic. There are currently two (2) finance-related governance policies that are past due for review:

- G-430 Informing of Financial Obligations
- G-205 Borrowing

Next Steps

The Finance and Facilities Committee recommend that the Board of Health approve and implement the new review process for finance-related governance policies and by-laws.

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



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



Michael Clarke, PhD
CEO (Interim)

Notes

1. Chair, Governance Committee and Manager, Strategic Projects assigned to the "Governance Committee" team in Policy Manager and designated as a reviewer.
2. Reviewers receive notifications when policies are due for review on the 25th of every month.
3. Chair, Governance Committee will circulate the policy to other committee members, and Finance and Facilities Committee members, where applicable, via email and collect feedback by the 1st of the month.
4. MLHU administration may be the Manager, Strategic Project / Manager, Privacy, Risk & Governance.
5. MLHU administration is responsible for the edits in Policy Manager and oversees the publishing of all approved policies.

