BUREAU DE SANTÉ DE MIDDLESEX-LONDON HEALTH UNIT
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AGENDA
MIDDLESEX-LONDON BOARD OF HEALTH

Thursday, November 26, 2020, 7:00 p.m.
Microsoft Teams

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. Maureen Cassidy (Chair)
Ms. Aina DeViet (Vice-Chair)
Mr. John Brennan
Ms. Kelly Elliott
Ms. Tino Kasi
Ms. Arielle Kayabaga
Mr. Ian Peer
Mr. Bob Parker
Mr. Matt Reid

SECRETARY-TREASURER

Dr. Christopher Mackie

DISCLOSURE OF CONFLICTS OF INTEREST

APPROVAL OF AGENDA

MINUTES

Approve:	October 15, 2020 Board of Health October 29, Special meeting of the Board of Health
Receive:	November 5, 2020 Finance and Facilities Committee

Item #	Delegation	Recommendation	Information	Report Name and Number	Link to Additional Information	Overview and Lead
Reports and Agenda Items						
1.	**X**	**X**	**X**	Finance & Facilities Committee Meeting Summary November 5 , 2020 (Report No. 047-20)	November 5, 2020 Agenda	To provide an update of the November 5, 2020 Finance & Facilities Committee meeting. Lead: Ms. Kelly Elliott, Chair, Finance & Facilities Committee
2.		**X**		Board of Health – Executive Committee (Report No. 048-20)		To recommend that a standing Executive Committee of the Board be formed to expedite the work of the Board, reducing the need for calling Special Meetings of the full Board on Board-approved subset of governance issues. Lead: Dr. Michael Clarke, CEO (Interim)
3.		**X**	**X**	COVID-19 Recovery Recommendations: Emerging and Priority Public Health Issues (Report No. 049-20)	Appendix A	To provide information on the the five priority areas for MLHU identified during COVID-19 recovery planning: food insecurity, domestic violence (intimate partner violence and child abuse), racism, substance misuse, and mental health. Lead: Ms. Heather Lokko, Director Healthy Start and Chief Nursing Officer
4			**X**	Status Report on MLHU's COVID-19 Response Capacity and Impacts on Non-COVID-19 Programs (Report No. 050-20)		To provide the Board with a view of the current status of resources to meet the needs of both COVID-19 and non-COVID work. To respond to existing public health priorities and the demands of COVID-19, additional resources may be needed in the near future. Lead: Dr. Alexander Summers, Associate Medical Officer of Health
5			**X**	Summary Report (Report No. 051-20)		To provide information on a communications strategy to reach priority groups

						Lead: Dr. Christopher Mackie, Medical Officer of Health
6			**X**	Public Health Inspector Enforcement Actions and Inspection Activities – Q3 of 2020 and COVID-19 Support Activities (Report No. 052-20)		To provide Q3 inspection data. Lead: Mr. Stephen Turner, Director Environmental Health and Infectious Diseases
7			**X**	Impact of Redeployments on Public Health Inspection Activities (Report No. 053-20)		To provide information on the pressures to deliver services due to staff redeployments to respond to COVID-19 Lead: Mr. Stephen Turner, Director Environmental Health and Infectious Diseases
8			**X**	Remote Work (Verbal)		Lead: Dr. Michael Clarke, CEO (Interim)
9			**X**	MOH Activity Report – November (Report No. 054-20)	Appendix A	To provide an update on external meetings attended by the Medical Officer of Health since the last Board of Health meeting. Lead: Dr. Christopher Mackie, Medical Officer of Health
Correspondence						
10		**X**	**X**	November 2020 Correspondence		To receive correspondence items a) through g) for information and endorse item g).

OTHER BUSINESS

- Next Board of Health Meeting: December 10, 2020

CONFIDENTIAL

The Board of Health will move in-camera to consider matters regarding labour relations and identifiable individuals, litigation or potential litigation, including matters before administrative tribunals, affecting the Middlesex-London Board of Health, and advice that is subject to solicitor-client privilege, including communications necessary for that purpose.

ADJOURNMENT

PUBLIC SESSION – MINUTES
MIDDLESEX-LONDON BOARD OF HEALTH

Thursday, October 15, 2020, 7:00 p.m.

Microsoft Teams

MEMBERS PRESENT:
Ms. Maureen Cassidy (Chair)
Ms. Aina DeViet (Vice-Chair)
Mr. John Brennan
Ms. Kelly Elliott
Mr. Bob Parker
Mr. Ian Peer
Mr. Matt Reid
Ms. Tino Kasi
Ms. Arielle Kayabaga

OTHERS PRESENT:
Dr. Christopher Mackie, Medical Officer of Health (Secretary Treasurer)
Ms. Lynn Guy, Executive Assistant to the Medical Officer of Health and Associate Medical Officer of Health (Recorder)
Dr. Alexander Summers, Associate Medical Officer of Health
Dr. Michael Clarke, CEO (Interim)
Ms. Nicole Gauthier, Acting Director, Healthy Organization
Ms. Heather Lokko, Director, Healthy Start
Ms. Maureen MacCormick, Director, Healthy Living
Ms. Cynthia Bos, Manager, Human Resources
Mr. Dan Flaherty, Manager, Communications
Mr. Alex Tyml, Online Communications Coordinator
Mr. Jason Micallef, Marketing Coordinator

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

DISCLOSURE OF CONFLICT OF INTEREST

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

APPROVAL OF AGENDA

It was moved by Mr. Peer, seconded by Ms. DeViet, *that the **AGENDA** for the October 15, 2020 Board of Health meeting be approved.*

Carried

MINUTES

It was moved by Mr. Parker, seconded by Ms. Kayabaga, *that the MINUTES of the September 17, 2020 Board of Health meeting be approved.*

Carried

It was moved by Mr. Parker, seconded by Ms. Kayabaga, *that the MINUTES of the July 16, 2020 Governance Committee be received.*

Carried

REPORTS AND AGENDA ITEMS

Governance Committee Verbal Update

Ms. DeViet, Chair, Governance Committee, advised the Board of Health that there are approximately a dozen policies that are passed due for review and about the same number that are coming due.

The recommendation is to start a new process to spread the workload out for the Governance Committee members between meetings. They will be able to submit suggestions prior to the meeting for discussion.

Report No. 012-20GC Governance By-Law and Policy Review

It was moved by Ms. De Viet, seconded by Ms. Kayabaga, *that the Board of Health:*

1. *Receive Report No. 012-20 GC re: "Governance By-Law and Policy Review";*
2. *Approve the new governance policy review process appended to this report as Appendix A); and*
3. *Approve the governance policy appended to this report as Appendix D.*

Carried

Update on Confidential Board of Health Reports and Criteria (Report No. 046-20)

Dr. Mackie spoke to this report. He noted that the main change is that going forward, staff will use the criteria outlined in the template to advise why their report is being brought forward as an in-camera item.

It was moved by Mr. Peer, seconded by Ms. Kasi, *that Report No. 0046-20 re: "Update on Confidential Board of Health Reports and Criteria" be received for information*

Carried

COVID-19 Update (verbal)

Dr. Summers provided this verbal update. He noted that it has been a very few weeks. The Province is reporting anywhere from 700-900 cases per day and this signifies that we are in the second wave of the pandemic. Hot spots in Ontario have moved to a modified stage 2.

Locally, the Health Unit saw 25 cases last Sunday, the highest number since the beginning of the pandemic. There has been little transmission within the schools, however there has been an increase in Long-Term Care and Retirement homes.

Robust local interventions are well underway to ensure businesses and schools stay open.

Operationally, MLHU staff have once again been redeployed. The hiring initiative for the COVID Team and backfills, enhancements largely successful.
Dr. Summers noted that the objectives for case and contact management are being met and staff are continuing to evolve the process for case and contact management.

Mr. Parker asked how long test results are taking to come in and how long is it taking to get tested. Dr. Summers noted that prior to school starting, there was a backlog. Since the Assessment Centres have adjusted their process, that has helped. They are moving away from "everyone" gets tested to only those with symptoms and those who may have been exposed. That has also helped. Dr. Summers advised that it is currently taking about 24-48 hours for lab results. He said that the struggle now is ensuring that the people who need to get tested, get tested in a timely manner.

Mr. Peer provided his insight and gratitude.

Ms. Kayabaga asked about testing downtown and the school system policies. Dr. Summers noted that the responsibility for testing lies with the hospital system and MLHU partners. He noted that there are still only two assessment centres in the region, but noted that some primary care givers are providing limited testing. London Paramedics are working with MLHU to get testing at various other locations when necessary.
Dr. Summers noted that children with symptoms of a cold could actually have COVID. It is a challenge to determine whether or not to send them to school. He said that people should use the on-line screening tool for children. He briefly explained how the tool works.

Ms. Kayabaga asked if the Assessment Centres will remain public. Dr. Summers noted that he can only assume that any expansions of testing centres would remain through the public service.

Ms. DeViet asked about case and contact management. She was reminded that in the spring the Health Unit used volunteer medical students. How is the process working now? Dr. Summers noted that having the Medical Students from Western was great. Now that they are back in school, contact tracers are currently being interviewed and hired. Case investigating and contact tracers is ideally done by the same person. As case numbers climb, case and contact needs to be separated so that they are being done by separate people to utilize expertise and skills.

Chair Cassidy asked if based on what happened in the first wave, when can we anticipate the peak to come this time. Dr. Summers noted that the Health Unit monitors the data very closely. Dr. Mackie noted that the first wave ended when dramatic measures were put in place. Now that the cold weather is coming, more people are indoors, therefore there are more opportunities to spread the disease. There is a good reason to believe that this will grow until more public health measures and restrictions are put in place. It was noted however that there is a downside to additional restrictions on the community and can be very disruptive.

Chair Cassidy asked about the flu season and the spread. Dr. Summers noted that there is some favourable evidence this year that the flu season will not be as bad as last year. He noted that he believes there will be a higher uptake of the flu vaccine. The measures that we are using for COVID, handwashing etc. will help stop the spread of influenza.

It was moved by Ms. DeViet, seconded by Ms. Elliott *that the Board of Health receive "COVID-19 Verbal Update" for information.*

Carried

Medical Officer of Health Activity Report For October (Report No. 047-20)

It was moved by Mr. Peer, seconded by Mr. Parker, *that Report No. 047-20 re: "Medical Officer of Health Activity Report for October" be received for information.*

Carried

CORRESPONDENCE

Chair Cassidy inquired if there were any questions, hearing none she asked for a mover and seconder.

It was moved by Mr. Reid, seconded by Ms. Kasi, *that the Board of Health receive items a) through c) for information.*

Carried

Other Business

Next meeting – November 26, 2020

Chair Cassidy noted that the meeting for November will be one week later to accommodate Board Members to attend the Pillar Community Innovation Awards.
Tickets are available if you contact Lynn Guy.

CONFIDENTIAL

At 7:47 p.m., it was moved by Mr. Peer, seconded by Mr. Parker, *that the Board of Health move in-camera to consider matters regarding labour relations and identifiable individuals*

Carried

At 8:40 p.m. it was moved by Mr. Peer, seconded by Ms. Elliott, *that the Board of Health return to public session.*

Carried

ADJOURNMENT

At 8:41 p.m., it was moved by Mr. Peer, seconded by Mr. Reid, *that the meeting be adjourned.*

Carried

MAUREEN CASSIDY	**CHRISTOPHER MACKIE**
Chair	**Secretary-Treasurer**

PUBLIC SESSION – MINUTES
MIDDLESEX-LONDON BOARD OF HEALTH

Special Meeting
Thursday, October 29, 2020, 7:00 p.m.
Microsoft Teams

MEMBERS PRESENT: Ms. Maureen Cassidy (Chair)
Ms. Aina DeViet (Vice-Chair)
Mr. John Brennan
Ms. Kelly Elliott
Mr. Bob Parker
Mr. Ian Peer
Mr. Matt Reid
Ms. Tino Kasi
Ms. Arielle Kayabaga

OTHERS PRESENT: Dr. Christopher Mackie, Medical Officer of Health (Secretary Treasurer)
Ms. Lynn Guy, Executive Assistant to the MOH/CEO (recorder)
Dr. Michael Clarke, CEO (interim)
Ms. Jodi Gallagher Healy, Hicks Morley

Chair Cassidy called the meeting to order at 7:07 p.m.

DISCLOSURE OF CONFLICT OF INTEREST

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

APPROVAL OF AGENDA

It was moved by Mr. DeViet, seconded by Mr. Peer, *that the **AGENDA** for the October 29, 2020 Board of Health meeting be approved.*

Carried

CONFIDENTIAL

At 7:08 p.m., it was moved by Mr. Kayabaga seconded by Ms. De Viet, *that the Board of Health move in-camera to consider matters regarding labour relations and identifiable individuals.*

Carried

At 9:38 p.m. it was moved by Ms. DeViet, seconded by Mr. Reid, *that the Board of Health return to public session.*

Carried

ADJOURNMENT

At 9:38 p.m., it was moved by Mr. Brennan, seconded by Ms. DeViet, *that the meeting be adjourned.*

Carried

MAUREEN CASSIDY
Chair

CHRISTOPHER MACKIE
Secretary-Treasurer

PUBLIC MINUTES
FINANCE & FACILITIES COMMITTEE
50 King Street, London
Middlesex-London Health Unit
Thursday, November 5, 2020 9:00 a.m.

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

REGRETS: Ms. Tino Kasi

OTHERS PRESENT: Dr. Christopher Mackie, Secretary-Treasurer
Ms. Lynn Guy, Executive Assistant to the Medical Officer of Health (Recorder)
Mr. Bob Parker, Board of Health
Dr. Michael Clarke, CEO (Interim)
Mirek Pawelec, Manager Finance
Ms. Nicole Gauthier, Human Resources
Dr. Alexander Summers, Associate Medical Officer of Health
Ms. Heather Lokko, Director Healthy Start and Chief Nursing Officer
Ms. Maureen MacCormick, Director Healthy Living
Mr. Stephen Turner, Director Environmental Health and Infectious Diseases
Mr. Joe Belancic, Manager Procurement and Operations
Dan Flaherty, Manager, Communications
Mr. David Rizzuti, Medical Student
CTV Reporter,

At 9:00 a.m., Chair Elliott called the meeting to order.

DISCLOSURES OF CONFLICT(S) OF INTEREST

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

APPROVAL OF AGENDA

At this time, Chair Elliott asked for a mover and seconder to amend the agenda to reflect holding the in-camera session at the beginning of the meeting.

It was moved by Mr. Peer, seconded by Ms. Cassidy, that the agenda be amended to reflect an in-camera session at the beginning of the meeting.

Carried

It was moved by Ms. Kasi , seconded by Ms. Cassidy , *that the amended* ***AGENDA*** *for the November 5, 2020 Finance and Facilities Committee meeting be approved.*

Carried

Chair Elliott asked for a mover and seconder to move in-camera.

At 9:02 p.m., it was moved by Ms. DeViet, seconded by Mr. Peer, *that the Finance and Facilities Committee move in-camera to discuss matters regarding identifiable individuals and labour relations*.

Carried

At 9:07, it was moved by Mr. Peer, seconded by Ms. Cassidy, that the Finance & Facilities Committee return to public session.

Carried

APPROVAL OF MINUTES

It was moved by Mr. Peer, seconded by Ms. Cassidy, *that the **MINUTES** of the September 10, 2020 Finance and Facilities Committee meeting be approved.*

Carried

NEW BUSINESS

4.1 2021 Budget – PBMA Proposals (Report No. 027-20FFC)

This discussion began by noting that this is an extraordinary year and the Health Unit will feel the impacts of COVID-19 well into 2021 and beyond. There will most likely be an impact on funders, difficulty in fulfilling our mandates and keeping the pandemic under control.
Mirek Pawelec, Manager, Finance provided the committee with a PowerPoint Presentation to further discuss the 3 categories of proposals. Further discussion in regard to the following investments ensued:

Substance Use Prevention & Drug Strategy Prevention Focused Support – It was noted that the hiring of 1.0 FTE Public Health Nurse would assist with the coordinating and moving forward a strategy with community partners. The Health Unit is not the main service provider in this area.

iHEAL Program – It was noted that there have been increased rates of woman abuse since the beginning of the pandemic. There is significant evidence that this program is working and effective in supporting women during "moving out" phase of leaving abusive partners. Ms. Lokko noted that this is a good time to strengthen partnerships and staff are working with the Strathroy Women's Shelter. She noted that this is a comprehensive and multipronged approach to creating a safer environment. Ms. Cassidy noted that this initiative will tie in with the City's Strategic Plan to keeping women and girls safe.

Discussion also ensued in regard to the following:

Provincial funding formula for Health Units and the impact on municipal funders;
Provincial funding for COVID related expenses in 2021 related to the Board of Health's approval of the 2021 COVID program costs, for which the Ministry of Health has not yet provided funding guidance.

It was moved by Mr. Peer, seconded by Ms. Cassidy, *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.

Carried

4.2 Q3 Financial Update and Factual Certificate (Report No. 028-20FFC)

The extensive work to meet November 13th timeline to submit the Annual Service Plan to the Ministry was noted. It was also noted that an extension to submit the Risk Analysis was requested and approved.

It was moved by Ms. DeViet, seconded by Ms. Cassidy, *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.*

Carried

4.3 Emergency Contract Award (Report No. 029-20FFC)

Dr. Clarke noted that there was a massive undertaking of recent new hires to meet the needs of the COVID response. He also wanted to acknowledge the heroic efforts of the Healthy Organization Division to accomplish this task. Mr. Belancic noted that two quotes were received, and the Health Unit went with the lowest bid. Stronghold Communications ensured timely delivery and pricing.

Conversation went back to the hiring and recruiting of school focused related nurses. Dr. Mackie noted that the positions are on contract until the end of 2021, but that funding will go longer, and some will stay until the end of the school year. He noted that the School Boards are happy with additional MLHU staff in the schools. An evaluation in regard to the additional school nurses is being undertaken.

Mr. Peer noted that this is a great example of how the Health Unit has been flexible and responsive to the needs in the community. He also thanked staff for the job well done.

Mr. Belancic also thanked the staff in Healthy Organization for putting all of the measures in place to ensure staff can work remotely in an efficient manner.

Ms. Cassidy also provided words of gratitude.

It was moved by Mr. Peer, seconded by Ms. Cassidy, *that the Finance & Facilities Committee recommends the Board of Health receive Report No. 029-20FFC, re: "Emergency Contract Award" for information.*

Carried

4.4 Governance Policy and By-Law Review (Report No. 030-20FFC)

Dr. Clarke noted that at their last meeting, the Governance Committee approved a revised process for reviewing policies and by-laws and that they are proposing the same process for Finance & Facilities related policies and by-laws.
Ms. DeViet, Chair of the Governance Committee noted that the first batch of governance policies will be reviewed this week.
Ms. Ramer and Ms. Gauthier were thanked for their work to get this new process in place.

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

1) *Receive Report No. 030-20FFC 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.*

Carried

4.5 Insurance Assessment and Recommendation (Verbal)

Mr. Pawelec noted that the Health Unit's main insurance provider does not currently have a cyber insurance underwriter but will have someone by the end of 2020. It was noted that the existing coverage that the Health Unit has for cyber issues is fully comprehensive and the coverage would meet the needs. The current plan expires on March 1st, 2021 so will need to go out to Market before then. The Health Unit will look for equivelent or better coverage at that time.

It was moved by Mr. Peer, seconded by Ms. DeViet, *that the Finance and Facilities Committee receive verbal report: "Insurance Assessment and Recommendation" for information.*

Carried

OTHER BUSINESS

Next meeting: December 3, 2020

ADJOURNMENT

At 10:13 a.m., it was moved by Mr. Peer, seconded by Ms. Cassidy, *that the meeting be adjourned.*

Carried

At 10:13 a.m., Chair Elliott *adjourned the meeting*.

KELLY ELLIOTT	**CHRISTOPHER MACKIE**
Chair	**Secretary-Treasurer**

MIDDLESEX-LONDON HEALTH UNIT

REPORT NO. 047-20

TO: Chair and Members of the Board of Health

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

DATE: 2020 November 26

FINANCE & FACILITIES COMMITTEE MEETING – November 5, 2020

The Finance & Facilities Committee (FFC) met at 9:00 a.m. on Thursday, November 5, 2020. A summary of the Committee's discussions can be found in the draft minutes.

Reports	Recommendations for Information and Board of Health Consideration
2021 Budget – PBMA Proposals **(Report No. 027-20FFC)**	It was moved by Mr. Peer, seconded by Ms. Cassidy, *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.* Carried
Q3 Financial Update and Factual Certificate **(Report No. 028-20FFC)**	It was moved by Ms. DeViet, seconded by Ms. Cassidy, *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.* Carried
Emergency Contract Award **(Report No. 029-20FFC)**	It was moved by Mr. Peer, seconded by Ms. Cassidy, *that the Finance & Facilities Committee recommends the Board of Health receive Report No. 029-20FFC, re: "Emergency Contract Award" for information.* Carried
Governance Policy and By-Law Review **(Report No. 030-20FFC)**	It was moved by Ms. DeViet, seconded by Ms. Cassidy, *that the Finance & Facilities Committee recommend the Board of Health:* *1) Receive Report No. 030-20FFC 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.* Carried
Insurance Assessment and Recommendation **(Verbal report)**	It was moved by Mr. Peer, seconded by Ms. DeViet *that the Finance and Facilities Committee receive verbal report: "Insurance Assessment and Recommendation" for information.* Carried

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

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

Michael Clarke, PhD
CEO (Interim)

MIDDLESEX-LONDON HEALTH UNIT

REPORT NO. 048-20

TO: Chair and Members of the Board of Health

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

DATE: 2020 November 26

BOARD OF HEALTH: EXECUTIVE COMMITTEE

Recommendation

It is recommended that the Board of Health request the Governance Committee to undertake the development of the necessary By-laws and policies needed to create a standing Executive Committee.

Key Points

- A Board Executive Committee facilitates and expedites the work of a Board, reducing the need for calling Special Meetings of the full Board on a Board-approved subset of governance issues.
- Several Ontario Public Health Units have created Executive Committees for this purpose.
- The MLHU By-laws and policies required to establish an Executive Committee can be developed by the Governance Committee for presentation to and approval of the Board in 2021.

Background

It is necessary from time to time for the Board of Health to undertake essential business matters in an urgent or expedited manner between regular monthly meetings. At the present time, addressing such matters requires the Board Chair calling a Special Meeting of the full Board with the associated expectation that quorum will be needed to arrive at resolution of the matter(s) at hand.

As a standing committee of the Board, an Executive Committee (the "Committee") can be authorized to conduct such business on behalf of the full Board. Such authorization is defined in the Terms of Reference of the Committee which clearly specifies the nature of the business that the Executive Committee can undertake on behalf of the Board and which items of business can be addressed only by the full Board of Health.

The composition of the Committee, the terms of service by members and the procedures that govern its activities are defined in the Committee's Terms of Reference. It is recommended that the Board request that the Governance Committee, with support from the CEO (Interim), undertake the preparation of the Terms of Reference along with the necessary By-laws and policies necessary to create the Committee and presented to and approved by the Board in 2021.

This report was prepared by the Chief Executive Officer (Interim)

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

Michael Clarke, PhD
CEO (Interim)

MIDDLESEX-LONDON HEALTH UNIT

REPORT NO. 049-20

TO: Chair and Members of the Board of Health

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

DATE: 2020 November 26

COVID-19 RECOVERY RECOMMENDATIONS: EMERGING AND PRIORITY PUBLIC HEALTH ISSUES

Recommendation

It is recommended that the Board of Health:

1) ***Receive Report No.049-20 re "COVID-19 Recovery Recommendations: Emerging and Priority Public Health Issues" for information; and***
2) ***Approve the five priority areas for MLHU identified during COVID-19 recovery planning: food insecurity, domestic violence (intimate partner violence and child abuse), racism, substance misuse, and mental health.***

Key Points

- COVID-19 Recovery planning with five key objectives commenced in May 2020, with one objective focused on emerging and priority public health issues.
- Five priorities were identified: food insecurity, domestic violence (intimate partner violence and child abuse), racism, substance misuse, and mental health.
- Twenty-four program and process recommendations have been endorsed by the Senior Leadership for organizational implementation.

Background

The MLHU Board of Health received a report in June 2020 (Report No. 008-20GC) which outlined the five objectives of COVID-19 recovery planning initiated in May 2020, and information about the Return to Operations dashboard that was developed. Recovery planning efforts in each of the five key areas has continued to progress.

One of the recovery objectives focuses on emerging and priority public health issues associated with the COVID-19 pandemic and public health measures: *To assess and/or anticipate community impacts and emerging public health issues and needs post-pandemic and develop concrete plans for public health strategies and activities to address these issues and needs.*

Guiding principles for planning efforts on this particular recovery objective included the following:

- Keep the process feasible for the time frame available.
- Focus primarily on longer-term public health issues that may have resulted from or been exacerbated by COVID and its associated public health measures.
- Consider potential implications of these issues for MLHU's work during COVID.
- Use various types of evidence (data, literature, political context, emerging evidenced, public health expertise), and recognize that local data during the timeframe of the pandemic may not be easily accessible and that research evidence is continuing to evolve.
- Leverage existing work / partnerships / initiatives, and also look at possible new initiatives or interventions.

- Recognize that recommendations will require long-term commitment and that MLHU may need to prioritize its work differently than it currently does, in order to ensure there are enough resources to see an impact in the community on these issues.

Planning Process

A group of individuals was identified to engage in planning for this recovery objective, with representation from the Planning and Evaluation team, the Population Health Assessment and Surveillance team, ONA, and the Healthy Start and Healthy Living management teams.

The group brainstormed possible emerging and/or exacerbated public health issues stemming from the COVID-19 pandemic, based on existing knowledge and emerging evidence. The long list of potential issues was prioritized down to five issues based on need, impact, capacity (existing and potential), alignment with organizational priorities, and public health mandate: food insecurity, domestic violence (intimate partner violence and child abuse), racism, substance misuse, and mental health. Group members divided into subgroups and sourced and reviewed available evidence and data to better understand each issue and confirm whether it was a public health priority or not. While full literature reviews on public health interventions for each issue were not completed due to time and capacity, group members did ground their work in data wherever possible, and considered existing work that could be leveraged and/or possible new interventions that could be explored.

Other health units have gone through similar processes, the results of which aligned well with the prioritization of issues and included recommendations presented here. The MLHU Planning and Evaluation Framework's Evidence Summary Tool was used to organize and document evidence for each of the five priority areas. The large group reviewed the evidence gathered and drafted recommendations for Senior Leadership Team consideration. Briefing notes for each topic were written and additional information related to the recommendations was generated to support the Senior Leadership Team in their decision-making process.

Recommendations for Emerging and Priority Public Health Issues

The Senior Leadership Team (SLT) was provided with five briefing notes, one on each priority issue, which gave background information foundational to the recommendations. Additional clarifying information on the following was provided for each recommendation: alignment with core public health functions, duration, status (new or enhancement of existing action), programs affected, priority areas addressed, and PBMA proposal requirement (2020, 2021, none, or unknown).

SLT individually and collectively reviewed and considered each of the 14 program and 10 process recommendations, and after further clarification and deliberation, endorsed them for organizational implementation. For a list of the recommendations, please see Appendix A.

Next Steps

Implications of the COVID-19 pandemic are far-reaching in both the short and long-term. Although research and data are still emerging, it seems that a number of public health issues have been exacerbated and require prioritization to prevent further public health challenges. Through recover planning processes, MLHU is prioritizing five public health issues, and has identified numerous recommendations to address these issues. Recommendations leverage existing activities and partnerships, as well as identify new interventions for implementation. All recommendations will require organizational commitment and some degree of investment or reprioritization to ensure successful implementation. Implementation details will be further elaborated by directors, managers, and staff across various program areas.

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

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

Michael Clarke, PhD
CEO (interim)

APPENDIX A
Report No. 049-20

COVID-19 Recovery & Renewal Objective #5: Emerging and/or Priority Public Health Issues

RECOVERY RECOMMENDATIONS

Recommendations	
Program Recommendations	
1.	Collaborate with the Population Health Assessment and Surveillance (PHAS) Team to gather information from the local Middlesex-London community on the impacts of COVID-19 on various health outcomes through the RRFSS Fall 2020 online COVID-19 survey.
2.	Ensure ongoing surveillance of indicators related to each priority area to identify and monitor direct and indirect COVID-19 impacts over time.
3.	Systematically collect, analyze and use sociodemographic and race-based data in all relevant MLHU programs.
4.	Partner with other organizations to engage in research on racism and its health impacts on minorities in Middlesex-London.
5.	Ensure future MLHU emergency and pandemic plans include and embed best practices for mental health, violence prevention, and food security as specified by the World Health Organization (IASC) guidance and standards during emergencies.
6.	Support partner organizations serving the public in the areas of mental health, domestic violence, and substance use to resume and/or maintain in-person services as much as possible during current and/or future periods of public health restrictions.
7.	Dedicate MLHU representation on the London Community Recovery Network with allocation of resources to support work that comes out of this that fits with Public Health mandate.
8.	Embed information related to priority areas (i.e., mental health, food insecurity, substance use, domestic violence, racism) in COVID-19 messaging, and target priority populations as needed to ensure effective messaging.
9.	Integrate screening and risk assessments to identify mental health issues, substance misuse, violence, and food insecurity into public health programming, including COVID, and subsequent support and/or referrals as appropriate.
10.	Inform healthy public policy related to basic income, employment (e.g. paid sick leave, healthcare and benefits) and housing support during and beyond COVID-19.
11.	Invest in delivering the iHEAL (Intervention for Health Enhancement and Living) Program to support women to successfully exit an abusive relationship.
12.	Consider expansion of the Nurse Family Partnership Program (i.e., lift age restriction) given the strong evidence of effectiveness in preventing child abuse and neglect.
13.	Dedicate resources for MLHU to have a Black individual lead and/or actively engage in anti-Black racism work in the community.
14.	Invest and commit more resources to support the Middlesex-London Community Drug and Alcohol Strategy (CDAS) by: a. Leveraging existing policy windows to inform policy change (e.g., safer supply, decriminalization of personal possession of illicit drugs, basic income, affordable housing); b. Actively leading and/or participating in implementation of the Prevention pillar recommendations; c. Considering providing coordination of and backbone support for the Strategy.

Recommendations	
Process Recommendations	
15.	Reprioritize allocation of human resources within all relevant program areas across MLHU to ensure adequate focus on program implementation in each of the identified priority areas (i.e., racism, mental health promotion, food insecurity, substance use, domestic violence).
16.	Ensure mechanism and allocation of resources to engage in ongoing monitoring of emerging evidence and promising practices in each priority area.
17.	In collaboration with the Health Equity and other program teams and organizational committees, enhance staff knowledge and capacity related to trauma and violence informed approaches, mental health literacy, racism and cultural safety, substance use issues, etc. to support successful implementation of recommendations.
18.	Ensure allocation of time and resources to implement recommendations internally from the Diversity and Inclusion Assessment.
19.	Maintain a minimum level of program staff in each of the priority areas during the pandemic response. • Ensure delivery of family-based and school programs as effective prevention to enhance protective factors and reduce risk factors among children and youth related to the identified priority areas (i.e. mental health, violence, substance use, food insecurity, racism) • Prioritize connection and collaboration with local partners relevant to priority areas (e.g., London Coordinating Committee to End Woman Abuse (LCCEWA), CDAS, Food Policy Council, etc.).
20.	Develop a consistent and accountable process to ensure all programs consider individual and systemic health inequities experienced by visible minorities and modify programming as required to address these inequities.
21.	Involve priority populations in all phases of planning, implementing, and evaluating public health programs, where feasible.
22.	Build off internal reviews in progress or previously completed, such as the Mental Health program review, Violence Prevention program review, and Growth and Development program review (e.g. develop a MLHU framework for mental health promotion), and existing internal committees (e.g., Intimate Partner Violence and Client Care Committee).
23.	Provide information from this recovery and renewal planning process to relevant program areas for integration into existing programs.
24.	Ensure organizational integration and coordination of work for each priority area (e.g. key staff working collaboratively in the areas of mental health promotion, substance use, domestic violence, food insecurity, health equity, etc.).

MIDDLESEX-LONDON HEALTH UNIT

REPORT NO. 050-20

TO: Chair and Members of the Board of Health

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

DATE: 2020 November

STATUS REPORT ON MLHU'S COVID-19 RESPONSE CAPACITY AND IMPACTS ON NON-COVID-19 PROGRAMS

Recommendation:

It is recommended that the Board of Health receive Report No. 050-20 re: "Status report on MLHU's COVID-19 response capacity and impacts on non-COVID-19 programs" for information.

Key Points

- In July 2020, the Board of Health approved a significant investment to support MLHU's response to the COVID-19 pandemic. The investment recognized that the ongoing pandemic response required additional resources that corresponded to the expanded mandate of the MLHU.
- Since that time, MLHU has temporarily increased the organization's workforce by approximately 60 FTE, with an increased headcount of 54 people. As a result, MLHU has been able to continue portions of its pre-pandemic operations.
- However, given subsequent waves of COVID-19 and a rising baseline incidence of disease, ongoing redeployments have been required from other programs across MLHU.
- If the incidence of COVID-19 continues to rise or fails to fall, the MLHU will have to continue to prioritize activities in both the COVID-19 response and non-COVID-19 programs.

Background

The first laboratory-confirmed COVID-19 case in the Middlesex-London region was reported to the Middlesex-London Health Unit (MLHU) on January 24, 2020. Up to November 18, 2020, a total of 1,391 confirmed COVID-19 cases and 63 related deaths have been reported among residents of Middlesex and London.

The pandemic has resulted in a substantial increase in work for the MLHU, including surveillance, case and contact management, outbreak response, health communication, guidance and enforcement of public health measures and regulations, and liaison with health and non-health sector partners. During the first wave of the pandemic, spanning from mid-March to June 2020, the response required substantial overtime and redeployment of up to 70% of the organization. This redeployment significantly limited and constrained other MLHU operations.

In July 2020, to continue important pre-pandemic work and support the ongoing pandemic response, the Board approved a plan for a sustainable response to COVID-19. The proposed response was structured around three tiers of escalating levels of COVID-19 prevalence in the community. The initial proposal was

structured and resourced to respond to the initial two tiers. At the third tier, redeployment of staff from across the organization would be required once again.

As of November 2020, a majority of the enhanced staffing positions have been filled. In addition to the Board-approved enhancements, in July 2020 the provincial government also provided one-time funding to hire additional public health nurses to support schools. Since July 2020, MLHU has temporarily increased its workforce by approximately 60 FTE, with an increased headcount of 54 people. A full update is detailed in Appendix A.

Level	Seven Day Incidence per 100,000*	Hours of Operation	Days at this Level since March 1	Percent of days
1 – Baseline	< 2.8	Monday to Friday 9 am to 5 pm	65	26.0%
2 – Program Surge	2.8 to 6.9	Seven days per week 9am to 8pm	78	31.2%
3 – Redeployment Surge	≥ 6.9	Seven days per week 9am to 8pm	107	42.8%

Table 1: *MLHU's tiered response to COVID-19. * The values for seven day incidence per 100,000 listed in this table are equivalent to daily case counts of <2, 2-5, and >5 per day in Middlesex and London which are found in the initial COVID-19 program proposal submitted to the Board of Health in Report 032-20 in July of 2020.*

Ongoing Redeployments

Despite this significant increase in personnel, redeployments continue to be regularly required. Redeployed staff are engaged in all aspects of the pandemic response, including but not limited to case and contact management, outbreak and facilities management, and hotline response.

The need for redeployments to respond to the pandemic has been driven by the following:

- The incidence of COVID-19 has been consistently higher than what was estimated in June 2020, suggesting that the incidence at which the baseline tier was established was too low. Since March 1, 2020, the Middlesex-London region has only been at Level 1 for approximately 26% of the time (Table 1).
- The needs of the community for information and support, even at low incidence, are substantial and require a seven day per week response.

Anticipated demands for COVID-19 response

Ensuring rapid and robust case and contact management has proven to be critical in the COVID-19 response. Since the beginning of the pandemic, MLHU has consistently been able to follow-up with over 90% of cases and contacts within 24 to 48 hours. Both at MLHU and in other jurisdictions, case and contact management has shown to be an important intervention in containing and mitigating the pandemic.

Since September, the weekly incidence of COVID-19 has risen across the province. This rise has been, to date, most notable in Toronto, Peel, York, and Ottawa. Of these, Ottawa has uniquely managed to curb its rising incidence. Among other factors, Ottawa has maintained rapid follow-up with cases and contacts, whereas contact tracing has been substantially compromised in most other Ontario jurisdictions with comparably high rates.

In Middlesex-London, the weekly incidence has risen dramatically through October and November. The provincial government has indicated through its COVID-19 Response Framework that substantial public health measures and restriction would be put in place once a weekly incidence of 40 cases per 100,000 population was reached. Despite both internal and external redeployments, at this weekly incidence, MLHU would be at significant risk of failing to reach a majority of case and contacts within the preferred time period.

Impacts on non-COVID-19 program areas

As a result of the ongoing and predicted COVID-19 demands, important pre-pandemic public health work has been on hold. In addition, the pandemic has created additional needs and demand for public health work beyond infectious diseases. All divisions have had to substantially prioritize work, particularly with regards to health promotion and disease prevention activities. The full impact of redeployments and prioritization on non-COVID-19 programs is detailed in Appendix B.

Summary

Community control of the COVID-19 pandemic in the Middlesex-London region has been achieved through unprecedented and intensive physical distancing and aggressive case and contact management. As physical distancing restrictions are relaxed and in the absence of a vaccination, COVID-19 remains a significant risk to the population. The experience of other jurisdictions globally suggests the potential of recurrent waves of infection.

To continue to respond to the demands of COVID-19, redeployments from non-COVID-19 programs will continue to be necessary for the foreseeable future, and may need to escalate. This will limit the capacity of MLHU to work on non-COVID-19 public health issues. Prioritization of resources will continue to be necessary to respond to existing public health priorities and the demands of COVID-19, and additional resources may be needed in the near future.

This report was prepared by the Associate Medical Officer of Health, the COVID-19 Incident Management Team, and the Senior Leadership Team.

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

Michael Clarke, PhD
CEO (Interim)

Appendix A – Status of Enhancements approved in July 2020

COVID-19 Program

Role	FTE	Number of Staff	Status
Associate MOH	1	1	On hold
Manager, Covid-19	1	1	Filled
Supervisor, Covid-19	3	3	Filled
Case Investigators	22	22	Filled
Program Assistant	4	4	Filled
Health Promotion Specialist	1	1	On hold
Contact Tracer	18	30 casual	17 filled, Interviews continuing

Non-COVID Program Enhancements

Role	FTE	Number	Status
Case Investigators, Infectious Disease Control	5	5	Filled
Program Assistant, Infectious Disease Control	1	1	Filled
Community Outreach PHN	1	1	Filled
Environmental Health PHI	2	2	Filled
Communications Supervisor	1	1	Filled
Epidemiologist	1	1	Filled
Program Evaluator	0.5	0.5	Filled
Human Resources Coordinator	1	1	Filled
Occupational Health and Safety Specialist	1	1	In progress
Payroll and Benefits Coordinator	1.0	1.0	In development

Client Service Representative (CSR)	2	2	Filled
Shipping and Receiving Coordinator	1	1	Filled
School PHNs	20	20	Filled

Appendix B - Impacts of pandemic on non-COVID-19 programs

Office of the Medical Officer of Health

Team	Program Impacts
Population Health Assessment and Surveillance	The program has been singularly focused on the pandemic response, and the following initiatives have been placed on hold: • Updating and maintenance of the Community Health Status Resource • Support of divisional activities, including data support for program planning • Development of geographical data visualizations
Community Outreach and Clinical Support Services	The following programs have been impacted: • Optimization of the Intake Line service • Development of harmonized clinic services • Decreased outreach capacity
Office of the Chief Nursing Officer	The following programs have been placed on hold: • Nursing Practice Council • Professional development initiatives and CQI • Development/updating of medical directives, policies, and practice guidelines • Client experience assessment • Health equity staff capacity building • Health equity indicator work • Implementation of MLHU reconciliation plan recommendations
Communications	The following initiatives have been placed on hold: • In-person visits to healthcare provider offices • Development of Healthcare Provider Outreach program resources • 2019 Annual Report • Campaign to highlight MLHU move to Citi Plaza including Grand Opening event • Health campaigns, including: Pool Safety / Drowning Prevention; *Picture Your Property Smoke-Free*; STI risks • Release and promotion of the CTS Client Photo Study and Report • Updates to MLHU print resources • Development of revised Corporate Graphic Standards program • Corporate logo development

Health Organization Division

Team	Program Impacts
Human Resources	The following programs have been placed on hold: • Job evaluation and pay equity • HR Policy development and review

	• Agency wide implementation of Dayforce modules • Internal training (EG leadership development, Fit to work/impairment in the workplace, Crucial Conversations and Dayforce training)
Privacy, Risk and Governance	The following programs have been placed on hold: Governance • Governance Policy and By-Law Review – Resumed November 2020 • BOH Self Assessment • BOH development • Board Risk Management Report – Q3 2020 SAR deferred Risk • Risk Monitoring and Reporting –Urgent Consults only • Administrative policy development and review Privacy • Limited capacity for consultation and Privacy impact assessment • Unable to implement auditing of ECR access
Strategic Projects	The following programs have been placed on hold: Strategic Planning and Monitoring
Program Planning and Evaluation	The following programs have been placed on hold: Privacy and Records • Records Classification System/Retention Schedule (CS/RS) and file plans • Records management consultation and support • Plan for retention, access and destruction of inactive physical records Program Planning and Evaluation • Program planning and evaluation consultations and support • Planning and evaluation project delivery • Development/review of program procedures and practice policies, medical directives administration, etc. • Client experience measurement • Integration of health equity lens into MLHU Planning and Evaluation Framework • Enhancements to resource lending system

Team	Program Impacts
Chronic Disease Prevention and Tobacco Control	All program interventions (Test Shopping, healthy eating and food insecurity, etc) and community partnerships have been on hold since March 11th with the exception of the following: • Quit Clinic, with modified services • Tobacco Control & Enforcement, with modified inspection processes • Harvest Bucks availability
Oral Health	All program interventions have been on hold with the exception of the following: • EESS Clinic – The clinic continues to be offered twice a week (half days) • Note: Oral Health screening will begin to be offered in schools in late November, pending the need for further redeployments.
Healthy Communities and Injury Prevention	All program interventions and community partnerships have been on hold since March 11th, including substance use, falls prevention and healthy aging, workplace health, mental health promotion, violence prevention, road safety, ASRTS and physical activity.
Southwest Tobacco Control Area Network	All program interventions have been on hold since March 11th with the exception of social media postings for World No Tobacco Day and the development of health information on Smoking, Vaping and COVID-19.
Child Health and Young Adults	Primarily focused on COVID-19 response in schools, including supporting school boards and school administrators in adapting protocols and process for COVID-19, as well as, performing case contact work with school related COVID-19 cases in conjunction with the COVID-19 team.

Healthy Start

Team	Program Impacts
Reproductive Health Team	All program interventions and community partnerships have been on hold since March with the exception of the following: • Offering e-codes for free access to free online self-directed prenatal education. • Providing grocery cards to SSFB clients registered in March (until their baby's birth)
Early Years Team	All program interventions and community partnerships have been on hold since March with the exception of the following: • Providing telephone, virtual and in-person support to mothers experiencing breastfeeding challenges

	• Providing telephone support related to healthy growth and development M-F, 8:30am-4:30pm
Best Beginnings Teams (3) - **Healthy Babies Healthy Children (HBHC)** - **Nurse-Family Partnership® (NFP)**	The HBHC program has continued throughout the pandemic, with services offered by phone, virtually, and in-person when needed, and with minimal redeployment to COVID-19 work. Postpartum HBHC screening at the hospital has continued, with some modifications. Through much of the pandemic, Family Home Visitors have been redeployed to COVID work, only periodically providing family support by phone or virtually. The NFP program has continued throughout the pandemic, with services offered by phone, virtually, and in-person when needed. Internal staff shifting to temporary assignments has resulted in the need to onboard and educate multiple new nurses into these programs.

Environmental Health and Infectious Diseases

Team	Program Impacts
Infectious Disease Control	• All but one Public Health inspector redeployed to COVID • Prioritized inspection of high-risk settings • Medium- and low-risk settings to be inspected on complaint basis only • Institutional cold-chain inspections deprioritized • Decreased capacity to follow up with non-COVID community outbreaks • Reduced active management of Latent Tuberculosis Infections (LTBI)
Vaccine Preventable Disease	• Prioritization of maintaining school immunization program including catch-up activity for missed immunizations of Grade 7 students this past spring due to shut down • Delay of screening school-aged children for up-to-date vaccinations • Challenges in maintaining staffing due to competing recruitment priorities at MLHU for COVID
Food Safety & Healthy Environments	• Reduced capacity due to redeployment of 1/3 of inspectors to COVID • Prioritized inspection of new and high-risk settings • Medium- and low-risk settings to be inspected on complaint basis only • Healthy Menu labelling inspections ceased

	• No capacity to review municipal planning applications • Providing support to IDC inspection activities
Safe Water, Rabies, Vector Borne Disease	• Reduced capacity due to redeployment of 1/3 inspectors to COVID • Recreational water settings inspections completed for year • Maintain Rabies and Vector-Borne investigations
Sexual Health	• Slightly reduced clinic operations • Virtual appointments are conducted where possible
Emergency Management	• Primarily focused on COVID activities, reduced ability to generate business continuity and labour disruption planning, develop training for Emergency Response Volunteers

MIDDLESEX-LONDON HEALTH UNIT

REPORT NO. 051-20

TO: Chair and Members of the Board of Health

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

DATE: 2020 November 26

SUMMARY INFORMATION REPORT - NOVEMBER 2020

Recommendation

It is recommended that the Board of Health receive Report No. 051-20 re: "Summary Information Report - November 2020" for information.

Key Point

- Throughout the COVID-19 response, MLHU has developed and shared messages through the use of media, advertising and social media platforms. In order to continue responding effectively to the second wave of the pandemic, additional communications strategies and mechanisms must be identified in order to reach priority populations and improve the reach of, and compliance with MLHU messages.

Communications Planning to Target Priority Populations

Since January 2020 the Middlesex-London Health Unit (MLHU) has been providing public health information, messages and guidance about COVID-19 using a variety of platforms. To date, the Health Unit has used several media, advertising and social media platforms and strategies to develop COVID-19 messages for various audiences and groups. MLHU is aware that not every resident of London and Middlesex County receives public health messages through traditional media, social media and online. As the number of COVID-19 cases continues to increase, and we learn more from those who have been affected, it has become clear that there are segments of the population the Health Unit has been unable to reach.

In order to continue an effective response to the second wave of the COVID-19 pandemic, additional strategies are required to reach those priority populations most affected by COVID-19. This will not only help expand the reach of COVID-19 messages and improve health outcomes, but ideally, it may limit further spread of this disease in our community.

Moving forward, the Communications team will be augmenting mainstream messaging with targeted and tailored messaging for specific priority groups who are not receiving, consuming or seeking out local public health guidance and information. Partnering with leading organizations and individuals within these groups will help identify the best ways to share messages with priority populations, while developing targeted and culturally appropriate messages. Initial discussions with potential partners have been promising; further details will come forward to the Board of Health in the coming months.

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

Dr. Michael Clarke, PhD
CEO (Interim)

MIDDLESEX-LONDON HEALTH UNIT

REPORT NO. 052-19

TO: Chair and Members of the Board of Health

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

DATE: 2020 November 26

PUBLIC HEALTH INSPECTOR ENFORCEMENT ACTIONS AND INSPECTION ACTIVITIES – Q3 OF 2020 AND COVID-19 SUPPORT ACTIVITIES

Recommendation

It is recommended that Report No. 052-20 re: "Public Health Inspector Enforcement Actions and Inspection Activities – Q3 of 2020 and COVID-19 Support Activities" be received for information.

Key Points

- Provincial and local COVID-19 response and planning continue to generate demand work for the Environmental Health and Infectious Diseases (EHID) division throughout Q3 and into Q4 of 2020.
- The teams in EHID continue to revisit service delivery to prioritize high risk work activities while modifying or putting on hold activities that are lower on the level of risk.

Background

The Environmental Health and Infectious Diseases (EHID) division began providing the Board of Health quarterly updates pertaining to inspection and enforcement activities early in 2019. Public Health Inspectors (PHI) at MLHU work on the Food Safety & Healthy Environments (FSHE) team, the Safe Water, Rabies and Vector Borne Disease (SWRVBD) team and the Infectious Disease Control (IDC) team within EHID.

The Ontario Public Health Standards (OPHS) defines the mandate for health units to conduct routine inspection work at pre-determined frequencies based on an annual risk categorization. These inspections pertain to food premises, recreational water facilities, personal service settings, as well as many other types of facilities that are either identified in the OPHS or that are conducted on request from partner agencies. Some of these types of inspections include migrant farm housing, group homes and city of London business licensing.

The EHID teams have been able to maintain high priority work while supporting the COVID-19 response. This has been achieved through careful consideration to programming that can either be continued, modified or put on hold. As such, COVID-19 has introduced a new level of risk to EHID health protection work which resulted in the reduction of some mandated programming, previously deemed high priority within the OPHS.

COVID-19 Support

Throughout 2020, EHID teams have provided support to IMS – COVID Operations through the deployments and redeployments of PHIs. Additionally, PHIs have provided COVID-19 health protection work through operator consultations, Re-opening Ontario Act (ROA) compliance checks, client visits on request from the Case and Contact Management Team, as well as COVID-19 complaints and service requests from facilities,

businesses and partner agencies within the city of London and Middlesex County. PHIs on the EH teams also provided community support through enhanced ROA monitoring in high risk settings such as pubs and congregate living environments.

As identified in the PHI Enforcement and Inspection Activities -Q1 BOH report, EH began to prioritize work to allow for flexibility in supporting IMS COVID-19 Operations while ensuring that high risk work continued to be addressed at the program level. During this time, the EHID teams maintained a significant amount of program work while supporting COVID Operations. Mandated inspections began to taper off as COVID-19 response work volume increased and many premises had been ordered closed under the Emergency Management and Civil Protection Act (EMCPA), later to become the Re-opening Ontario Act (ROA), 2020.

In Q3 of 2020, prior to the beginning of the second wave, the EH teams received most of the deployed staff back to EHID except for PHIs on the IDC team. This allowed for some of the EH work, previously on hold, to now resume. PHIs began completing food premises inspections while helping to support COVID-19 response work. Inspection work in Q3 is captured in the table below.

Reported Actions

Q3 2020

Type of Inspection	Total Inspections	Non-Critical Infractions	Critical Infractions	Enforcement Actions
Child Care	**30**	**1**	**0**	**0**
Food Institutional & Other	**61**	**2**	**5**	**0**
Food Safety	**340**	**103**	**38**	**2**
Infection Control	**1**	**0**	**0**	**0**
Personal Service Settings	**45**	**0**	**4**	**0**
Recreational Water	**182**	**71**	**25**	**2**
Drinking Water	**2**	**0**	**0**	**0**

Child Care – child care facility inspections (does not include any related food safety inspections).
Food Institutional & Other – non-DineSafe Institutional food premises (hospitals, long term care homes, child care food prep, etc.) and some very low risk, non-DineSafe food premises.
Food Safety – all food premises included in DineSafe program (restaurants, take-out, grocery stores etc.).
Infection Control – Funeral Homes.
Personal Service Setting – nail & hair salons, tattoo parlors, estheticians, etc.
Recreational Water – pools, spas and beaches.
Drinking Water – small drinking water distribution systems.

Conclusion

It is the intention of this report to bring awareness to the Board that EHID programs continue to operate in a risk-based approach, and as such, some program work has been modified or put on hold. With reduced staff and additional COVID-19 demands, the EHID teams continue to be flexible to address current and imminent risks in our communities.

This report was prepared by the Environmental Health and Infectious Diseases Division.

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

Michael Clarke, PhD
CEO (Interim)

MIDDLESEX-LONDON HEALTH UNIT

REPORT NO. 053-20

TO: Chair and Members of the Board of Health

FROM: Christopher Mackie, Medical Officer of Health

DATE: 2020 November 26

IMPACT OF REDEPLOYMENTS ON PUBLIC HEALTH INSPECTION ACTIVITIES

Recommendation

It is recommended that Report No. 053-20 re: "Impact of Redeployments on Public Health Inspection Activities" be received for information.

Key Points

- Internal redeployments of staff required to respond to the COVID-19 pandemic have created pressures on the ability to deliver regular services throughout the Middlesex-London Health Unit.
- Public Health Inspectors have been redeployed to a number of areas in the COVID response.
- The work of Public Health Inspectors has been prioritized to maintain provision of service in key areas while deprioritizing work in areas of lower risk. This will result in some Ministry accountability indicators not being met in 2020.

Background

As a result of the need to focus resources on responding to the COVID-19 pandemic, a significant amount of the work normally done by the Middlesex-London Health Unit has had to be reduced or suspended. At the peak of the first wave, approximately 2/3 of MLHU staff had been redeployed from their regular duties in order to assist with the COVID response. The resurgence of cases locally has renewed pressures on staffing.

When the number of new cases within the community began to decrease earlier and businesses began to reopen, many staff were required to be repatriated to their regular posts to assist supporting the provincial reopening efforts, especially in the Health Unit's work with schools and businesses in the region.

Public Health Inspectors (PHIs) play a pivotal role in health protection activities including inspecting premises such as restaurants, pools and personal service settings. As such, they have established strong relationships with operators of these venues and have been instrumental to supporting businesses in their return to safe operation.

Impact of Redeployments on Public Health Inspection Activities

Given the versatility of PHIs, their skillset has lent quite well to supporting various COVID-related efforts through their redeployment. Currently, eleven of the 29 PHIs and one manager have been redeployed to COVID operations.

PHIs have been very effectively used in Assessment Centres, Case and Contact Management, Outbreaks and Facilities teams, enforcement of COVID infractions, and in helping respond to business and public inquiries

regarding the reopening framework. However, as with other areas of the health unit, these redeployments have necessitated the reduction in the completion of some core PHI duties.

A review of PHI program delivery was completed last year and has been helpful for business continuity planning by identifying activities that could be deprioritized through the use of a risk assessment framework. This work also helped to highlight areas where inspectors could work between teams to support each other in times of increased demand. At this time, staff have reduced or halted work in the following areas:

- Food handler training
- Menu labelling inspections
- Municipal planning application reviews
- Inspections of low- and medium-risk food premises and personal service settings
- Funeral home inspections

Priority remains on ensuring the following activities are maintained:

- Inspection of high-risk food premises
- Rabies complaint investigations
- Inspected premises investigations on a complaint basis
- New business license inspections
- Seasonal farm housing inspections
- Child Care and Long-Term Care infection prevention and control
- Cold chain inspections for participants in the Universal Influenza Immunization Program
- Safety of small drinking water systems
- Vulnerable occupancy inspection work

Additionally, PHIs on the Food Safety and Healthy Environments and the Safe Water, Rabies and Vector Borne Disease teams have been supporting the Infectious Disease Control team in conducting enteric disease follow-up and investigations.

The result of these reprioritizations will mean that in some areas these teams may not meet their Ministry mandated Accountability Indicators this year. Many public health units across Ontario have identified that they are facing similar challenges.

Summary

Redeployment of Public Health Inspectors necessitated by the COVID-19 response efforts has resulted in the need to deprioritize some core PHI activities. A risk assessment was conducted to identify those which could be reduced or suspended with little risk to the public while staffing resources are diminished. Priority activities will be maintained and other duties will be resumed when staff are able to be returned to their regular posts.

This report was prepared by the Environmental Health and Infectious Diseases Division.

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

Michael Clarke, PhD
CEO (Interim)

MIDDLESEX-LONDON HEALTH UNIT

REPORT NO. 054-20

TO: Chair and Members of the Board of Health

FROM: Christopher Mackie, Medical Officer of Health

DATE: 2020 November 26

MEDICAL OFFICER OF HEALTH ACTIVITY REPORT FOR NOVEMBER

Recommendation

It is recommended that the Board of Health receive Report No. 054-20 re: "Medical Officer of Health Activity Report for November" for information.

The following report presents activities of the Medical Officer of Health (MOH) for the period October 3, 2020 to November 13, 2020.

To respond to the COVID pandemic, increased meetings and webinars were necessary to keep up with the ever-changing landscape. The MOH continued to participate in external and internal pandemic related meetings. These included calls daily, every other day, or weekly with Middlesex County, the City of London, local health partners, the Association of Local Public Health Agencies (alPHa), the Ministry of Health, Ontario Health West, the Southwest LHIN, the Office of the Chief Medical Officer of Health, and Public Health Ontario. See **Appendix A** for more information about work in Ontario Health West and the Southwest LHIN. The MOH and London Mayor Ed Holder continue to provide regular COVID-19 virtual media briefings.

The MOH and the Associate Medical Officer of Health (AMOH) continued to host a weekly MLHU Staff Town Hall present on many topics, including COVID-19.

The following events were also attended by the MOH.

October 5	Regular touchdown meeting with Ms. Maureen Cassidy, Board Chair
October 7	October Board of Health meeting agenda review with Board Chair In regard to the positive COVID case at Saunders Secondary School, the MOH was interviewed by: Global News Radio, Mike Stubbs; CBC Radio London, Kerry McKee; CTV London, Celine Moreau; and The London Free Press, Jennifer Bieman
October 8	Interview with The Globe and Mail, Jeff Gray in regard to discussions at the Public Health Measures Table
October 9	Interview with 900 CMHL Hamilton, Bill Kelly in regard to recommendations for having a safe Thanksgiving Interview with The London Free Press, Jennifer Bieman in regard to case numbers for COVID Phone meeting with senior City staff to discuss COVID restrictions
October 13	Participation on the CBC London Morning Show for general COVID questions and updates Phone meeting with Dr. Joyce Lock, SW Public Health to discuss pandemic response

October 14	Teleconference meeting for all Medical Officers of Health with Dr. David Williams, Chief Medical Officer of Health, in regard to Public Health Measures
October 15	Virtually attended the Governance and Board of Health meetings
October 16	Interview with The London Free Press, Jennifer Bieman in regard to outbreaks in Long-Term Care facilities
October 19	Regular update meeting with the Board Chair
October 20	Phone call with some hospitality sector stakeholders in regard to Section 22 restrictions
October 21	Phone call with Dr. Ian Arra, Grey Bruce Public Health to discuss the support process for congregate settings Virtually attended a meeting of the Board of Health CEO Selection Committee
October 22	Interview with Global News Radio AM900 CMHL, Bill Kelly in regard to Section 22 orders Phone call with Mr. Tom Partalas, BMO Centre in regard to Section 22 restrictions
October 23	Hosted a Community Sports and Fitness Sector Townhall to discuss Section 22 restrictions Hosted a media briefing in regard to Section 22 restrictions for sport and fitness facilities
October 26	Phone call with Ms. Jane Riddell, Goodlife Fitness in regard to Section 22 restrictions
October 27	Participated on a live panel as guest speaker for the United Way of Middlesex and London
October 28	Phone meeting with Councillor Hopkins in regard to yoga studios and restrictions
October 29	Participated in a special meeting of the Board of Health
October 30	Made a presentation at the Ontario Long-Term Care Clinician Conference
November 3	Phone meeting with legal to discuss the Salesforce System Access Agreement Participated in a phone meeting for Medial Officers of Health with Dr. David Williams, Chief Medial Officer of Health
November 4	Regular touchdown meeting with Board Chair Interview with The Western Gazette, Rebekah Rodriguez in regard to the effectiveness of plexiglass barriers in classrooms Phone call with Mr. Ian Peer, Board of Health
November 5	Attended a virtual meeting of the Finance & Facilities Committee Phone call with Councillor van Holst in regard to attending an upcoming meeting of the CPSC Phone meeting with legal in regard to the Salesforce System Access Agreement Presented at the London & District Academy of Medicine Annual General Meeting on COVID-19 pandemic

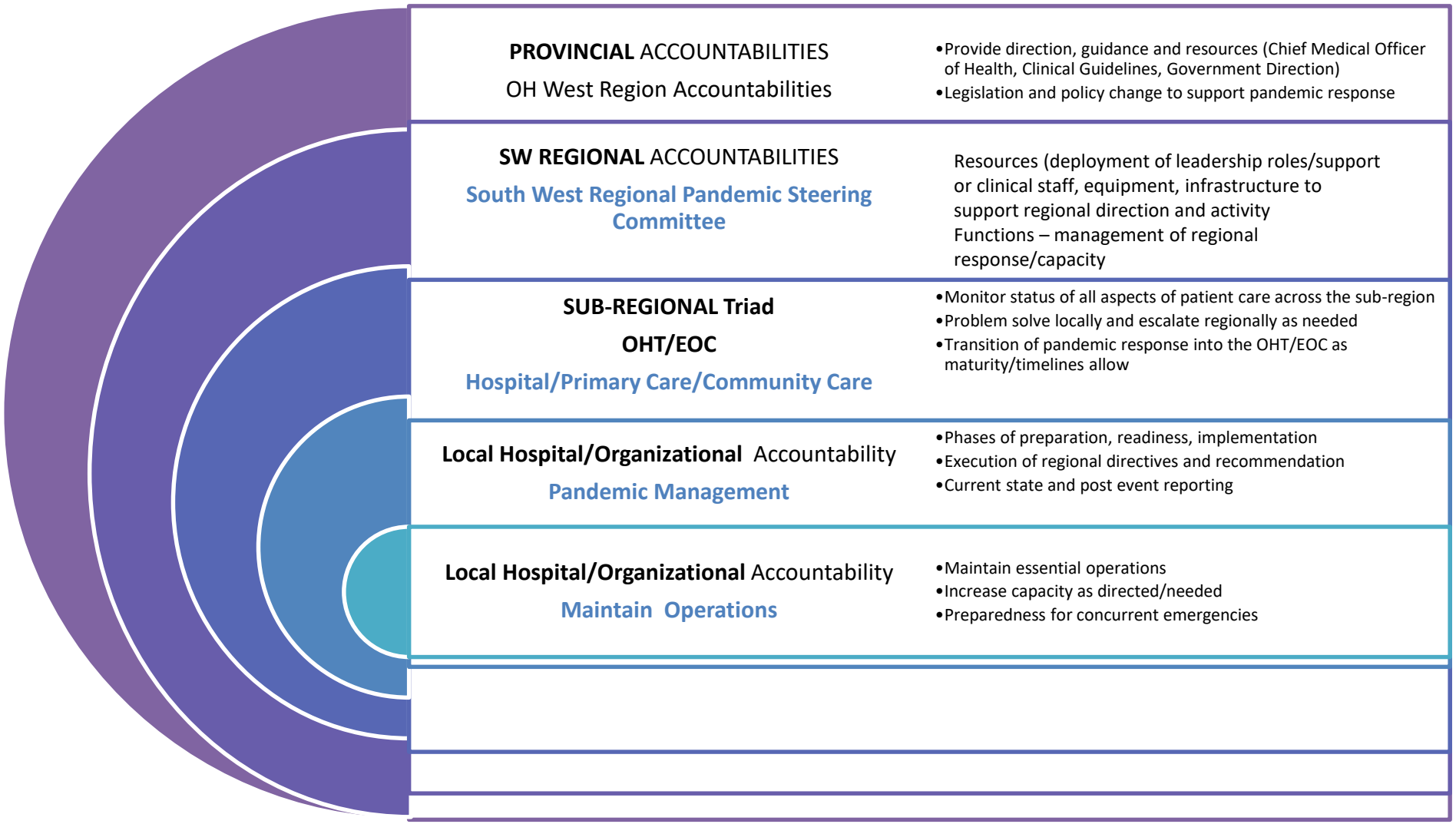
November 6	Interview with Jennifer Bieman, London Free Press in regard to the Province's Keeping Ontario Safe and Open Framework Interview with Daryl Newcombe, CTV in record number of reported positive COVID cases
November 8	Interview with Kelly Wang, Global News Radio A980 CFPL in regard to the spike in COVID cases and the Aylmer protest against wearing masks Interview with Brent Lale, CTV London in regard to the spike in cases and what can be done to stop it Interview with Jonathan Juha, London Free Press in regard to school cases and the increase in cases
November 10	CBC London – London Morning Show to talk about increased case numbers and thoughts on freedom rallies and protests related to masking Interview with Bruce Arthur, The Toronto Star Virtual meeting with Minister Patty Hajdu, MP Peter Fragiskatos, MP Kate Young and Mayor Ed Holder to discuss London's response to COVID-19
November 14	Ontario Medical students Association - Day of Action (speaker on stakeholder panel regarding public health funding and structure)

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

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

SW Pandemic Planning

Framing Accountabilities



PROVINCIAL ACCOUNTABILITIES

OH West Region Accountabilities

- Provide direction, guidance and resources (Chief Medical Officer of Health, Clinical Guidelines, Government Direction)
- Legislation and policy change to support pandemic response

SW REGIONAL ACCOUNTABILITIES

South West Regional Pandemic Steering Committee

Resources (deployment of leadership roles/support or clinical staff, equipment, infrastructure to support regional direction and activity
Functions – management of regional response/capacity

SUB-REGIONAL Triad

OHT/EOC

Hospital/Primary Care/Community Care

- Monitor status of all aspects of patient care across the sub-region
- Problem solve locally and escalate regionally as needed
- Transition of pandemic response into the OHT/EOC as maturity/timelines allow

Local Hospital/Organizational Accountability

Pandemic Management

- Phases of preparation, readiness, implementation
- Execution of regional directives and recommendation
- Current state and post event reporting

Local Hospital/Organizational Accountability

Maintain Operations

- Maintain essential operations
- Increase capacity as directed/needed
- Preparedness for concurrent emergencies

Last updated: October 1, 2020

OH West Region Health System Response Table

SW Pandemic Leadership Committee

SW Triad
(Hospital, Community, Public Health)

SW Regional Pandemic Steering Committee

SW Sub-regional Committees/OHTs

- GB IHC
- HPA OHT
- Western (LM) OHT
- SWPH HS EOC

SW Pandemic Working Groups

Standing committees:

- Human Resources
- Logistics
- Wave 2 (regional/sector capacity, ALC, crisis stabilization)
- Testing & Assessment (incl. labs)

As needed:

- Community Support Services
- Critical Care
- Endoscopy
- Home Care with community providers
- IPAC
- LTC
- MHA
- Physician Redeployment
- Primary Care
- Surgical
- Other regional issues (e.g., agri farm, schools, industry, etc.)

OH West Region Functional Leads/ Working Groups and Triad Support Leads

- Capacity
- Congregate Settings
- IPAC
- Long Term Care
- Supplies, Equipment, PPE
- Testing & Assessment

Key Linkages: SW Hospital CEOs, CNEs, Chiefs of Staff; Community of SW Community Pandemic Planning

Membership *Excel file last updated Oct 1/20* Membership Lists 2020Oct01	**Roles & Responsibilities of Cttee/ Group**	**Reporting/ Communication Expectations – OUTPUTS**	**Reporting/ Communication Expectations – INPUTS**
OH West Region Health System Response Table *(formerly known as "G15")*			
SW, WW, ESC, and HNHB Triads (Community, Hospital, and Public Health), leaders from Indigenous communities, OH West	Discuss pressing health system issues, provide advice and direction to OH, and operate as a conduit to leaders within each local community	Regional and local updates/issues escalation to OH and/or provincial tables (e.g. MOH, MLTC) for decision or direction	Provincial and regional updates from OH and/or provincial tables (e.g. MOH, MLTC)
SW Triad			
Primary Care, Hospital, and Public Health Regional Leads	Works with OH-West leadership to develop regional standards and principles, and respond to provincial directions	Regional and local updates/issues escalation to G15; Provincial and regional updates to SW Steering Cttee	Provincial updates from G15; Direct linkage between SW Triad and SW Steering Cttee
SW Pandemic Leadership Committee (SWPLC)			
SW Triad, OH West Staff, Hospital Leader, Community Leader	Advisory group to SW Triad	Direct linkage between SW Triad and SWPLC	Direct linkage between SW Triad and SWPLC
SW Regional Pandemic Steering Committee			
SW Triad Regional Leads, Sub-regional Triads (Hospital, Community, and Primary Care), Home & Community Care, Public Health, OH West Staff	Sets SW regional standards, principles, and frameworks, and regional coordination of response	Updates/issues escalation from Sub-regional Cttees/OHTs to G15 via SW Triad; Provincial and regional updates to Sub-regional Cttees/OHTs via Sub-regional Triads	Provincial and regional updates from SW Triad; Updates/issues escalation from SW Sub-regional Cttees/OHTs (via SW Sub-regional Triads) and Working Groups (via co-Leads) as required

Membership	Roles & Responsibilities of Cttee/ Group	Reporting/ Communication Expectations – OUTPUTS	Reporting/ Communication Expectations – INPUTS
SW Sub-regional Committees/OHTs			
Membership is multi-sectorial or defined by OHT (truly integrated hospital and community)	Sub-regional Cttee/OHT response to provincial/regional standards, principles, and frameworks; Crisis stabilization and evacuation; Sub-regional care pathways – regional deployment of standards with adult, peds and LTC; Current issues: subregional IPAC, Agri-farm testing, table top planning, capacity, Assessment Centers & regional testing capacity	Updates/issues escalation to SW Steering Cttee via Sub-regional Triads; Communication as appropriate to sector/geographic partners	Updates from SW Steering Cttee via Sub-regional Triads
SW Pandemic Working Groups			
SMEs and sector leaders	*Refer to Working Groups' Terms of Reference*	Updates/issues escalation to SW Steering Cttee via co-Leads as required; Communication as appropriate to sector/geographic partners	Updates from SW Steering Cttee via co-Leads

Membership	Roles & Responsibilities of Cttee/ Group	Reporting/ Communication Expectations – OUTPUTS	Reporting/ Communication Expectations – INPUTS
OH West Region Functional Leads/Working Groups and Triad Support Leads			
Testing/Assessment, Congregate Settings; Long Term Care; Infection Prevention and Control; Supplies, Equipment, and PPE; 4 Triad Support Leads (SW, HNHB, WW, ESC)	Functional Leads/Working groups: Provide expertise/guidance to support system response; assist in execution of provincial directives/orders/guidance; escalate local issues Triad Support Leads: Support aligned response across partners; ensure and engage regional structures to support a consistent, collaborative response	Liaise with G15, SW Triad, and Working Groups as needed	Liaise with G15, SW Triad, and Working Groups as needed
Key Linkages: SW Hospital CEOs, CNEs, Chiefs of Staff; Community of SW Regional Pandemic Planning			
Sector Leadership	*Committee dependent*	Liaise with SW Steering Cttee, Sub-regional Cttees/OHTs, and Working Groups as needed	Liaise with SW Steering Cttee, Sub-regional Cttees/OHTs, and Working Groups as needed

Meeting Cadence

Meetings are weekly unless noted otherwise

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
OH West Region Health System Response Table	0930-1030		0930-1030		0930-1030		
SW Triad			1230-1330				
SW Regional Pandemic Steering Committee			1600-1700				
SW Pandemic Working Groups *Standing:* • HHR • Logistics • Wave 2 • Testing & Assessment *As needed:* • CSS; Critical Care; Endoscopy; Home Care with community providers; IPAC; LTC; MHA; Physician Redeployment; Primary Care; Surgical; Other regional issues		HHR 1100-1145 LTC 1100-1200 (bi-weekly as needed)	Testing & Assessment 1600-1700	Logistics 0930-1000 (bi-weekly) Wave 2 1600-1700			
Sub-regional Cttees/OHTs							
Key Linkages • CEO Forum • CNE • Chiefs of Staff • Community of SW Regional Pandemic Planning		CEO 1500-1600 (bi-weekly)		CSWRPP 0800-0900 (weekly as needed)	CNE Oct 30th 1000-1200 Nov 13th 0930-1200 Dec 18th 1000-1200		

Guiding Principles

Above all… as the South West Region we will work together to deliver a timely system based pandemic response in service to each other and to our communities.

Guiding Principles

1. **Regional System with Local Adaptation:** Recognizing that one size does not fit all and that different communities will experience pressures at different times we will aim to adopt regional standards but allow for local adaptation within the boundaries of the decision/direction.
2. **Participatory decision-making is vital**: All hospitals and community partners (where appropriate) will be engaged in decision making as time allows. A consensus approach to decision making will be applied. Once a decision/direction is reached all hospitals and community providers will execute accordingly
3. **Accountability:** All organizations will be held accountable to their peers in the Region by the Region. When appropriate, local reporting related to the implementation of a directive will be necessary.
4. **Conflict Resolution:** All hospitals and community providers agree to surface issues or conflict in a transparent and respectful way with their peers. All hospitals and community providers commit to resolving the conflict together. When a conflict cannot be resolved by the hospital or non hospital table, the issue will escalate to the SW Pandemic Leadership.
5. All standing committees will **plan in collaboration**.
6. Working collaboratively, all system partners will ensure that the right patient is in the right level of care with the right services and supports, while working efficiently and effectively to use health care resources to meet increased demand for inpatient services.

Guiding Principles

7. PPE supply will continue to be monitored at the LHIN geography level and all providers will have barriers reduced for PPE and IPAC to allow safe delivery of care.
8. Outbreaks will be monitored, in collaboration with public health, with the ability to adjust the delivery of care based on the outbreak status.
9. Create a strong understanding of public knowledge, comprehension and uptake of public health measures to inform targeted communications to support reduced barriers to adoption of measures.
10. The impact on scheduled care will be minimized through ethical review to align resources to reduce the backlogs.

Assumptions

- A staged regional/subregional approach will be taken based on covid community prevalence and care needs.
- All corporations will consistently follow the direction as set out by
  - Ministry of Health
  - Ontario Health and its divisions (e.g. CCO)
  - Public Health
- Where interpretation or local planning related to pandemic directives is required this will be led by the most appropriate expert advisory committee.
- Expert advisory committees will have representation as appropriate from regional hospitals and community services.
- Regional Programs (Maternal/Child, Cancer Program, Renal Program, Trauma, Stroke, Rehabilitation) will provide direction to regional sites.
- Sub Regions will align to the OHT boundaries and will focus on consistent approaches across the SW region
- Leadership for core activities will be provided by specific hospital leadership (e.g. Lab, PaLM and HMMS – St Joseph's and LHSC led).
- Committees are working on collaborative consensus decision making process.
- Decisions will consider services required for covid positive patients and other services needed by the population.

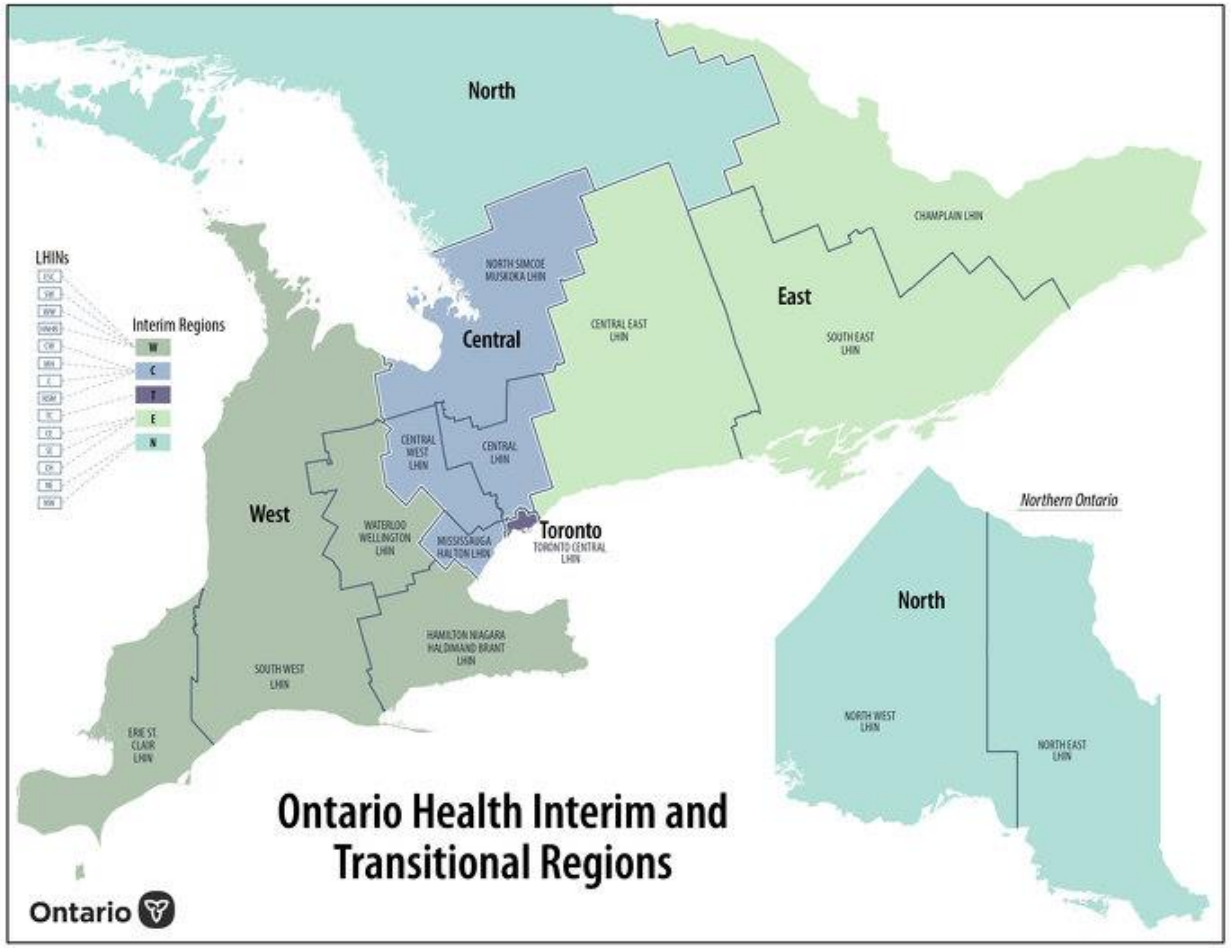
Goals

- Ensure consistency of action across hospitals and community sector
- The public and our staff will experience consistency in approach
- Demonstrate good stewardship and utilization of all resources
- Coordinate our efforts and reduce duplicative work
- Ensure timely response to a quickly changing situation
- Minimize the negative impact on other services while responding the changing needs of covid positive patient
- Provide safe environments for those we serve and those who serve

MIDDLESEX-LONDON HEALTH UNIT

Five Ontario Health Regions

14 Former LHIN's still exist as planning areas



CORRESPONDENCE – November 2020

a) Date: 2020 October 8
Topic: 2020 Ontario Fall Budget - Consultation
From: Association of Local Public Health Agencies
To: All Boards of Health

Background:

On October 8, 2020, the Association of Local Public Health Agencies (alPHa) announced it is developing a submission to the public pre-budget consultation in response to the special Fall Budget prepared by the Government of Ontario as part of the next phase of the COVID-19 Action Plan. Members are encouraged to contribute their thoughts or respond to the online surge

Recommendation: Receive.

b) Date: 2020 October 16
Topic: Fall 2020 Budget Consultations
From: Association of Local Public Health Agencies
To: The Honourable Rod Phillips

Background:

On October 16, 2020, the Association of Local Public Health Agencies (alPHa) wrote to Minister Phillips regarding input for consideration in preparation of the Fall 2020 Budget. Several measures were identified for careful considerations, including:

- Immediately reverse the change to the provincial-municipal public health cost-sharing formula.
- Harmonize funding announcement and their allocation.
- Implement COVID-19 Testing and Case & Contact Management Strategy, including immediate expansion of capacity.
- Technological and automated solutions.
- Further reinforcement of Public Health Unit Capacity and Stability: Human Resources.
- Public policy to reinforce healthy behaviours.
- Health Equity Pandemic Planning.

There was also a request for longer term considerations in relation to the preservation of public health core functions.

Recommendation: Receive.

c) Date: 2020 November 5
Topic: alPHa Summary Budget 2020: Ontario's Action Plan
From: Association of Local Public Health Agencies
To: All Boards of Health

Background:

On November 5, 2020, the Association of Local Public Health Agencies (alPHa) released its summary of the 2020 Ontario Budget which remains focused on the expenditures and measures designed

to withstand and recover from the ongoing pandemic. The budget does not mention longer-term structural or funding changes to the public health system itself. It was announced that prior input submitted during the 2020 Fall Budget consultations are already being considered as part of the 2021 Budget Consultation. Some of the highlights outlined in the Ontario Budget 2020 include:

- Ontario's ongoing COVID-19 health response will rise to a projected $15.2 billion.
- $13.5 billion is invested to support for families, seniors, businesses, and workers through the second wave of COVID-19 and beyond.
- $4.8 billion in new supports for recovery and economic growth.

Recommendation: Receive.

d) Date: 2020 October 13
Topic: Basic Income for Income Security during the COVID-19 Pandemic and Beyond
From: Public Health Sudbury & Districts
To: Prime Minister Justin Trudeau, Honourable Chrystia Freeland

Background:

On October 13, 2020, the Board of Health for Public Health Sudbury & Districts wrote to Prime Minister Trudeau and Minister Freeland to endorse correspondence from Ontario boards of health recommending the evolution of the Canadian Emergency Response Benefit (CERB) into basic income for all Canadians during the COVID-19 pandemic and beyond.

Recommendation: Receive.

e) Date: 2020 October 29
Topic: Municipal Drug Strategy Coordinators Network of Ontario, Safe Supply
From: Grey Bruce Health Unit
To: Honourable Patty Hajdu, Honourable Christine Elliott

Background:

On October 29, 2020, the Board of Health for the Grey Bruce Health Unit wrote to Minister Hajdu and Minister Elliott to endorse the Municipal Drug Strategy Coordinators Network of Ontario call on the provincial government to fund implementation of safer supply initiatives in a coordinated approach with the federal government. In addition, the Grey Bruce Health Unit supports the implementation of safer supply initiatives by adding the required formulations to the Ontario Drug Benefit Formulary to enable injectable safer supply initiatives to operate.

Recommendation: Receive.

f) Date: 2020 October 30
Topic: COVID-19 and Long-Term Care Reform
From: Grey Bruce Health Unit
To: Honourable Patty Hajdu, Honourable Marilee Fullerton, Ontario's Long-Term Care COVID-19 Commission

Background:

On October 30, 2020, the Board of Health for the Grey Bruce Health Unit wrote to Minister Hajdu and Minister Fullerton as well as Ontario's Long-Term Care COVID-19 Commission in support for the recommendations from the Royal Society of Canada Working Group on Long-Term Care regarding critical issues that must be addressed moving forward with Long-Term Care reform and redesign. Refer to correspondence item c) in the October 15, 2020 Board of Health agenda.

Recommendation: Receive.

g) Date: 2020 November 11
Topic: Inclusive Economy London and Region
From: London Poverty Research Centre at King's
To: Dr. Christopher Mackie, Medical Officer of Health

Background:

On November 11, 2020 Mr. Mike Courey, Director, London Poverty Research Centre at King's asked the Board of Health to consider endorsing their plan for regional economic development. This plan is designed to engage the City of London and relevant institutions within the region in the design and delivery of an inclusive economy strategy that complements current economic recovery efforts. There is a core commitment to addressing the social determinants of health and poverty reduction.

Recommendation: Endorse

h) Date: 2020 October 8
Topic: Reappointment of Ms. Tino Kasi
From: Executive Council of Ontario
To: Middlesex-London Health Unit Board of Health

Background:

On October 8, 2020, the Executive Council of Ontario advised that Ms. Kasi is reappointed as a part-time member of the Board of Health for the Middlesex-London Health Unit for a period not exceeding one year, effective January 1, 2021.

Recommendation: Receive.

i) Date: 2020 October 8
Topic: Reappointment of Mr. Robert Parker
From: Executive Council of Ontario
To: Middlesex-London Health Unit Board of Health

Background:

On October 8, 2020, the Executive Council of Ontario advised that Mr. Parker is reappointed as a part-time member of the Board of Health for the Middlesex-London Health Unit for a period not exceeding one year, effective January 1, 2021.

Recommendation: Receive.

j) Date: 2020 October 28

Topic: Ontario Launching COVID-19 Resilience Infrastructure Stream
From: Association of Local Public Health Agencies
To: All Health Units

Background:

On October 28, 2020, the Association of Local Public Health Agencies (alPHa) issued a news release regarding the announcement of $1.05 billion in combined federal-provincial funding through the new COVID-19 Resilience infrastructure stream to build or renovate health and safety related projects in long-term care, education and municipalities.

Recommendation: Receive.

k) Date: 2020 October 26
Topic: Ontario to Release 2020 Provincial Budget on November 5
From: Association of Local Public Health Agencies
To: All Health Units

Background:

On October 26, 2020, the Association of Local Public Health Agencies (alPHa) advised that the 2020 Provincial Budget would be released on November 5, 2020. It was announced that the Budget will provide a three-year outlook that will build on the government's $30 billion response to COVID-19.

Recommendation: Receive.

l) Date: 2020 October 8
Topic: Mr. Ian Peer
From: Ministry of Health
To: Middlesex-London Health Unit Board of Health

Background:

On October 8, 2020, the Ministry of Health advised that Mr. Peer's appointment to the Board of Health for the Middlesex-London Health Unit will come to an end on December 31, 2020.

Recommendation: Receive.