



**AGENDA  
MIDDLESEX-LONDON BOARD OF HEALTH**

Thursday, November 18, 2021, 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
- Mr. Bob Parker
- Mr. Matt Reid
- Mr. Mike Steele
- Mr. Aaron O'Donnell
- Mr. Selomon Menghsha

**SECRETARY-TREASURER**

Dr. Christopher Mackie

**DISCLOSURE OF CONFLICTS OF INTEREST**

**APPROVAL OF AGENDA**

**MINUTES**

Approve: October 21, 2021 – Board of Health meeting

Receive: October 21, 2021 – Governance Committee meeting

Item #	Delegation	Recommendation	Information	Report Name and Number	Link to Additional Information	Overview and Lead
<b>Reports and Agenda Items</b>						
1.		X	X	2022 Budget – PBMA Proposals (Revised) (Report No. 22-21FFC-R) <b>CONFIDENTIAL:</b> The Middlesex-London Board of Health will move in a closed session regarding this item to consider personal matters regarding identifiable individuals, including municipal or local board employees and labour relations and employee negotiations.	<a href="#">Finance and Facilities Summary Report from November 11, 2021</a>  <a href="#">November 11, 2021 Agenda</a>	To provide the Board of Health with a revised report regarding PBMA proposals.  Leads: Ms. Emily Williams, Director, Healthy Organization/Interim Chief Executive Officer and Mr. Matt Reid, Chair, Finance and Facilities Committee
2.	X	X	X	Finance and Facilities Committee Meeting Summary from November 11, 2021 (Report No. 50-21)	<a href="#">November 11, 2021 Agenda</a>  <a href="#">Revised Report No. 22-21FFC-R</a>	To provide an update on reports reviewed at the November 11, 2021 Finance and Facilities Committee meeting.  Lead: Mr. Matt Reid, Chair, Finance and Facilities Committee
3.	X		X	Program Updates: Finance Information Technology		To provide updates on programs within the health unit.  Leads: Ms. Emily Williams, Director of Healthy Organization/Interim CEO, Mr. David Jansseune, Assistant Director, Finance and Mr. Pat Harford, Manager, Information Technology
4.	X	X	X	Governance Committee Meeting Summary from November 18, 2021 (Verbal)	<a href="#">November 18, 2021 Agenda</a>	To provide an update on reports reviewed at the November 18, 2021 Governance Committee meeting.  Lead: Mr. Bob Parker, Chair, Governance Committee

5.	X		X	Program Updates: Infectious Disease Control/COVID Sexual Health		To provide updates on programs within the health unit.  Leads: Ms. Mary Lou Albanese, Acting Director, Environmental Health and Infectious Disease, Mr. Jordan Banninga, Senior Manager, Infectious Disease Control/COVID-19 and Ms. Shaya Dhinsa, Manager, Sexual Health
6.	X		X	COVID-19 Disease Spread and Vaccine Update  (Verbal)		To provide an update on COVID-19 matters within Middlesex-London.  Lead: Dr. Alexander Summers, Associate Medical Officer of Health
<b>Correspondence and Information Items</b>						
7.		X	X	November 2021 Correspondence		No correspondence was received for the month of November.

#### **OTHER BUSINESS**

The next Board of Health meeting will be held on Thursday, December 9 at 7 p.m.

#### **CONFIDENTIAL**

The Middlesex-London Health Unit's Board of Health will move in a closed session to consider personal matters regarding identifiable individuals, including municipal or local board employees, labour relations and employee negotiations and to approve confidential minutes from previous Board of Health and Committee meetings.

#### **ADJOURNMENT**



**PUBLIC SESSION – MINUTES**  
**MIDDLESEX-LONDON BOARD OF HEALTH**

Thursday, October 21, 2021, 7:00 p.m.  
Microsoft Teams

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**MEMBERS PRESENT:** Ms. Maureen Cassidy (Chair)  
Ms. Aina DeViet (Vice-Chair)  
Mr. Matt Reid  
Mr. John Brennan  
Mr. Bob Parker  
Ms. Kelly Elliott  
Mr. Mike Steele  
Mr. Aaron O'Donnell  
Ms. Tino Kasi  
Mr. Selomon Menghsha

**OTHERS PRESENT:** Dr. Christopher Mackie, Medical Officer of Health (Secretary-Treasurer)  
Ms. Stephanie Egelton, Senior Executive Assistant to the Medical Officer of Health / Associate Medical Officer of Health (Recorder)  
Dr. Alexander Summers, Associate Medical Officer of Health  
Ms. Emily Williams, Director, Healthy Organization/Interim Chief Executive Officer  
Mr. Dan Flaherty, Manager, Communications  
Ms. Carolynne Gabriel, Communications Coordinator/Executive Assistant to the Board of Health  
Ms. Heather Lokko, Director, Healthy Start/Chief Nursing Officer  
Ms. Mary Lou Albanese, Acting Director, Environmental Health and Infectious Disease  
Mr. Andrew Powell, Manager, Safe Water, Rabies and Vector Borne Disease  
Ms. Alison Locker, Acting Manager, Population Health Assessment and Surveillance  
Dr. Jessica Reimann, Epidemiologist  
Ms. Jennifer Proulx, Manager, Nurse Family Partnership  
Ms. Donna Kosmack, Manager, Oral Health, Chronic Disease Prevention and Tobacco Control  
Ms. Arielle Kayabaga, Member of Parliament, London West

Chair Maureen Cassidy called the meeting to order at **7:01 p.m.**

Chair Cassidy introduced former Board Member and current Member of Parliament, Ms. Arielle Kayabaga. The Chair and Board of Health provided Ms. Kayabaga with a gift to acknowledge Ms. Kayabaga's service on the board and congratulated her on her election to the House of Commons.

Chair Cassidy introduced the newest member of the Middlesex-London Board of Health, Mr. Selomon (Sel) Menghsha.

**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. Bob Parker, seconded by Mr. Matt Reid**, that the *AGENDA* for the October 21, 2021 Board of Health meeting be approved.

Carried

### **APPROVAL OF MINUTES**

It was moved by **Ms. Aina DeViet, seconded by Mr. Parker**, that the *MINUTES* of the September 16, 2021 Board of Health meeting be approved.

Carried

It was moved by **Ms. DeViet, seconded by Mr. Parker**, that the *MINUTES* of the September 15, 2021 Governance Committee meeting be received.

Carried

It was moved by **Ms. DeViet, seconded by Mr. Parker**, that the *MINUTES* of the October 12, 2021 Special Governance Committee meeting be received.

Carried

### **REPORTS AND AGENDA ITEMS**

#### **Governance Committee Meeting Summary from October 21, 2021 (Verbal)**

Mr. Bob Parker, Chair of the Governance Committee presented the Governance Committee Summary from October 21, 2021.

It was moved by **Mr. Parker, seconded by Mr. Mike Steele**, that the Board of Health:

- 1) Receive Report No. 21-21GC re: "2021-22 Provisional Plan Progress Update" for information; and
- 2) Approve extending the phases of the Provisional Plan by six months.

Carried

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

- 1) Receive Report No. 22-21GC re: "Governance By-law and Policy Review" for information; and
- 2) Approve the governance policies appended to this report with the recommendations accepted for G-030 regarding signing authority, G-480 regarding media releases, and G-490 regarding responsibility for maintaining board reports, to take effect on October 21, 2021.

Carried

#### **Program Update: Food Safety and Healthy Environments**

Mr. Andrew Powell, Manager, Safe Water, Rabies, and Vector Borne Disease provided an update on the Food Safety and Healthy Environments program, on behalf of Mr. David Pavletic. Highlights of this program included:

- Establishing a comprehensive, risk-based, housing inspection program with increased focus on Vulnerable Occupancies.
- Building on the work from the MLHU Vulnerability Assessment to deliver interventions aimed at addressing the impacts from climate change through vulnerability planning.
- Risk assessment and research of emerging food preparation processes with a focus on high risk foods.
- Revamping of existing disclosure website to incorporate other program area inspections.
- Implementing new Hedgehog software program for public health inspectors.

**Program Update: Safe Water, Rabies and Vector Borne Disease**

Mr. Andrew Powell, Manager, Safe Water, Rabies, and Vector Borne Disease provided an update on his program. Highlights of this program included:

- Lyme Disease Tick Surveillance – MLHU has now been identified as a risk area for Lyme Disease.
- Rabies investigations, with approximately 1,000-1,200 rabies investigations per year.
- Enhanced Private Well Water Program.
- Small Drinking Water Systems owner/operator training and dissemination operator's guide.

**Program Update: Nurse Family Partnership**

Ms. Jennifer Proulx, Manager, Nurse Family Partnership provided an update on her program. Highlights of this program included:

- MLHU is the lead agency for NFP in Ontario (intensive PHN visiting program for young, first-time, socially disadvantaged parents). The NFP program continued to operate in 2020 and 2021 with services provided through phone, virtual, and home visits.
- iHEAL: intervention for women who are in the transition of separating from an abusive partner with the goal of promoting safety, health and well-being. The lead iHEAL PHN position was filled and iHEAL education completed in June 2021; implementation planning has been underway throughout the summer months and the program is ready to accept referrals.
- In addition to meeting their intended program objectives, the NFP and iHEAL programs will continue to support MLHU's COVID-19 efforts and address MLHU's priority recovery areas.

**MLHU Staff and International Travel (Report No. 44-21)**

Ms. Emily Williams, Director, Healthy Organization/Interim Chief Executive Officer presented this report.

It was noted by Ms. Williams that within the past hour of this board meeting, the Public Health Agency of Canada (PHAC) had relaxed the guidance regarding non-essential international travel.

It was noted that while the Board appreciated this report, the Board noted that they should not have the legal purview to enforce personnel matters of staff at MLHU, and it was determined this request was deemed operational.

It was moved by **Mr. Reid, seconded by Mr. Parker**, that the Board of Health:

- 1) Receive Report No. 44-21 re: "MLHU Staff and International Travel" for information;

Carried

**London Community Recovery Network: Letter of Commitment (Report No. 45-21)**

Dr. Chris Mackie, Medical Officer of Health presented this report. It was noted that MLHU has been a part of the London Community Recovery Network (LCRN) since it began in mid-2020, to support community connection and local recovery during the pandemic. Dr. Mackie noted that the framework from the LCRN aligned with public health values.

It was moved by **Ms. Tino Kasi, seconded by Mr. Steele**, that the Board of Health:

- 1) Receive Report No. 45-21 re: "London Community Recovery Network – Letter of Commitment" for information; and
- 2) Direct the Board of Health Chair to send a letter to City staff endorsing the London Community Recovery Framework.

Carried

### **Program Update: Population Health Assessment and Surveillance**

Ms. Alison Locker, Acting Manager, Population Health Assessment and Surveillance provided an update on her programs. Highlights of this program included:

- Monitor, assess, and report on the health of the Middlesex-London community.
- Better understand local health priorities to inform local program planning.
- Develop and maintain reporting resources, e.g., Community Health Status Resource.
- Planning and reporting support for COVID-19 case & contact and vaccination responses, e.g., develop and maintain MLHU's COVID-19 dashboard.
- Develop and maintain a system to monitor the impacts of crystal methamphetamine in our community.

### **The Implementation of a Local Surveillance System for Fatal and Non-Fatal Impacts Associated with Crystal Methamphetamine Use (Report No. 46-21)**

Dr. Alex Summers, Associate Medical Officer of Health introduced Dr. Jessica Reimann, Epidemiologist to discuss the Crystal Methamphetamine Surveillance dashboard.

Dr. Reimann noted that crystal methamphetamine use has increased in our region, and displayed the crystal methamphetamine data from the health unit website. Funding for this project came from the Public Health Agency of Canada (PHAC). It was noted that the Middlesex-London region is one of the first to collect this data.

It was moved by **Mr. Steele, seconded by Ms. Kasi**, that the Board of Health receive Report No. 46-21 re: *"The Implementation of a Local Surveillance System for Fatal and Non-Fatal Impacts Associated with Crystal Methamphetamine Use"* for information.

Carried

### **Verbal COVID-19 Disease Spread and Vaccine Update**

Dr. Alex Summers and Dr. Chris Mackie presented the verbal COVID-19 update.

Discussion about this verbal report included:

- COVID-19 cases are still circulating within the community.
- High incident rates are occurring in those under age 11.
- Substantial school exclusions have occurred.
- Public health measures are keeping the community vigilant.
- Locally, our vaccination coverage is higher than most in the province.

It was moved by **Mr. Parker, seconded by Ms. Kasi**, that the Board of Health receive the verbal report on *COVID-19 Disease Spread and Vaccine Update* for information.

Carried

### **Board of Health Vaccination Policy (Verbal)**

Chair Maureen Cassidy introduced this verbal report, regarding a Board of Health Member Vaccination Policy.

It was suggested that this policy be seen first by the Governance Committee. It was noted that there were minor differences between the proposed policy and the MLHU Staff Vaccination policy:

- Self-attestations of board members would be accepted;
- Progressive discipline would not occur and instead the Board could choose to remove a member and;

- Testing would not be applicable to board members.

It was noted that the Board of Health was required to add this item to the agenda by motion before continuing discussion.

It was moved by **Mr. Parker, seconded by Mr. Steele**, *that the Board of Health Vaccination Policy be added to the agenda for discussion.*

Carried

It was requested by Chair Parker (Governance) to review the draft policy before moving. The Board read the policy. There was a question regarding the purpose of the policy if there would not be in person anytime soon, and it was noted in discussion from Board Members that staff were abiding by this policy, and Board Members of a public health organization should also do the same.

It was moved by **Mr. Parker, seconded by Mr. Steele**, *that the Board of Health:*

- 1) *Receive this verbal report for information; and*
- 2) *Approve the Board of Health Member Vaccination Policy.*

Carried

#### **Medical Officer of Health Activity Report for October 2021 (Report No. 47-21)**

Dr. Mackie presented Medical Officer of Health Activity Report for October 2021.

It was moved by **Ms. DeViet, seconded by Mr. John Brennan**, *that the Board of Health receive Report No. 47-21 re: "Medical Officer of Health Activity Report for October 2021" for information.*

Carried

It was moved by **Mr. Parker, seconded by Ms. Kelly Elliott**, *that Report No. 49-21 re: Submission to the Ministry of Health re: online sales of vapour products be added to the agenda for discussion.*

Carried

#### **Submission to the Ministry of Health re: online sales of vapour products (Report No. 49-21)**

Ms. Donna Kosmack, Manager, Oral Health, Chronic Disease Prevention and Tobacco Control presented this report.

It was noted that MLHU was being asked to comment on the online sales of vapour (vaping) products. Concerns include lack of age verification and online sales of these products to youth that are underage. 80% of underage youth in the region whom Tobacco Enforcement Officers have spoken with have procured their products on a website or social media.

It was moved by **Ms. Elliott, seconded by Mr. O'Donnell**, *that the Board of Health:*

- 1) *Receive Report No. 49-21 re: "Submission to the Ministry of Health re: online sales of vapour products" for information; and,*
- 2) *Direct the Medical Officer of Health to send a letter to the Ministry of Health responding to the request for information on online vapour product sales, attached as Appendix A.*

Carried



**CORRESPONDENCE**

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

- 1) *Endorse correspondence item a) re: Support for Local Boards of Health; and*
- 2) *Receive correspondence item b).*

Carried

**OTHER BUSINESS**

The next Middlesex-London Board of Health meeting will be on Thursday, November 18<sup>th</sup> at 7 p.m.

**CONFIDENTIAL**

At **9:07 p.m.**, it was moved by **Mr. Reid, seconded by Mr. Brennan**, *that the Board of Health will move in-camera to consider personal matters regarding identifiable individuals, including municipal or local board employees, labour relations and employee negotiations, advice that is subject to solicitor-client privilege, including communications necessary for that purpose and to approve confidential minutes from previous Board of Health and Committee meetings.*

Carried

At **11:38 p.m.**, it was moved by **Ms. Elliott, seconded by Ms. DeViet**, *that the Board of Health rise and return to public session.*

Carried

**ADJOURNMENT**

At **11:39 p.m.**, it was moved by **Mr. Reid, seconded by Mr. Parker**, *that the meeting of Board of Health be adjourned.*

Carried

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**MAUREEN CASSIDY**  
Chair

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**CHRISTOPHER MACKIE**  
Secretary-Treasurer



**PUBLIC MINUTES  
GOVERNANCE COMMITTEE**

Microsoft Teams

Thursday, October 21, 2021 5:30 p.m.

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**MEMBERS PRESENT:** Mr. Bob Parker (Chair)  
Ms. Aina DeViet  
Ms. Maureen Cassidy  
Mr. Mike Steele

**OTHERS PRESENT:** Dr. Christopher Mackie, Secretary-Treasurer  
Ms. Carolynne Gabriel, Executive Assistant to the Board of Health and Communications Coordinator (Recorder)  
Ms. Stephanie Egelton, Senior Executive Assistant to the Medical Officer of Health / Associate Medical Officer of Health  
Ms. Emily Williams, Director, Healthy Organization/Interim CEO  
Ms. Kendra Ramer, Manager, Strategy, Risk and Privacy  
Ms. Kelly Elliott, Board of Health Member  
Mr. Matt Reid, Board of Health Member  
Dr. Alexander Summers, Associate Medical Officer of Health  
Mr. Selomon Menghsha, Board of Health Member

Chair Bob Parker called the meeting to order at **5:32 p.m.**

**DISCLOSURES OF CONFLICT OF INTEREST**

Chair Parker inquired if there were any disclosures of conflict of interest. None were declared.

**APPROVAL OF AGENDA**

It was moved by **Ms. Maureen Cassidy**, seconded by **Ms. Aina DeViet**, that the **AGENDA** for the October 21, 2021 Governance Committee meeting be approved.

Carried

**APPROVAL OF MINUTES**

It was moved by **Ms. Cassidy**, seconded by **Mr. Mike Steele**, that the **MINUTES** of the September 15, 2021 Governance Committee meeting be approved.

Carried

It was moved by **Ms. Cassidy**, seconded by **Mr. Steele**, that the **MINUTES** of the October 12, 2021 Special Meeting of the Governance Committee be approved.

Carried

**RECEIPT OF SUB-COMMITTEE MINUTES**

It was moved by **Ms. DeViet**, seconded by **Ms. Cassidy**, that the **MINUTES** of the September 9, 2021 Governance Responsibilities Committee meeting be received.

Carried

## **NEW BUSINESS**

### **2021-22 Provisional Plan Progress Update (Report No. 21-21GC)**

This report was introduced by Ms. Emily Williams, Directory, Healthy Organization / CEO (Interim) who introduced Ms. Kendra Ramer, Manager, Strategy, Risk and Privacy.

Discussion on this report included:

- Due to the demands of the continuing COVID-19 pandemic, it has been challenging for resources to be appropriately allocated to the goals intended to be initiated in phase two of the Provisional Plan.
- A rapid situational analysis was conducted to help inform decisions about pausing or moving work forward based on organizational capacity.
- Based on the findings from the situational analysis, it was requested that phases two and three of the Provisional Plan be extended by six months.
- It was noted that none of the objectives in the Provisional Plan are facing major obstacles and that it was important for the Board of Health to acknowledge the current context and that staff are very stretched and have been operating in this manner for almost two years.
- It was confirmed that more staff have successfully taken their allocated vacation this year than the previous year, in part due to requesting that staff submit a vacation plan earlier in the year. However, it has been more challenging for the leadership team to take vacation time and there will again be a discussion about vacation carryover.
- It was noted that professional development opportunities for staff have again been negatively affected this year, as with last year; however, many professional development offerings are changing to a virtual format, and staff participation is rising.

It was moved by **Ms. Cassidy, seconded by Mr. Steele**, that the Governance Committee recommend to the Board of Health to:

- 1) *Receive Report No. 21-21GC re: “2021-22 Provisional Plan Progress Update” for information; and*
- 2) *Approve extending the phases of the Provisional Plan by six months.*

Carried

### **Governance By-Law and Policy Review (Report No. 22-21GC)**

This report was introduced by Ms. Williams who thanked the Governance Committee members for the amount of policies they reviewed this month, acknowledging that the work was immense.

The committee members discussed the proposed changes for the policies, as outlined in Appendix A to the report. This discussion included:

- It was agreed that the Manager, Human Resources be given signing authority for the appendices of policy G-030 MOH and CEO Position Descriptions due to the CEO and Director, Healthy Organization now being the same individual. It was noted that the Manager, Human Resources historically had this signing authority prior to the creation of the Director, Healthy Organization position.
- It was requested that the policy number be added to the header on each page of its policy.
- It was requested that authorization for media releases be extended to the Associate Medical Officer of Health in policy G-480 Media Relations.
- For policy G-490 Board of Health Reports, it was decided that responsibility for maintaining all Board of Health reports reside with the Executive Assistant to the Board of Health instead of with an Executive Assistant to the Secretary as the Secretary role could now be any member of the Board of Health, who may not have an Executive Assistant.

- For policy G-490, it was decided that the policy did not need to include a deadline for notification for a special meeting of the Board due to it not being required by the *Municipal Act* and special meetings only having one item of new business.

Lengthy discussion occurred on the proposed wording for policy G-280 Board Size and Composition with regards to the term length of the Board of Health Chair. Key points of the discussion are:

- There was agreement on removing the rotation of the Chair role among City, County and Provincial appointees with the underlying principle of “equity” and allowing any member of the Board the opportunity to nominate themselves to be Chair.
- It was noted that most Chairs have served two terms and that, in most cases, their second term is more successful because they had their first term to learn and develop. However, it was opposed that the policy should state that the Chair’s term would be two years because a) this might discourage Board members from running for the position; b) a Board member may be unable to serve a two-year term due to municipal elections or their provincial appointment term length; and c) it might not be in the best interest of the Board for a Chair to continue serving into a second year.
- Chair Parker requested that other Board of Health members present at the meeting join the conversation. This included: Mr. Matt Reid, Ms. Kelly Elliott, and Mr. Selomon Menghsha. It was noted that there are pros and cons to having a Chair able to serve multiple years consecutively. What was agreed to be important is allowing the Board flexibility to have the person who is determined by the Board of Health to be the best choice for the Board in the role of Chair. It was decided to not change the proposed wording “The Chair of the Board shall be selected by the voting members to serve for a term of one year” as it does not preclude them from serving additional terms.

Ms. Ramer also spoke to Appendix C and requested: 1) approval to proceed with making the changes as required and outlined in the Appendix, and 2) direction on updating the effective date of the policies outlined in Appendix C such that the effective date reflects the changes to the policies, but the review date remains the same and is not updated.

It was moved by **Ms. Cassidy, seconded by Ms. DeViet**, that the Governance Committee recommend to the Board of Health to:

- 1) *Receive Report No. 22-21GC re: “Governance By-law and Policy Review” for information; and*
- 2) *Approve the governance policies appended to this report with the recommendations accepted for G-030 regarding signing authority, G-480 regarding media releases, and G-490 regarding: responsibility for maintaining board reports, to take effect on October 21, 2021.*

Carried

### **OTHER BUSINESS**

Next meeting is Thursday, November 18, 2021 at 6 p.m.

**ADJOURNMENT**

At **6:50 p.m.**, it was moved by **Mr. Steele**, seconded by **Ms. Cassidy**, *that the meeting be adjourned.*

Carried

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**ROBERT PARKER**  
Chair

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**CHRISTOPHER MACKIE**  
Secretary-Treasurer

DRAFT



TO: Chair and Members of the Finance & Facilities Committee

FROM: Emily Williams, Chief Executive Officer (Interim)

DATE: 2021 November 11

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## 2022 BUDGET – PBMA PROPOSALS - REVISED

### **Recommendation**

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

- 1) Receive Report No. 22-21FFC-R 2022 Budget – PBMA Proposals;*
- 2) Approve Appendix A, PBMA One-Time Disinvestment totaling \$150,000 savings;*
- 3) Approve Appendix B, PBMA Incremental Investments totaling \$893,709 cost; and*
- 4) Approve Appendix C, PBMA COVID-19 Investments totaling \$16,506,058 cost.*
- 5) Direct staff to implement approved PBMA proposals, effective January 1, 2022.*

*If approved, these items would increase the 2022 budget by \$17,249,767.*

### **Key Points**

- MLHU adopted the budget planning process as outlined in [Report No. 37-21](#). As such, programs currently offering reduced or paused services did not complete Program Budgeting and Marginal Analysis (PBMA) and will be attributed 2021 funding plus contractual inflation.
- PBMA remained an integral part of the revised Health Unit 2022 budget planning process. All proposals regardless of budget process category, were evaluated using the 2022 PBMA criteria that was approved as Appendix A to [Report No. 37-21](#).
- The investment proposals are separated into COVID-19 related and base budget-related proposals to improve transparency and communication with funding agencies. The COVID-19 proposals currently exclude any required budget to operate the Mass Vaccine Clinic(s).
- A total of 23 PBMA proposals are being recommended for inclusion in the 2022 budget.

### **Background**

Leaders and staff adopted the 2022 proposed budget planning process as detailed in [Report No. 37-21](#).

1. Programs that currently offer full or nearly full services were evaluated using the PBMA process, and no revisions to the PBMA criteria were introduced for 2022. These programs/services were reviewed assuming recovery activities would be required during 2022, thereby increasing demand.
2. Programs that currently offer expanded services due to Covid-19 related demands and/or related MLHU provisional strategic goals underwent a strategic investment process, which was also evaluated using the 2022 PBMA criteria. The previous two years of pandemic experience have provided a benchmark with which to build budget requirements, but the process remains difficult due to the ongoing variability of Covid-19 case counts and vaccine demand.
3. Programs that currently offer reduced or paused services due to staff deployed to Covid-19 programs did not complete the PBMA process and will be attributed with 2021 funding plus contractual inflation in 2022. These programs will also undergo a rigorous review during 2022 to ensure alignment with Ministry mandated services, Board of Health priorities, and the overall continued desire of the Health Unit to promote and protect the health of our community.

4. Changes in organizational structure are also present in several of the proposals submitted, as leaders and staff attempted to: a) integrate COVID-19-related requirements into existing structures to accommodate expected ongoing demands; b) attend to feedback from leadership staff about workload, stress and burnout; and c) ensure key priorities were addressed in critical programs at MLHU. These proposals include a plan to restructure the Healthy Start division, and to enhance the Vaccine Preventable Disease and Infectious Disease Control programs with sustained resources that serve as a backbone of the COVID-19 Response.

### **Proposed PBMA Disinvestment and Investment Opportunities**

There is a total of 30 proposals being recommended by the Senior Leadership Team (SLT) for inclusion in the 2022 Health Unit budget, of which includes:

- Recommended one-time disinvestment. 1 proposal. \$150,000 savings. [Appendix A](#).
- Recommended incremental investments. 4 proposals. \$893,709 cost. [Appendix B\\*](#).
- Recommended COVID-19 investments. 23 proposals. \$16,420,733 cost. [Appendix C](#).

\*Please note that inflationary increases on baseline salaries were included in Appendix B incremental investment proposals. 2022 investments were calculated using 2021 rates plus estimated inflation for 2022.

### **Funding**

#### Base Funding

Although absolute funding amounts for 2022 are unknown currently, it is expected that the Ministry will hold MLHU base funding to the 2019 level, but will provide ongoing mitigation funding to offset the proposed increase in cost-sharing with the municipalities in the amount of \$1,361k. In 2021, despite the mitigation funding received by the province, MLHU asked the City of London and the County of Middlesex for increased funding, in the amount of \$6,735k and \$1,283k respectively (up from \$6,095k and \$1,161k in 2019). It is important to note that the funding contributions of the municipalities to MLHU prior to 2021 remained static for 12 years, despite ongoing annual inflationary pressures.

Given the inflationary pressures, and the investment proposals identified during the budget process for 2022, MLHU staff is recommending the Board of Health request an increase in funding from the municipalities to reach 30% of total funding (achieving the proposed target for cost-sharing with the province). As such, the City of London's funding would increase from \$6,735k to \$7,345k, and the County of Middlesex funding would increase from \$1,283k to \$1,411k, representing an overall increase in base funding of \$738k for MLHU. Given the timing of the City of London multi-year budgeting process, which is being tabled November 9<sup>th</sup> 2021, health unit staff proactively completed a budget amendment with the City to request this additional amount in 2022 (which can be reversed if the proposed investments are not supported by the Board of Health). The recommended increases outlined above will be proposed as part of the overall 2022 MLHU Budget.

#### COVID-19 Funding

Based on communications to date from the Ministry of Health, staff are confident that the Ministry will continue to fund COVID-19 Extraordinary Costs; these are defined as costs over and above already funded baseline staffing. Therefore, the proposals submitted in Appendix C, COVID-19 Investments, should be funded through the continued deployment of existing staff and/or Ministry incremental funding, recognizing the risk that existing programs and/or services will continue to be paused if those staff remain deployed to COVID-19 activities. MLHU staff anticipate additional provincial funding in 2023 for MLHU, as has occurred in previous post-pandemic scenarios (SARS, H1N1), in recognition of the additional work required of the Health Unit.

Recovery Funding

Health Unit staff have been engaged in meetings with both the Ministry of Health Accountability and Liaison Branch (Funding and Oversight) and the Chief Medical Officer of Health (CMOH), that have included reference to ‘recovery funding’ for health units. This was described as proposed additional funding for public health units to enable them to address a backlog of client needs attributed to putting services on hold to attend to pandemic priorities. On November 4, 2021, the Manager, Funding and Oversight shared that a business case process will be implemented, similar to the budget request proposals for COVID-19 Extraordinary Expenses used in 2021. It was not confirmed whether these business cases for recovery funding would be included as part of COVID-19 Extraordinary Expenses or separated into a distinct process.

Summary

Given that COVID-19 Extraordinary Cost funding is expected to continue in 2022, the proposals outlined in [Appendix B PBMA Incremental Investments](#) represent those that will require additional base funding, reduced by savings identified in [Appendix A PBMA One-Time Disinvestments](#) and offset by proposed increased funding from the municipalities.

Given the funds available, incremental investment proposals were limited in scale. These limitations will impact MLHU’s ability to achieve the goals associated with the Provisional Strategic Plan, particularly those associated with the Health Equity portfolio. The team will only be able to provide consultative support to the Health Equity Specialist in Human Resources and will not provide instrumental support with implementation of the 100 recommendations from MLHU’s Diversity and Inclusion Employment Systems Review and Workforce Census. Resources available to support implementation of the recommendations in MLHU’s Anti-Black Racism plan will be limited and implementation will be slower. As well, funding for Indigenous Cultural Safety Training for new staff across the organization will not be available.

Based on the information currently available, there is a **minor funding shortfall**:

\$150k	Appendix A, One-Time Disinvestments, savings.
\$738k	Increased funding from the City of London and the County of Middlesex.
\$894k	Appendix B, Incremental Investments, cost.
<b>(\$7k)</b>	<b>Shortfall; to be addressed through quarterly variance funding.</b>

Given the early indications from the Ministry and the CMOH with respect to ‘recovery funding’ as described above, it is anticipated that additional provincial revenue will be forthcoming in 2022. Conversations with City of London and County of Middlesex staff have occurred to advance the motion approved by the Board of Health as part of [Report No. 37-21](#) and engage in joint advocacy with the province for additional funding for public health. Further communication is expected in the coming weeks from the Ministry with respect to ‘recovery funding’ and will be used to inform the overall 2022 MLHU Budget.

**Next Steps**

If approved, the proposals will be incorporated into the 2022 budget proposal and will proceed immediately to ensure a January 2022 implementation timeline wherever possible.

This report was prepared by the Healthy Organization Division.



Emily Williams, BScN, RN, MBA  
Chief Executive Officer (Interim)



## 2022 PBMA One-Time Disinvestment

*This one-time disinvestment will result in a reduction to the 2022 budget only. The amount will be added back to the 2023 and subsequent budgets.*

Dept.	No.	Proposal	Value	FTE	Score
HO	1-0015	ASO Overcontribution-Refund	(\$150,000)	--	--

### Disinvestment Description

#### **1-0015: ASO Overcontribution-Refund**

Proposed withdrawal of \$150,000 of overcontribution to ASO funds held in escrow by Canada Life - net reduction to benefit costs.

In reviewing MLHU's experience in funding Administrative Services Only (ASO) personal insurance claims for employees, the monthly contribution to the Health Unit's insurer, Canada Life, has consistently exceeded the ASO experience paid out for insurance claims submitted. Monthly premiums were reduced commencing January 2020 by approximately \$8,500 or \$102,000 per annum. In addition, \$250,000 was also withdrawn from the ASO balance in 2020 Q3 due to continued lower experience of claims.

Notwithstanding these adjustments to the ASP pool, the plan consultant, AON has confirmed that MLHU can safely withdraw between \$133,000 and \$185,000 if the account remains at current surplus levels. As such, a withdrawal of up to \$150,000 to occur in 2022 Q4 is proposed.

## 2022 PBMA Incremental Investments *(base funding)*

*These investments will increase the 2022 baseline budget and all subsequent budgets, to be funded from Ministry, City and County funds.*

Dept.	No.	Proposal	Value	FTE	Score
HO	--	Inflationary Increase on Baseline Salaries	499,000	--	--
HO	1-0008	HR-Implement Diversity & Inclusion Recommendations	93,598	1.0	150
OCNO	1-0013	Anti-Black Racism, Diversity & Inclusion, Indigenous Reconciliation (includes 2 components)	226,588	2.0	269
	1-0018	Confidential Proposal	74,523	0	225
<b>Totals</b>			<b>\$893,709</b>	<b>3.0</b>	

### Investment Descriptions

#### **Inflationary Increase on Baseline Salaries**

Estimated salary inflation for the existing staff complement. Calculated from baseline budget and does not include any allowances between gapping and historical savings (budget \$1.2 million gap vs. historical \$800 000 savings).

#### **1-0013: Anti-Black Racism, Diversity & Inclusion, Indigenous Reconciliation**

The work of the Health Equity and Indigenous Reconciliation Team has increased significantly over the last two years and current resources are insufficient to ensure the previous and new work of the team is completed in an effective and timely manner. MLHU's new Anti-Black Racism Plan contains 45 recommendations endorsed by the BOH; the Diversity and Inclusion Employment Systems Review generated 88 recommendations also endorsed for implementation by the BOH; and MLHU's Reconciliation Plan, launched in 2018, has 65 recommendations, many of which are still to be implemented. This proposal conservatively identifies the need for a 2.0 FTE increase to the team (1.0 FTE Indigenous Reconciliation Manager, 1.0 FTE Public Health Nurses).

#### **1-0008: HR-Implement Diversity & Inclusion Recommendations**

This proposal is intended to move forward the work that was started in 2020 as part of the Diversity and Inclusion Assessment through additional funding towards further FTE resourcing for the Human Resources team on a permanent basis. In order to action the 88 recommendations outlined in the Employment Systems Review, there needs to be dedicated resources, specifically 1 FTE Human Resources Specialist, Diversity and Inclusion, to support the prioritization, planning and implementation of these recommendations. This proposal aligns with the 2021-22 Provisional Plan, under Program Excellence with the objective of implementation of the prioritized recommendations from the Diversity and Inclusion Assessment.

## 2022 PBMA COVID-19 Investments *(Provincial COVID-19 funding)*

*These investments will result in an increase to the 2022 budget, to be financed from Provincial COVID-19 Extraordinary Expense funding over and above base funding. Does not include budget for Mass Vaccine Clinics.*

Dept.	No.	Proposal	Value	FTE	Score
OMOH	1-0014	PA Support for Communications	\$34,191	0.5	158
OMOH	1-0007	Active Screeners	39,000	1.6	119
HO	1-0022	COVID Program Evaluator Enhancement	114,004	1.5	102
EHID	1-0002	Public Health Inspector-Covid Response	85,296	1.0	233
HO	1-0016	Payroll & Benefits Administrator	95,569	1.0	102
HO	1-0003	Enhancement of Occupational H&S	107,532	1.0	194
OMOH	1-0023	Outreach Worker	64,446	1.0	238
OMOH	1-0009	Extension of Communications Supervisor	107,532	1.0	220
OMOH	1-0005	Epidemiologist	120,514	1.0	221
OMOH	1-0019	Manager, PHAS	142,595	1.0	201
OMOH	1-0024	Client Service Representatives	189,818	3.5	145
HO	1-0020	COVID Procurement & Operations (Logistics Support)	190,387	4.0	201
HO	1-0021	COVID – ITS	214,186	4.0	187
OMOH	1-0006	Informatics Support	289,824	4.0	248
HO	1-0017	HR Support for COVID/Clinics	496,611	7.0	161
HS	1-0018	PHN – Early Years Outreach Work	104,232	1.0	225
EHID	1-0004	VPD Enhancement	1,782,720	21	250
EHID	1-0001	Infectious Disease Control & Sustained COVID Response	12,327,601	124	297
<b>Totals</b>			<b>\$16,506,058</b>	<b>178.1</b>	

### Investment Description

#### **1-0014: PA Support for Communications**

As part of the re-alignment of roles that came with the MLHU's response to the COVID-19 pandemic the 0.5 FTE PA support that was seconded from the HEART Team enabled communications to have one full-time Program Assistant who not only provided support to the Healthcare Provider Outreach program (existing 0.5 FTE role), but also took on responsibility for the MLHU's general email account (health@mlhu.on.ca), provided support for the virtual media briefings (scheduling, generating and sharing briefing links with the media; producing the live virtual

media briefings) and other scheduling, and program support. This investment would allow the PA support that has benefitted the Communications Team all through the pandemic, to continue beyond the pandemic, providing support to the team that has not existed previously.

### **1-0007: Active Screeners**

Continue having Active Screeners at the main entrance of MLHU at CitiPlaza during hours when MLHU is open to ensure that visitors to MLHU complete the COVID-19 active screening process.

### **1-0022: COVID-19 Program Evaluator Enhancement**

In order to support the full transition of infectious disease documentation to the Salesforce software and support ongoing Covid-19 program planning and evaluation, enhanced Program Evaluator support is required in the form of 1.5 temporary FTE.

### **1-0002: Public Health Inspector COVID-19 Response**

Throughout the pandemic, Public Health Inspectors (PHI) within Environmental Health (EH) have been responsible for carrying out a variety of additional duties as part of MLHU's COVID-19 response work. Much of the additional work has been focused on facilities that PHIs regularly inspect however additional activities have included a variety of non-inspected settings as well as work that is geared towards the general public. Various activities include conducting home quarantine compliance checks at the request of the Case and Contact Management (CCM) team, responding to public service requests pertaining to Reopening Ontario Act (ROA) non-compliance, fielding calls related to COVID-19 regulatory requirements which often require much consultation and interpretation as well as reviewing COVID-19 safety plans (concerts, special events, sporting associations etc.). These work activities have been identified as a priority and the Environmental Health team has pivoted away from traditional EH work, in an attempt to assist in the COVID-19 response. Throughout the pandemic, EH has taken risk-based approaches in completing work, and has paused or modified programming in an attempt to prioritize the high risk and urgent work activities. In addition, PHIs have required additional time and training to maintain a baseline understanding of the ROA and corresponding regulatory changes which have changed frequently in alignment with the changing stages of the provincial roadmap to reopening framework. A routine program inspection (pool, restaurant, group home) has taken longer due to the need to check compliance with COVID-19 requirements and COVID-19 related inquiries. A temporary investment of 1.0 PHI is required to support this important work.

### **1-0016: Payroll & Benefits Administrator**

The finance team has supported Payroll & Benefits Administration since this process was outsourced to a third party service provider in 2019. The original business plan included a disinvestment of a full-time payroll administrator with expectation that the work performed internally would be outsourced. This business model has not materialized and payroll and benefits administration has expanded to one full time Administrator and additional clerical support from the Finance team to properly administer this essential service, with the significant expansion of staff resources related to the pandemic response.

This proposal is to increase staff complement in Finance by 1.0 FTE Payroll & Benefits Administrator on a temporary basis while formal evaluation of the finance team structure is undertaken in 2022. Additional clerical support for payroll administration will be absorbed by other members of the Finance team through redistribution of duties and through work efficiencies.

### **1-0003: Enhancement of Occupational Health and Safety**

This proposal is intended to support and enhance the work that was started in 2020 through additional funding towards further FTE resourcing for the Occupational Health and Safety (OHS) program at MLHU. In order to accomplish the MLHU mission of promoting and protecting the health of our community we need to be promoting and protecting the health and safety of our employees who are responsible for helping the organization achieve this mission. In addition to aligning with our organizational values, this proposal also aligns with the 2021-22

Provisional Plan, the Employee Engagement and Learning Quadrant with the objective of addressing staff well-being and mental health.

The move to Citi Plaza and the COVID-19 pandemic have highlighted the importance of a robust OHS Program at MLHU to keep employees and our clients safe and healthy. In addition, the work involved in Staff Immunization tracking, which was previously disinvested by EHID, as well as tracking of employee fit-testing, is not feasible with only 1 HR Coordinator managing the whole portfolio. This proposal is for an increase of 1 FTE Health and Safety Advisor to support Leaders in their OHS accountabilities, act as an OHS resource for employees, and to supervise the current Human Resources Coordinator, Health and Safety. The savings realized by the prevention of COVID-19 outbreaks at MLHU and the prevention of workplace incidents to keep our employees safe and at work far surpass the investment.

### **1-0009: Extension of Communications Supervisor**

The role of Communications Supervisor was created in 2020 to address the need for additional supervisory capacity within the Communications Department to address the challenges presented by the COVID-19 Pandemic. There is an incumbent in the role which is currently scheduled to end on March 31st, 2022. This role will continue to provide supervisory leadership of the Healthcare Provider Outreach Program Assistant and the Communications Coordinator and Executive Assistant to the Board of Health. Because of the ongoing demands of the pandemic and the expected full resumption of MLHU programs and services early in 2022, it is expected that there will still be a need for Communications leadership support for the foreseeable future.

### **1-0019: Manager, PHAS (Population Health Assessment & Surveillance)**

As baseline, the Population Health Assessment and Surveillance Team consists of three epidemiologists and 2 data analysts. The epidemiologists report to the AMOH, and the data analysts report to one of the epidemiologists. With the expansion of the team through the pandemic (increase in 1-2 FTE epidemiologist) and the expanded portfolio for the AMOH, an acting manager position has been crucial to support and organize the work of the team. These demands are anticipated to continue through 2022, and additional demands are anticipated with recovery initiatives. Therefore, the continuation of the manager position will be critical. At this time, this will be a temporary COVID-19 enhancement.

### **1-0020: COVID-19 Procurement & Operations**

In order to continue to provide logistical support and procurement and deployment of Personal Protective Equipment, Other Supplies and Equipment to the mass and mobile vaccination clinics, the existing structure of 3.0 Logistics Coordinators and 1.0 Receiving and Operations Coordinator is required.

### **1-0021: COVID-19 ITS (Logistics Support)**

In order to continue to provide ITS support such as hardware, software and infrastructure to the mass and mobile vaccination clinics, the existing structure of an additional temporary 4.0 FTE of End User Support Analysts is required.

### **1-0006: Informatics Support**

Throughout the COVID 19 response, MLHU has adopted new information systems related to case and contact management and vaccine administration. With the anticipated expansion of these data systems into other diseases of public health significance, as well as the recent implementation of the MLHU Electronic Client Record program, Profile, there is ongoing need for informatics support.

This PBMA Investment proposes the extension of the current role of Informatic Support beyond COVaxON and Verito to include Salesforce CCM, the MLHU Vaccine Ordering App and Profile in the following areas:

- system onboarding and training;
- end user support;
- inventory management;

- slot management;
- data transformation and uploading;
- data remediation;
- reporting;
- quality improvement initiatives; and,
- vendor liaison

The Informatics Support (IS) team (N=4) has been capably supporting all groups administering vaccine for the past 6 months including mass and mobile MLHU teams, Primary Care, Long Term Care and Retirement Homes (LTCH/RH). Through the experience of the Case and Contact Management and Vaccine Administration functions of the Health Unit there is a demonstrated need to support the clinical work done by MLHU teams with informatics support for new and existing data systems.

### **1-0017: HR Support for COVID-19 CCM/Vaccine Clinics**

The HR team required the support of an additional HR Coordinator during COVID-19 to coordinate the scheduling and redeployment of staff, recruitment of additional temporary staff, and the follow-up on staff attendance reporting. In 2021, in order to support the mass recruitment of staff for working at the mass immunization clinics, the onboarding administration, tracking of training, HR support and inquiries for this large new pool of staff, scheduling, and support for new leadership, the HR team required additional temporary resources to manage the tripling of the workforce in a short period of time.

### **1-0024: Client Service Representatives**

This proposal is for the continuation of 3.5 FTEs of temporary Customer Service Representatives (CSR) roles. This would take the CSR complement to a total of 7 FTEs. There has been tremendous increase in demand for CSR roles due to the high volume of phone calls experienced by MLHU related to the pandemic.

### **1-0018: PHN – Early Years Outreach Work**

This proposal is for the continuation of 1.0 FTE PHN from the Healthy Start Early Years team. This position has been engaged in capacity building and collaborative efforts with the early years and child care sector related to COVID-19 infection prevention and control.

### **1-0004: VPD Enhancement/Associate Manager**

The COVID -19 vaccination program will be integrated into the existing Vaccine Preventable Disease (VPD) Team. The Manager of VPD with the support of 2 Associate Managers and 1 Administrative Supervisor will oversee all the Ontario Public Health mandated vaccination programs while meeting the community need during a pandemic for the administration of the COVID-19 vaccine. As one team the staff will work collaboratively to ensure the prevention of disease in all vaccine preventable diseases through the distribution and administration of standard vaccines while administering COVID-19. By having a dedicated cross-trained team this will allow for flexibility in programming and collaboration and augments the existing VPD to meet the demands of COVID-19. The addition of a fluid and dedicated COVID-19 vaccine team will enable surge capacity as well ensuring the ability to meet future program needs. Permanent roles within this structure include 1.0 FTE of Associate Manager and 4.0 FTE PHN positions to ensure sufficient oversight of this complex program and adequate ongoing team leadership resources.

### **1-0001: Infectious Disease Control & Sustained COVID-19 Response**

This proposal includes a one-time investment in additional resources for COVID-19 case, contact, and outbreak management for 2022. This investment is based on the ongoing incidence of COVID-19 cases and outbreaks in the fall of 2021, with the anticipation that this level of disease activity could be maintained through 2022. It includes resources required for MLHU to sustain a robust infectious disease control response for 2022 without relying on redeployments and further impacting all other non-COVID-19 health outcomes. The proposed structure specifically includes:

- Increased case and contact management, specifically for COVID-19
- Increase support of infection prevention and control practices in all settings
- Increased Facility Support and Outbreak Management
- Increased Surveillance



MIDDLESEX-LONDON HEALTH UNIT

REPORT NO. 50-21

TO: Chair and Members of the Board of Health  
FROM: Emily Williams, Chief Executive Officer (Interim)  
DATE: 2021 November 18

**FINANCE & FACILITIES COMMITTEE MEETING – NOVEMBER 11, 2021**

The Finance & Facilities Committee (FFC) met at 8 a.m. on Thursday, November 11, 2021.

Reports	Recommendations for Information and Board of Health Consideration
<b>2022 Budget – PBMA Proposals</b> <b>(Report No. 22-21FFC-R)</b>	It is recommended <i>that the Finance &amp; Facilities Committee recommend to the Board of Health to:</i> <i>1) Receive Report No. 22-21FFC-R 2022 Budget – PBMA Proposals;</i> <i>2) Approve Appendix A, PBMA One-Time Disinvestment totaling \$150,000 savings;</i> <i>3) Approve Appendix B, PBMA Incremental Investments totaling \$893,709 cost; and</i> <i>4) Approve Appendix C, PBMA COVID-19 Investments totaling \$16,506,058 cost.</i> <i>5) Direct staff to implement approved PBMA proposals, effective January 1, 2022.</i>
<b>IT Hardware: Preferred Recycling Process</b> <b>(Report No. 23-21FFC)</b>	It was moved by <b>Ms. Cassidy, seconded by Ms. DeViet</b> , <i>that the Finance &amp; Facilities Committee make a recommendation to the Board of Health receive Report No. 23-21FFC re: “IT Hardware: Preferred Recycling Process” for information.</i> <p style="text-align: right;">Carried</p>

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

Emily Williams, BScN, RN, MBA  
Chief Executive Officer (Interim)