Agenda

Health and Social Services Haldimand and Norfolk

Haldimand-Norfolk
Health and Social Services Advisory Committee

October 23, 2023
9:30 a.m.
Council Chambers

Pages

12. Next Meeting

    12.1 Monday November 27, 2023

13. Adjournment

Haldimand-Norfolk

Health and Social Services Advisory Committee

September 27, 2023
3:00 p.m.
Virtual Meeting

Present:	Chris Van Paassen, Shelley Ann Bentley, John Metcalfe, Patrick O'Neill
Absent with Regrets:	Linda Vandendriessche, Alan Duthie
Also Present:	Sarah Page, Syed Shah, Stephanie Rice, Marcia Annamunthodo, Jacquie Dover, Julie Richardson, Nicole Stone, Sarah Titmus, Louise Lovell, Jessica Horton, Christina Lounsbury

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1. Welcome and Introduction

Chair Bentley introduced new Haldimand County representative Patrick O'Neill to the committee;

Acting General Manager introduced the new General Manager for Health and Social Service, Sarah Page

2. Disclosure of Pecuniary Interest

3. Additions to Agenda

4. Presentations/Deputations

5. Adoption/Correction of Advisory Committee Meeting Minutes

5.1 Health and Social Services Advisory Committee - July 24, 2023

Moved By: John Metcalfe
Seconded By: Chris Van Paassen

The Minutes of the Health and Social Services Advisory Committee meeting dated July 24, 2023 having been distributed to all Committee Members and there no updates and the minutes are adopted and sign by Chair Bentley.

Carried.

6. Update on Reports

Stephanie Rice, Acting General Manager of Health and Social Services advised that there are no updates from July 24, 2023 Health and Social Services Advisory Committee meeting and all reports have been approved as presented.

7. Consent Items

8. Staff Reports

8.1 Public Health

8.1.1 Acting Medical Officer of Health Update – Dr. Joyce Lock, HSS-23-057

Moved By: Patrick O'Neill
Seconded By: John Metcalfe

That the Acting Medical Officer of Health update HSS-23-057 be received as information.

Carried.

8.1.2 Haldimand-Norfolk Health Unit COVID-19 After Action Report, HSS-23-048

Moved By: Chris Van Paassen
Seconded By: John Metcalfe

THAT the Board of Health accept the Haldimand-Norfolk Health Unit (HNHU) COVID-19 After Action Report as information.

Carried.

8.1.3 Haldimand Norfolk Health Unit Strategic Planning Process, HSS-23-050

Moved By: John Metcalfe
Seconded By: Chris Van Paassen

THAT report number HSS-23-050 be received as information.

AND THAT staff recommended that Clerks of both counties coordinate and share availability of advisory committee and BOH for strategic plan consultation.

Carried.

8.1.4 Health Equity Program, HSS-23-049

Moved By: Chris Van Paassen
Seconded By: John Metcalfe

THAT the Information Memo regarding the Health Equity Program HSS-23-049 be received as information.

Carried.

8.1.5 Strengthening Public Health and Voluntary Mergers, HSS-23-056

Moved By: Patrick O'Neill
Seconded By: Chris Van Paassen

That this report HSS-23-056 be received as information;

AND THAT the Director of Public Health engage with the Norfolk County Purchasing Team to explore expedited procurement options, such as a Vendor of Record, to secure a consultant to explore merger options with neighboring health units and present a report with recommendations;

AND FURTHER THAT the consultant’s report and an accompanying staff report be brought back to the February Board of Health meeting for a decision on a potential voluntary merger to be included in the 2024 Haldimand Norfolk Health Unit Annual Service Plan.

Carried.

8.2 Social Services and Housing

8.2.1 Service Manager Consent-Sale of Haldimand Norfolk Housing Corporation (HNHC) Properties, HSS-23-047

Moved By: Chris Van Paassen
Seconded By: John Metcalfe

THAT staff report HSS 23-047, Service Manager Consent for sale of Haldimand Norfolk Housing Corporation (HNHC) properties, be received as information;

AND THAT Council direct staff to provide Service Manager Consent to the Haldimand Norfolk Housing Corporation (HNHC) to sell properties: 72/74 Oakwood Avenue, Simcoe and 643 Gibraltar St., Delhi;

AND THAT the proceeds from the sale of these properties be deposited into the appropriate HNHC reserve fund to be used towards the development of new affordable housing in Norfolk County;

AND FURTHER THAT Council direct staff to provide this information to MMAH once the sale of the property closes, in accordance with the *Housing Services Act*.

Carried.

8.2.2 Provincial Allocation of OPHI and COCHI Funding and Investment Plan 2023-2024, HSS-23-051

Moved By: John Metcalfe
Seconded By: Chris Van Paassen

THAT Staff Report HSS 23-051, Provincial Allocation of OPHI and COCHI Funding and Investment Plan 2023-2024 – Budget Amendment be received as information;

AND THAT Council accept the COCHI funding in the amount of $507,600 and the OPHI funding in the amount of $505,400;

AND THAT Council authorize the Mayor and Clerk to sign the required Transfer Payment Agreement with the Ministry of Municipal Affairs and Housing;

AND THAT Council approve the per program funding allocations as outlined in this staff report;

AND FURTHER THAT the COCHI and OPHI Investment Plan containing the per program allocations be submitted to the Ministry of Municipal Affairs and Housing.

Carried.

8.2.3 Homelessness Prevention Program (HPP) Update, HSS-23-054

Moved By: John Metcalfe
Seconded By: Patrick O'Neill

That Council receive report HSS-23-054 as information;

And that Council authorize a single source supply as outlined in Norfolk County Purchasing Policy CS-02, section 4.8.4 to permit the Director of Social Services & Housing and the Program Manager, Homeless Prevention Services to negotiate with Church Out Serving an amendment to the executed contract for RFP HSS-SSH-22-04 Emergency Shelter Solutions and option to extend the existing contract based on the updated agreement for a period of fifteen (15) months with the option to further extend the Agreement for five (5) additional terms of up to one (1) year each term;

And that Council authorize a single source supply as outlined in Norfolk County Purchasing Policy CS-02, section 4.8.4 to permit the Director of Social Services & Housing and the Program Manager, Homeless Prevention Services to negotiate with Indwell an amendment to the executed contract for RFP HSS-SSH-22-04 Supportive Housing and option to extend the existing contract based on the updated agreement for a period of fifteen (15) months with the option to further extend the Agreement for five (5) additional terms of up to one (1) year each term;

And further that Council authorize a single source supply as outlined in Norfolk County Purchasing Policy CS-02, section 4.8.4 to permit the Director of Social Services & Housing and the Program Manager, Homeless Prevention Services to negotiate new

contracts in Norfolk for Emergency Solutions and Transitional Housing services should the current providers decline any contract extensions.

Carried.

9. Sub-Committee Reports

10. Communications

10.1 alPHa- Public Health Matters

10.2 August alPHa Info Break

10.3 September alPHa Info Break

10.4 Chief Medical Officer of Health -Memo

11. Other Business

12. Closed Session

13. Next Meeting

13.1 Monday October 23, 2023

14. Adjournment

Moved By: John Metcalfe
Seconded By: Patrick O'Neill

4:06pm

Carried.

Chair

Clerk

Board of Health Meeting – November 07, 2023

Advisory Committee Meeting – October 23, 2023

Subject:	Medical Officer of Health Update
Report Number:	HSS-23-063
Division:	Health and Social Services
Department:	Public Health
Purpose:	For Information

Association of Municipalities of Ontario (AMO) Health Transformation Task Force:
AMO confirmed the Terms of Reference for its Health Transformation Task Force in August 2023. The purpose of this Task Force is to inform AMO's advocacy strategy and positions on health policy and transformation. Within the scope of the Task Force is the examination of the municipal health services including public health services. The Task Force plans to meet regularly for one year.

Strengthening Public Health Update:
Voluntary mergers are one of three strategies outlined in the Strengthening Public Health document released by the Ministry of Health in August 2023. At the October Public Health Sector Coordination Table meeting, Ministry partners provided an update on the Voluntary Merger Key Informant Group. A report is anticipated from the Group by the end of October. It is expected that this report will provide further information on the recommended merger approach including criteria for merging, objectives, parameters, & accountabilities. The information from this report will assist in developing the parameters for the upcoming stakeholder consultation.

Meeting with Sunrise Rotary Club:
The Ottawa Charter for Health Promotion was developed in 1986. It has become an internationally reference strategy for promoting health. The Charter references five key approaches for health promotion action: Build Health Public Policy; Create Supportive Environments; Strengthen Community Action; Develop Personal Skills; & Re-orient Health Services. In keeping with the importance of community partnerships in advancing health promotion by strengthening community action, as a guest speaker I presented on the topic of "Community Well Being and the Rotary Club".

Respiratory Season Public Communication Plan:
The viral respiratory season has commenced with an increase in pediatric hospitalizations for RSV. COVID-19 outbreaks are decreasing but are expected to increase once again as the season progresses. For those at higher risk for severe illness, early use of antiviral medications has shown to decrease illness severity and the

need for hospitalizations. To that end, this year's key messages to our community will include "Know your risk". Our objective is to increase awareness among higher risk citizens to get tested early for COVID and to know how to get antivirals if you test positive.

Co-administration of Vaccines:
Logistically, there may be challenges for healthcare providers, including public health, to make multiple visits to administer vaccines within Congregate Living Settings. Yet it is important to optimally time vaccine administration to ensure immunity for the duration of the respiratory season. To support best practice, the Ontario Immunization Advisory Committee (OIAC) provides evidence-based advice to Public Health Ontario on vaccines. With the arrival of the RSV vaccine, the committee provided recommendations for the co-administration of RSV, COVID-19, and Influenza Vaccines for older adults living in Long-Term Care Facilities. When providing recommendations, the committee considers several factors including, among others, the safety, efficacy, and immune response to the vaccine with co-administration. For this upcoming season, OIAC recommended that the GSK RSV vaccine not be routinely co-administered with COVID-19 and Influenza vaccines. This recommendation may change in future season once we have more experience with the RSV vaccine. Influenza vaccine may be co-administered with the COVID vaccine.

Respectfully Submitted by:
Dr. Joyce Lock
Medical Officer of Health

Health and Social Services
Haldimand and Norfolk

Board of Health Meeting – November 07, 2023

Advisory Committee Meeting – October 23, 2023

Subject:	Respiratory Season
Report Number:	HSS-23-052
Division:	Health and Social Services
Department:	Public Health
Purpose:	For Information

Recommendation(s):

THAT the Information Memo regarding Respiratory Season be received as information.

Executive Summary:

This memo provides the Board of Health (BOH) with information regarding the 2023/24 Respiratory Season and an overview of the Health Unit's efforts to manage Respiratory Viruses including Influenza, COVID-19 and Acute Respiratory illnesses (ARI). This memo will highlight some of the challenges and trends of respiratory infections and the public health interventions required to address them.

Discussion:

The goals of the Infectious and Communicable Diseases Prevention and Control Programs are to reduce the burden of communicable diseases and other infectious diseases of public health significance[1]. Respiratory viruses including COVID-19, Influenza A and Influenza B are considered Diseases of Public Health Significance as part of the Health Promotion and Protection Act (1990, amended 2021) and are therefore reportable to public health by law[2].

While COVID-19 remains a significant threat to the health of Ontarians, many other respiratory viruses also cause disease and illness in the population. These other respiratory viruses include Influenza, Respiratory Syncytial Virus (RSV) and acute respiratory infections (ARIs) that can result in severe outcomes such as hospitalization, long-term side effects and even death. Understanding respiratory viruses that pose a health threat within our communities allows for better clinical and public health management.

Respiratory Season

Respiratory viruses can be transmitted all year long with surveillance reporting commencing September 1st until August 31st. Respiratory season is generally identified as the period from

November 1st to April 30th, during which time respiratory virus activity, in particular influenza, tends to peak. Currently, COVID-19 is not recognized as a seasonal respiratory virus as it does not follow a seasonal pattern[3], which is typical for novel coronaviruses. However, surveillance reporting for COVID-19 is conducted in alignment with all other seasonal respiratory viruses[3].

Respiratory Viruses

Respiratory diseases are a group of illnesses caused by organisms such as viruses or bacteria that affect the respiratory system (e.g. nose, lungs and throat). The organisms can be spread by coughing, sneezing or face-to-face contact and include diseases such as tuberculosis and legionella to influenza and COVID-19[4]. In general, respiratory viruses commonly result in mild cold or flu like symptoms, with the exception of people with risk factors, the elderly and the very young who may present with more severe symptoms[5].

Common Symptoms

Symptoms may be different depending on which virus is causing the illness and people with the same virus may have different symptoms and severity. However, there are symptoms that are common to many respiratory viruses including:

- Fever,
- Cough,
- Runny nose,
- Sneezing,
- Sore throat,
- Headaches, and
- Muscle aches

Symptoms will often be mild or moderate, but some people may get severe illness and this is usually due to complications from worsening infection that may lead to bronchitis, laryngitis, sinusitis, ear infections or pneumonia. Most people will develop symptoms between 1-10 days after being infected, depending on the type of virus.

Risk Factors

While anyone can get respiratory viruses, those who are at higher risk of severe illness include:

- People aged 60 years and older,
- People who are immunocompromised,
- Pregnant people,
- First Nations, Inuit or Metis communities,
- International Agricultural Workers living in Congregate Living Settings,
- Residents, Staff, Essential Care Givers and Visitors to Highest Risk Settings, and
- People who are unvaccinated

In particular, older age is a significant risk factor for serious illness, particularly when combined with significant underlying health conditions that could lead to hospitalization, long-term side effects, chronic conditions and even death[5]. It is important that the people are aware if they are high-risk for

respiratory viruses so they can develop a plan ahead of time regrading being tested if they become symptomatic and receiving early anti-viral therapies if appropriate.

Seasonal Respiratory Viruses

Seasonal Respiratory viruses that commonly circulate include:

- Influenza A & B
- COVID-19
- Acute Respiratory Infections
    - Respiratory Syncytial Virus
    - Human Metapneumovirus
    - Rhinovirus
    - Adenovirus
    - Parainfluenza Virus
    - Bocavirus
    - Human Coronavirus

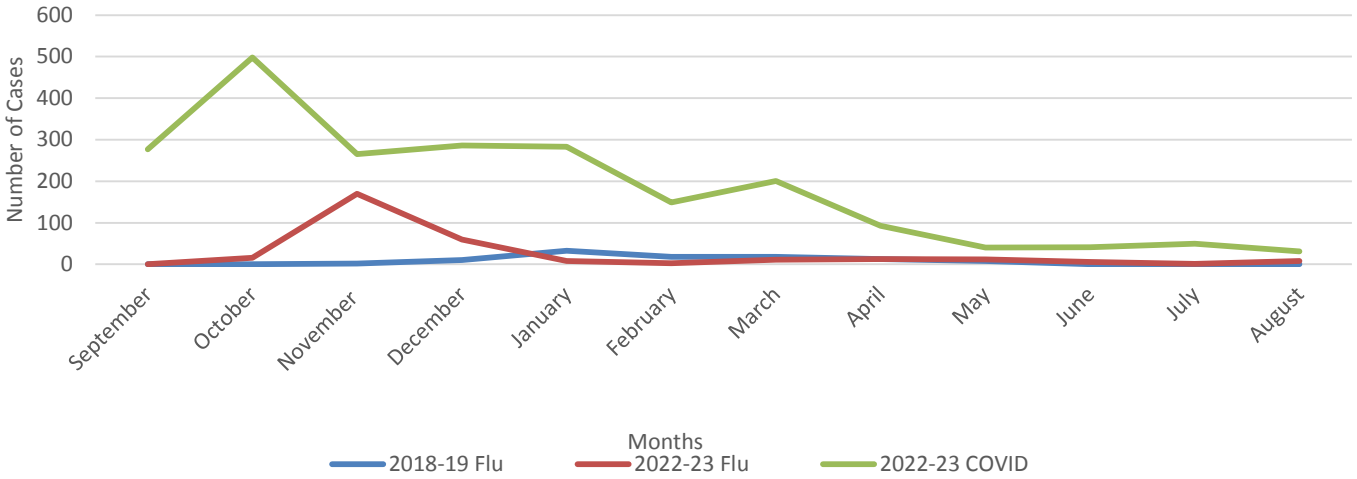
Of the respiratory viruses outlined above Influenza A & B and COVID-19 are listed as Diseases of Public Health Significance under the Health Protection and Promotion Act part IV Communicable Diseases within the general population[1]. The exception to this is in terms of respiratory outbreaks in institutions when all of the above noted seasonal respiratory viruses are reportable to public health as a transmissible and communicable disease in this priority population setting[6].

Respiratory Virus Activity

Respiratory Surveillance

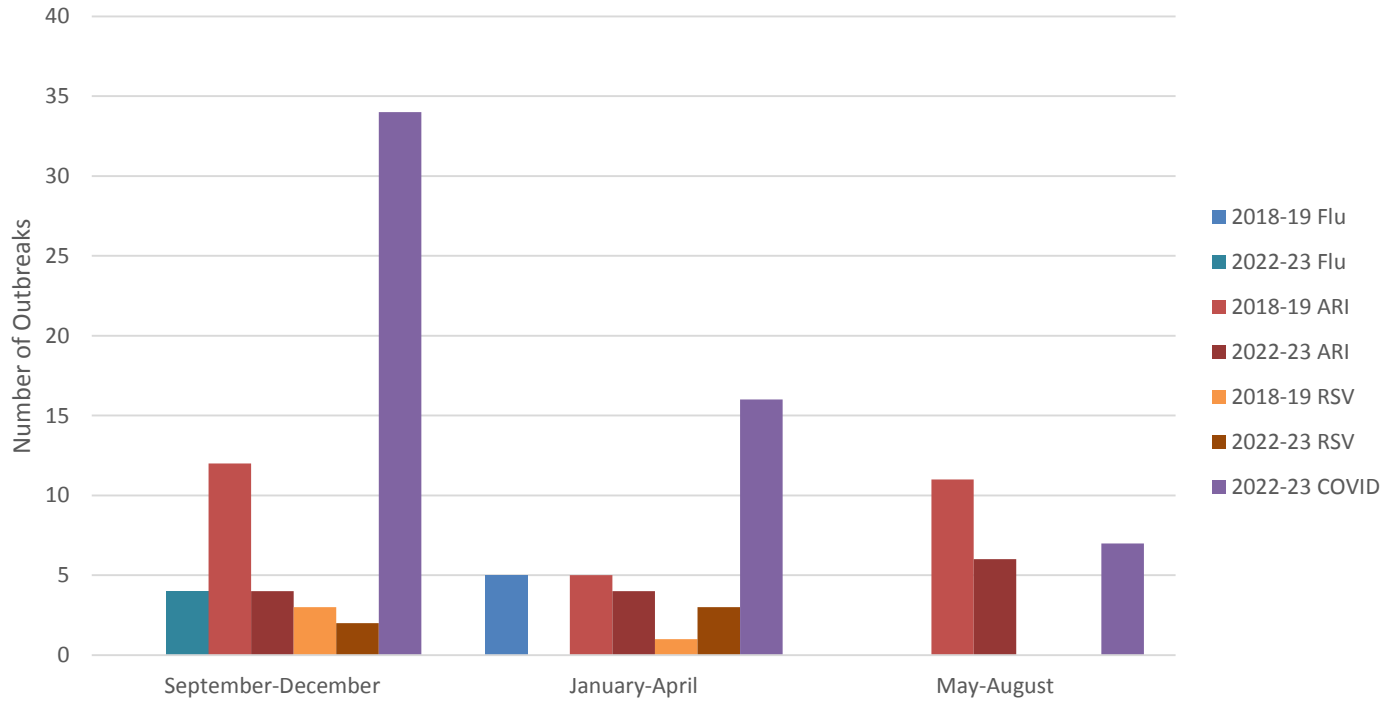
The HNHU undertakes surveillance monitoring of Influenza A & B and COVID-19 as Diseases of Public Health Significance through receipt of positive lab reports for cases within Haldimand Norfolk Jurisdiction that are then entered into ministry databases. Information entered into these ministry databases is extracted for surveillance reporting, identification of disease trends and assistance with program planning. In particular, Influenza A & B and COVID-19 surveillance data helps to provide an understanding of the respiratory activity levels within Haldimand and Norfolk Jurisdictions. The graph below (Graph One) outlines the number of Influenza and COVID cases for the 2018-19 surveillance period (pre COVID-19 pandemic) and the 2022-23 surveillance period (post COVID-19 pandemic) to compare the increase in respiratory viruses circulating in the community over a 5-year period. You will note that Influenza follows the traditional seasonal pattern, peaking in November and then tailing off into April. In contrast to that, COVID-19 demonstrates peaks and troughs throughout the entire surveillance season. While COVID-19 is no longer in a pandemic phase, communities are continuing to experience illness due to COVID-19 and influenza cases have also continued to rise as COVID-19 related public health measures were further relaxed for our communities. Testing eligibility for COVID-19 and Influenza also changed during this time. Therefore, true case-counts are most likely underestimated for COVID-19 as testing eligibility decreased, and overestimated for Influenza as testing eligibility increased.

Graph One: Influenza and COVID-19 Cases in HNHU



From an outbreak surveillance perspective, surveillance data for Influenza, COVID-19, Respiratory Syncytial Virus, and Acute Respiratory illnesses is available, as these viruses are reportable to public health as a transmissible and communicable disease within an institutional setting[6]. From the graph below (Graph Two), respiratory outbreaks follow the same seasonal pattern as sporadic cases. The majority of outbreaks in institutions tend to be caused by an acute respiratory illness including; parainfluenza, rhinovirus, human metapneumovirus, human coronavirus, or an unknown agent. COVID-19 is the exception since it caused institutional outbreaks throughout the year during the pandemic period of 2020 - 2022 and continues to do so post pandemic.

Graph Two: Confirmed Institutional Respiratory Outbreaks in HNHU



Respiratory Season

Concerning overall HNHU activity levels within respiratory season you will note a large influx of influenza cases in November 2022, which are predominantly influenza A (Table One). Influenza activity then decreases steadily and climbs slightly in March and April where we generally see a change to Influenza B cases. Once again, as COVID-19 does not follow a seasonal pattern, numbers stay reasonably stable with a similar amount of cases reported month to month for the first 3 months, peaking, and troughing for the latter 3 months of respiratory season.

Table One: HNHU Activity Levels

	Influenza		**COVID**	
Month	**2018-19**	**2022-23**	**2018-19**	**2022-23**
November	2	170	0	265
December	10	60	0	286
January	33	8	0	283
February	18	3	0	149
March	18	11	0	201
April	13	13	0	93
Total Sporadic Cases	**94**	**265**	**0**	**1,277**

While it is difficult to predict the number of COVID-19 and Influenza cases for the upcoming respiratory season we can make some assumptions. It is expected that our influenza case levels will follow a similar pattern as last year unless testing eligibility is returned to pre-pandemic criteria, with a range of 94-265 cases. Expectations for COVID-19 are more uncertain. During the pandemic the highest year for case numbers was 2022 which was driven by the emergence of the Omicron variant and its high transmissibility and low severity. At this time, Omicron XBB is the most dominant strain of COVID-19 and it is yet to be seen if this strain will follow the same behavior as previous Omicron strains.

Looking at the outbreak pattern in our institutions during respiratory season there was a total of 44 outbreaks (Table Two), this is approximately 56% of the confirmed outbreaks managed during the 2022-23 surveillance period. This concentration of outbreaks requires the ID team to prioritize outbreak management and follow-up for high-risk diseases of public health significance. In previous years, all other diseases of public health significance would receive complete case management within the ministry mandated time frames. However, with the expectation of increased Influenza cases and a potential repeated pattern of respiratory outbreaks in institutional settings, we plan to reduce to minimum case management and/or no surveillance data entry for lower-risk diseases of public health significance. This will assist the health unit to successfully manage the predicted surge during respiratory season.

Table Two: Confirmed Institutional Respiratory Outbreaks in HNHU

	Influenza		COVID		RSV		ARI	
Month	**2018-19**	**2022-23**	**2018-19**	**2022-23**	**2018-19**	**2022-23**	**2018-19**	**2022-23**
November	0	2	0	6	0	0	3	0
December	0	1	0	9	3	2	5	1
January	0	0	0	4	0	2	0	1
February	2	0	0	2	1	1	2	0
March	3	0	0	6	0	0	2	2
April	0	0	0	4	0	0	1	1
Total Outbreaks	**5**	**3**	**0**	**31**	**4**	**5**	**13**	**5**

Infectious Disease Team Response to Respiratory Season

The infectious disease team and the vaccine preventable disease team are the two teams most highly involved in the respiratory season response. This response utilizes a multi-faceted approach in order to achieve the best outcomes throughout the season. With the 2023/24 respiratory season beginning, it is important to consider steps that can be taken to decrease and/or prevent the transmission of respiratory viruses.

Vaccination

This respiratory season the Ministry of Health has once again launched a COVID-19 and Influenza vaccination campaign. These vaccinations are aimed at reducing the risk of severe illness from these two respiratory viruses. Publicly funded vaccines have been made available for both of these viruses with the Moderna Spikevax XBB and Pfizer XBB vaccine being approved for COVID-19 and FluLaval, Fluzone Quadrivalent & Fluzone high-dose Quadrivalent and Fluad being approved for influenza[7]. In addition, a vaccine for RSV, Arexvy has been approved by health Canada for those 60+. Following the Ministry announcement September 14th, this vaccine will be publicly funded for those 60 and over living in long-term care homes (LTC), elder lodges and some retirement home (RH) residents[12].

Vaccines for Influenza and COVID-19 will begin to be received by HNHU at the end of September with initial vaccination distribution to our health care provider and other high-risk settings. Both vaccines will then be made available to the public towards the end of October. Community members will be able to receive both the COVID-19 and Influenza vaccine at the same time, if the last COVID vaccine or COVID infection was at least 6 months ago[7].

Health Education

Another key piece to prevention of illness from respiratory viruses is health education. At a high level, health education is aimed at promoting an understanding of how to maintain personal health, which in the case of respiratory season would also influence population health by decreasing not only individual cases of respiratory virus infections but also outbreaks of respiratory illnesses. The key health education messages for respiratory season are:

- Get Vaccinated
- Practice effective hand hygiene and follow respiratory etiquette
- Stay home if you are sick
- Know your risk and get assessed

Information on these key practices is available on our health unit website as well as our social media pages including Facebook and Twitter. The public will also find information regarding accessing Rapid Antigen Tests and making a plan for COVID-19 antiviral treatment if they are at high risk of severe outcomes. High-risk individuals include:

- People who identify as First Nations, Inuit, and Metis
- International Agricultural Workers
- People in congregate living setting, like long-term care and retirement homes
- Adults 60 years of age and older
- Immunocompromised adults 18 years of age and older
- Adults 18-59 years old with:
    - One or more underlying medical condition (such as diabetes, heart of lung disease)
    - Inadequate immunity against COVID-19 from:
        - Not receiving a full primary series of COVID-19 vaccine
        - Having received a full primary series but no COVID-19 vaccine or COVID-19 infection within the past 6 months[14]

It is recommended that those individuals considered high-risk for severe outcomes from COVID-19 (as listed above) have access to COVID-19 tests at home. These individuals should also speak with their health care provider and pharmacist in advance about treatment options and develop a treatment plan in advance.

Similarly, anti-viral treatment for seasonal influenza is available and should be used to treat adults and children with influenza like illness who:

- Are at higher risk of complications of influenza (65 years and older, pregnant women and women up to 4 weeks post-partum); or
- Have severe, complicated, or progressive illness, or
- Are hospitalized[13]

There are other factors that a health care professional will take into account before prescribing influenza anti-virals including if influenza is circulating in the community[13]. Therefore, people who are at high-risk for influenza and have an influenza like illness should seek medical assessment with their health care practitioner[13].

To strengthen the messaging and health education surrounding accessing testing for COVID-19 and anti-virals for COVID-19 and Influenza a HNHU directed communication campaign is being developed and will be multi-layered broadcast through several channels.

Surveillance

Surveillance efforts for respiratory viruses are conducted at the international, national, provincial and local jurisdictional level. Respiratory virus surveillance is important for controlling the spread of influenza, COVID-19 and other respiratory viruses[8]. Surveillance assists with disease and trend identification as well as an opportunity to assess the effectiveness of the influenza and COVID-19 vaccines annually[8]. Internationally FluNet and the Global Influenza Surveillance and Response System that consists of a global network of laboratories provides the World Health Organization with Influenza and COVID-19 control information[9]. The World Health Organization also makes recommendations as to which strains of the Influenza and COVID viruses should be included in the vaccine products that are offered for that year's respiratory season. Nationally, Fluwatch[10] reports national level surveillance data on Influenza and COVID-19 and provincially, public health Ontario report provincial level surveillance data via the Ontario Respiratory Virus tool[3]. All of these surveillance databases rely on support from laboratories and sentinel practitioners. The latter of which is a network of primary care practitioners who volunteer annually to collect specimens from patients who present with influenza like illness or acute respiratory illness to be tested for Influenza, COVID-19 and Acute Respiratory Infections[8].

Locally, the health unit publishes respiratory surveillance data for Influenza, COVID-19, RSV and other ARIs on our website. Assessing and reporting on activity levels of respiratory viruses throughout the season helps inform health care providers and the community. Increasing respiratory virus activity may activate additional control measures or communications to ensure everyone is aware and taking the necessary steps to reduce the burden of respiratory illness[4].

Outbreak Management

In general outbreak management focuses on highest risk settings including acute care settings such as hospitals, congregate living settings including LTCHs, RHs, other Congregate Living Settings (CLS) and employer-provided living settings for international agricultural workers (Ministry of Health, 2023)[11]. Each of these high-risk settings has been identified as being at increased risk of respiratory virus transmission and adverse outcomes as they provide residential services to individuals who are medically and/or socially vulnerable (Ministry of Health, 2023)[11].

Outbreak management includes collaborating with facility staff to define and investigate cases and contacts in the outbreak area. This will include testing for respiratory viruses and ensuring anti-viral medication orders are in place for those who test positive and are eligible prior to the occurrence of an outbreak. Infection, prevention and control guidance is also provided and recommendations on surveillance strategies are discussed. The ID team is also involved in IPAC planning and are an integral part of the facilities prevention, and control meetings assisting with infection prevention and control, outbreak planning and preparedness.

Through these joint efforts, the Health Unit's ID and VPD teams aim to increase awareness of respiratory viruses and ultimately decrease the transmission of respiratory viruses in our communities. The VPD team focuses on influenza and COVID-19 vaccinations, and ensures availability and accessibility to influenza and COVID-19 vaccines to high-risk individuals and the public. The ID team focuses on health education, surveillance and outbreak management. These areas of focus assist in building capacity for implementation of infection prevention and control strategies in order to prevent respiratory outbreaks in institutions and hospitals and reduce the incidence of sporadic cases of influenza and COVID-19 in the community.

Action Plan

As the Board of Health are respected members of our community and can be advocates for this important public health initiative, staff ask that they speak positively about the benefits of immunization. The Board can also lead by example by getting their flu and COVID vaccine every year, knowing your risk and getting assessed, practicing effective hand hygiene, following respiratory etiquette and staying home if you are feeling sick. This year in particular we ask that the Board of Health communicate to the community the importance of knowing your risk when it comes to COVID-19 and Influenza and getting assessed to put plans in place in advance for testing and anti-virals if they are a person at high-risk for either or both of these respiratory viruses.

Financial Services Comments:

Norfolk County

There are no financial implications within the memo as presented.

The Approved 2023 Haldimand-Norfolk Health Unit Operating Budget includes $1,582,800 to support the Infectious Diseases and Vaccine Preventable Diseases teams, who deliver programs inclusive of the respiratory activities described within this report. These teams and their programs are offered and funded in accordance with the Ministry of Health's Mandatory Programs.

Haldimand County

Haldimand Finance staff have reviewed this report and agree with the information provided by Norfolk Financial Services.

Interdepartmental Implications:

Norfolk County

Haldimand County

The work and information included in this information memo aligns with the Haldimand County Community Vibrancy & Health Community Corporate Strategic Pillar.

Consultation(s):

N/A

Strategic Plan Linkage:

This report aligns with the 2022-2026 Council Strategic Priority Serving Norfolk - Ensuring a fiscally responsible organization with engaged employees who value excellent service.

Explanation: The Infectious Disease Team will focus on public health services to address the needs of the Infectious Disease Program. The Key areas of focus are awareness through surveillance and trend identification, education of the public through communication and health promotion, providing services through Case, Contact and Outbreak Management and infection prevention and control initiatives.

Conclusion:

Respiratory viruses present an ongoing risk to the well-being of the public and impose a significant strain on the healthcare system every year. Vaccination is the most effective way to prevent influenza and COVID-19 and their associated complications. Through joint efforts, the Health Unit's ID and VPD Teams aim to increase awareness of respiratory viruses. These areas of focus assist in building capacity for implementation of infection prevention and control strategies in order to prevent respiratory outbreaks in institutions and hospitals and reduce the incidence of sporadic cases of influenza and COVID-19 in the community.

Attachment(s):

- None

Approval:

Approved By:
Sarah Page
General Manager, Health and Social Services
Haldimand-Norfolk Health and Social Services

Reviewed By:
Dr. Joyce Lock
Acting Medical Officer of Health
Haldimand-Norfolk Health and Social Services

Syed Shah
Director, Public Health
Haldimand-Norfolk Health and Social Services

Prepared By:
Sarah Titmus
Program Manager, COVID 19 Response
Haldimand-Norfolk Health and Social Services

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Board of Health Meeting – November 07, 2023

Advisory Committee Meeting – October 23, 2023

Subject:	2023 Haldimand-Norfolk Health Unit Funding and Accountability Agreement – BUDGET AMENDMENT
Report Number:	HSS-23-059
Division:	Health and Social Services
Department:	Public Health
Purpose:	For Decision

Recommendation(s):

That THAT Staff Report # HSS-23-059 Haldimand-Norfolk Health Unit Funding and Accountability Agreement be received as information;

AND THAT the Approved 2023 Haldimand-Norfolk Health Unit Operating Budget be amended to include $125,200 in base and one-time funding;

AND THAT the Board of Health endorse the delivery of one-time programs as outlined in the report.

Executive Summary:

This report is to advise the Board of Health on the outcome of the Annual Service Plan and Budget Submission (ASPBS). It also provides information on the current Public Health funding and accountability agreement, requests approval for the funding to be received, and requests that the current Board of Health operating budget be amended.

Discussion:

The Ministry of Health (MOH) requires submission of an Annual Service Plan (ASP) to accompany the request for funding for mandatory and related programs. The ASP was submitted to the MOH on March 1, 2023. Board of Health (BOH) report HSS-23-025 on the ASP was presented on June 6, 2023 for endorsement. The MOH communicated approved allocations via the Amending Agreement on August 29, 2023. This budget amendment report is being presented to the Board for approval, inclusive of base and one-time budget adjustments.

Base Programs

Table 1- Base Programs Funding

	Request	ASP Request ($)	Approved Allocation ($)	Increase/ (Decrease) ($)
1	Mandatory Programs (70%)	5,486,300	5,527,475	41,175
2	MOH/AMOH Compensation Initiative (100%)	0	0	0
3	Ontario Seniors Dental Care (100%)	633,300	633,300	0
	Total	**$6,119,600**	**$6,160,775**	**$41,175**

Staff recommend the Mandatory Programs funding increase be used to offset the municipally shared levy contributions of Haldimand and Norfolk counties. For the MOH/AMOH initiative, communication has been received from the ministry that HNHU will not be eligible.

One-Time Programs

In total, staff submitted eight one-time funding requests with three additional projects approved outside of the ASP.

Requests are made in line with the approved operating and capital budgets as much as possible; however, the MOH may adjust the criteria for funding based on their program guidelines for the year. Unfortunately, due to timing of the Provincial budget (XX to XX) against the Health Unit's budget (made based upon the calendar year of January to December), these adjustments are not known in time for inclusion in the proposed budget. The Health Unit's submission is then adjusted as needed to reflect MOH guidelines.

Calendar year requests are approved for the period of January 1 to December 31, 2023. Table 2 outlines the difference between the ASP and Approved Allocations.

Table 2 - One-Time Programs Funding – Calendar

	Request	ASP Request ($)	Approved Allocation ($)	Increase/ (Decrease) ($)
1	Cost-Sharing Mitigation	0	325,400	325,400
2	COVID-19: General Program	1,035,100	1,035,100[1]	0
3	COVID-19: Vaccine Program	1,165,000	1,165,000[1]	0
	Total	**$2,525,100**	**$2,850,500**	**$325,400**

[1]The MOH has committed to funding COVID-19 costs to December 31, 2023. The Ministry has indicated they will update allocations quarterly based on reporting rather than provide an approved annual allocation.

The MOH has communicated that they will return to a 75% Provincial / 25% Levy cost sharing formula. The one-time Mitigation funding of $325,400 will be combined with

base Mandatory Program funding in 2024.

Fiscal year requests are approved for the period of April 1, 2023 to March 31, 2024. Table 3 outlines the difference between the ASP and Approved Allocations.

Table 3 - One-Time Programs Funding – Fiscal

	Request	ASP Request ($)	Approved Allocation ($)	Increase/ (Decrease) ($)
1	Public Health Inspector Practicum	28,700	20,000	(8,700)
2	School-Focused Nurses Initiative[1]	0	125,000	125,000
3	Strategic Option Analysis[2]	0	150,000	150,000
4	New Purpose Built Vaccine Fridges	48,700	48,700	0
5	Secure Swipe Card Access	15,300	15,300	0
	Total	**$92,700**	**$359,000**	**$266,300**

[1]School-Focused Nurses – program ended June 30, 2023.
[2]Strategic Option Analysis – requested separately as carryover from 2021-22.

One-time funding requests that were not approved by the MOH are outlined in Table 4. The MOH is once again offering for Health Units to request specific in-year funding; if the Health Unit is successful, a follow up report will be provided to the Board for approval of funded projects.

Table 4 - One-Time Program Funding – Not Approved

	Request	ASP Request ($)
1	Strategic Plan - Process Facilitator	30,000
2	Website Modernization	122,800
3	Electronic Medical Record	125,000
	Total	**$277,800**

Financial Services Comments:

Norfolk County

The Approved 2023 Haldimand-Norfolk Health Unit Operating Budget includes $8,770,100 in MOH funding, while Norfolk County's Approved 2023 Capital Budget includes $150,000 in MOH funding. If approved, the Operating Budget will be amended as outlined in Table 5. An amendment is not required for the Capital Budget.

Table 5 - Budget Amendment Request

	Request	HNHU Budget ($)	MOH Allocation ($)	Increase/ (Decrease) ($)
1	Mandatory Programs	5,486,300	5,527,500	41,200
2	New Purpose Build Vaccine Refrigerators	0	48,700	48,700
3	Public Health Inspector Practicum Program	0	20,000	20,000

4	Secure Swipe Card Access	0	15,300	15,300
	Total	**$5,486,300**	**$5,611,500**	**$125,200**

Of the total funding increase ($125,200), $61,200 (#1 + #3) will be a reduction to the shared levy while the balance of $64,000 (#2 + #4) will require increased expenditures to facilitate unbudgeted projects.

In addition to the above, the Ministry has communicated that Mandatory Program funding for 2024 and 2025 will increase by 1% per year. These allocations will be included in the Haldimand-Norfolk Health Unit's base operating budget.

Haldimand County

Haldimand Finance staff have reviewed this report and agree with the information provided by Norfolk Financial Services. As mentioned above, the funding increase in Items # 1 & 3 would see a reduction in the levy amount to be shared between Norfolk and Haldimand counties through the existing cost-sharing agreement.

With the MOH's return to a funding commitment of 75% Provincial / 25% Levy, it is expected that the 2024 Operating Budget will see this level of funding reflected. Any costs over and above this funding is expected to be shared between Norfolk and Haldimand through the existing cost-sharing agreement.

Interdepartmental Implications:

Norfolk County

Haldimand County

Staff support the requests in the report as this will result in a net levy savings. Staff also recognize that although the Ministry has communicated the funding for 2024 and 2025 programs outlined in this report will increase by 1% per year, much of the provincial funding programs have not aligned with increases to inflation. Any costs to operate a mandatory program that exceed the provincial funding is required to be offset by the tax levy under the cost share program with Norfolk County.

Consultation(s):

N/A

Strategic Plan Linkage:

This report aligns with the 2022-2026 Council Strategic Priority Serving Norfolk - Ensuring a fiscally responsible organization with engaged employees who value excellent service.

Explanation:

The approved allocations from the MOH allow the Haldimand-Norfolk Health Unit to provide innovative ways of offering new services while also focusing on maintaining existing service levels, all while helping to reduce local taxpayer burden.

Conclusion:

This report is to advise the Board of Health of the new schedules from the Ministry of Health for the 2023 funding year, to request the Board endorse the new agreement and to request the budget be amended.

Attachment(s):

- Attachment A - HNHU 2023 Funding and Accountability Agreement

Approval:

Approved By:
Sarah Page
General Manager, Health & Social Services

Reviewed By:
Syed Shah
Director, Public Health

Prepared By:
Michael VanSickle
Senior Financial Analyst

New Schedules to the
Public Health Funding and Accountability Agreement

BETWEEN THE PROVINCE AND THE BOARD OF HEALTH

(BOARD OF HEALTH FOR THE HALDIMAND-NORFOLK HEALTH UNIT)

EFFECTIVE AS OF THE 1ST DAY OF JANUARY 2023

Schedule A
Grants and Budget

Board of Health for the Haldimand-Norfolk Health Unit

DETAILED BUDGET - MAXIMUM BASE FUNDS (GRANTS TO BE PAID SEMI-MONTHLY, FOR THE PERIODS OF JANUARY 1ST TO DECEMBER 31ST AND APRIL 1ST TO MARCH 31ST)			
Programs / Sources of Funding	**Grant Details**	**2023 Grant ($)**	**2023-24 Grant ($)**
Mandatory Programs (Cost-Shared)	• The 2023 Grant includes a pro-rated increase of $41,175 for the period of April 1, 2023 to December 31, 2023 • Per the Funding Letter, the 2023-34 Grant includes an annualized increase of $54,900 for the period of April 1, 2023 to March 31, 2024	5,527,475	5,541,200
MOH / AMOH Compensation Initiative (100%)	Cash flow will be adjusted to reflect the actual status of Medical Officer of Health (MOH) and Associate MOH positions, based on an annual application process.	103,600	103,600
Ontario Seniors Dental Care Program (100%)		633,300	633,300
Total Maximum Base Funds		**6,264,375**	**6,278,100**

DETAILED BUDGET - MAXIMUM ONE-TIME FUNDS (GRANTS TO BE PAID SEMI-MONTHLY, FOR THE PERIOD OF APRIL 1, 2023 TO MARCH 31, 2024, UNLESS OTHERWISE NOTED)			
Projects / Initiatives			**2023-24 Grant ($)**
Cost-Sharing Mitigation (100%) (For the period of January 1, 2023 to December 31, 2023)			325,400
Mandatory Programs: New Purpose-Built Vaccine Refrigerators (100%)			48,700
Mandatory Programs: Public Health Inspector Practicum Program (100%)			20,000
Capital: Secure Card Swipe Access (100%)			15,300
School-Focused Nurses Initiative (100%) (For the period of April 1, 2023 to June 30, 2023)	# of FTEs	5	125,000
Total Maximum One-Time Funds			**534,400**

Total Maximum Base and One-Time Funds[1]	**6,812,500**

2022-23 CARRY OVER ONE-TIME FUNDS[2] (CARRY OVER FOR THE PERIOD OF APRIL 1, 2023 to MARCH 31, 2024)		
Projects / Initiatives	**2022-23 Grant ($)**	**2023-24 Approved Carry Over ($)**
Mandatory Programs: Strategic Option Analysis (100%)	150,000	150,000
Total Maximum Carry Over One-Time Funds	**150,000**	**150,000**

NOTES:

(1) Cash flow will be adjusted when the Province provides a new Schedule "A".

(2) Carry over of one-time funds is approved according to the criteria outlined in the provincial correspondence dated March 17, 2023.

SCHEDULE B

RELATED PROGRAM POLICIES AND GUIDELINES

Type of Funding	***Base Funding***

Provincial base funding is provided to the Board of Health for the purposes of delivering public health programs and services in accordance with the Health Protection and Promotion Act (HPPA), Regulations under the HPPA, Ontario Public Health Standards, and the Agreement. Provincial base funding is also provided to the Board of Health for the purposes of delivering related public health programs and initiatives in accordance with Schedule B.

Mandatory Programs: Harm Reduction Program Enhancement

The scope of work for the Harm Reduction Program Enhancement is divided into three components:

1. Local Opioid Response;
2. Naloxone Distribution and Training; and,
3. Opioid Overdose Early Warning and Surveillance.

Local Opioid Response

Base funding must be used to build a sustainable community outreach and response capacity to address drug and opioid-related challenges in their communities. This includes working with a broad base of partners to ensure any local opioid response is coordinated, integrated, and that systems and structures are in place to adapt/enhance service models to meet evolving needs.

Local response plans, which can include harm reduction and education/prevention, initiatives, should contribute to increased access to programs and services, and improved health outcomes (i.e., decrease overdose and overdose deaths, emergency room visits, hospitalizations). With these goals in mind, the Board of Health is expected to:

- Conduct a population health/situational assessment, including the identification of opioid-related community challenges and issues, which are informed by local data, community engagement, early warning systems, etc.
- Lead/support the development, implementation, and evaluation of a local overdose response plan (or drug strategy). Any plan or initiative should be based on the needs identified (and/or gaps) in your local assessment. This may include building community outreach and response capacity, enhanced harm reduction services and/or education/prevention programs and services.
- Engage stakeholders – identify and leverage community partners to support the population health/situational assessment and implementation of local overdose response plans or initiatives. Community stakeholders, including First Nations, Métis and Inuit communities and persons with lived experience, should be meaningfully engaged in the planning and implementation of all initiatives, where appropriate.

- Adopt and ensure timely data entry into the Ontario Harm Reduction Database, including the Transition to the Ontario Harm Reduction Database and ensure timely collection and entry of minimum data set as per direction from the Province.

Naloxone Kit Distribution and Training

The Board of Health (or their Designate) must be established as a naloxone distribution lead/hub for eligible community organizations, as specified by the Province, which will increase dissemination of kits to those most at risk of opioid overdose.

To achieve this, the Board of Health is expected to:

- Order naloxone kits as outlined by the Province; this includes naloxone required by eligible community organizations distributing naloxone.
- Coordinate and supervise naloxone inventory, including managing supply, storage, maintaining inventory records, and distribution of naloxone to eligible community organizations, and ensuring community organizations distribute naloxone in accordance with eligibility criteria established by the Province.
- With the exception of entities (organizations, individuals, etc.) as specified by the Province:
    - Train community organization staff on naloxone administration, including how to administer naloxone in cases of opioid overdose, recognizing the signs of overdose and ways to reduce the risk of overdose. Board of Health staff would also instruct agency staff on how to provide training to end-users (people who use drugs, their friends and family).
    - Train community organization staff on naloxone eligibility criteria, including providing advice to agency staff on who is eligible to receive naloxone and the recommended quantity to dispense.
    - Support policy development at community organizations, including providing consultation on naloxone-related policy and procedures that are being developed or amended within the eligible community organizations.
    - Promote naloxone availability and engage in community organization outreach, including encouraging eligible community organizations to acquire naloxone kits for distribution to their clients.

Use of naloxone (NARCAN® Nasal Spray and injectable naloxone formulations)

The Board of Health will be required to submit orders for naloxone to the Province in order to implement the Harm Reduction Program Enhancement. By receiving naloxone, the Board of Health acknowledges and agrees that:

- Its use of naloxone is entirely at its own risk. There is no representation, warranty, condition or other promise of any kind, express, implied, statutory or otherwise, given by her Majesty the Queen in Right of Ontario as represented by the Ministry of Health, including Ontario Government Pharmaceutical and Medical Supply Service in connection with naloxone.
- The Province takes no responsibility for any unauthorized use of naloxone by the Board of Health or by its clients.
- The Board of Health also agrees to:
    - Not assign or subcontract the distribution, supply or obligation to comply with any of these terms and conditions to any other person or organization without the prior written consent of the Province.
    - Comply with the terms and conditions as it relates to the use and administration of naloxone as specified in all applicable federal and provincial laws.
    - Provide training to persons who will be administering naloxone. The training shall consist of the following: opioid overdose prevention; signs and symptoms of an opioid overdose; and, the necessary steps to respond to an opioid overdose, including the proper and effective administration of naloxone.
    - Follow all provincial written instructions relating to the proper use, administration, training and/or distribution of naloxone.
    - Immediately return any naloxone in its custody or control at the written request of the Province at the Board of Health's own cost or expense, and that the Province does not guarantee supply of naloxone, nor that naloxone will be provided to the Board of Health in a timely manner.

<u>Opioid Overdose Early Warning and Surveillance</u>

Base funding must be used to support the Board of Health in taking a leadership role in establishing systems to identify and track the risks posed by illicit opioids in their jurisdictions, including the sudden availability of illicit synthetic opioids and resulting opioid overdoses. Risk based information about illicit synthetic opioids should be shared in an ongoing manner with community partners to inform their situational awareness and service planning. This includes:

- Surveillance systems should include a set of "real-time" qualitative and quantitative indicators and complementary information on local illicit synthetic opioid risk. Partners should include, but are not limited to: emergency departments, first responders (police, fire and ambulance) and harm reduction services.
- Early warning systems should include the communication mechanisms and structures required to share information in a timely manner among health system and community

partners, including people who use drugs, about changes in the acute, local risk level, to inform action.

Mandatory Programs: Healthy Smiles Ontario Program

The Healthy Smiles Ontario (HSO) Program provides preventive, routine, and emergency and essential dental treatment for children and youth, from low-income families, who are 17 years of age or under.

In addition to the program requirements under the Ontario Public Health Standards, the Board of Health must ensure that the following requirements are met:

- The Board of Health is responsible for ensuring promotional/marketing activities have a direct and positive impact on meeting the objectives of the HSO Program.
- The Board of Health is reminded that HSO promotional/marketing materials approved by the Province and developed provincially are available for use by the Board of Health in promoting the HSO Program.
- The overarching HSO brand and provincial marketing materials were developed by the Province to promote consistency of messaging, and "look and feel" across the province. When promoting the HSO Program locally, the Board of Health is requested to align local promotional products with the provincial HSO brand. When the Board of Health uses the HSO brand, it is required to liaise with the Ministry of Health's Communications Division to ensure use of the brand aligns with provincial standards.
- The Board of Health is required to bill back relevant programs for services provided to non-HSO clients. All revenues collected under the HSO Program, including revenues collected for the provision of services to non-HSO clients such as Ontario Works adults, Ontario Disability Support Program adults, municipal clients, etc., must be reported as income in financial reports as per Schedule C of the Agreement.
- For the purposes of reporting and monitoring for the HSO Program, the Board of Health must use the following provincial approved systems or mechanisms, or other as specified by the Province.
    - Aggregate screening, enrolment, and utilization data for any given month must be submitted by the 15th of the following month to the ministry in the ministry-issued template titled Dental Clinic Services Monthly Reporting Template.
    - Client-specific clinical data must be recorded in either dental management software (e.g., ClearDent, AbelDent, etc.) or in the template titled HSO Clinic Treatment Workbook that has been issued by the ministry for the purposes of recording such data.
- The Board of Health must enter into Service Level Agreements with any partner organization (e.g., Community Health Centre, Aboriginal Health Access Centre, etc.)

delivering services as part of the HSO Program. The Service Level Agreement must set out clear performance expectations, clearly state funding and reporting requirements between the Board of Health and local partner, and ensure accountability for public funds.

- Any significant change to previously approved HSO business models, including changes to plans, partnerships, or processes, must be approved by the Province before being implemented. Any contract or subcontract entered into by the Board of Health for the purposes of implementing the HSO Program must be conducted according to relevant municipal procurement guidelines.

Mandatory Programs: Nursing Positions

Base funding may be utilized to support Chief Nursing Officer, Infection Prevention and Control, and Social Determinants of Health Nursing positions, as well as other nursing positions at the Board of Health.

The Board of Health shall only employ a Chief Nursing Officer with the following qualifications:

- Registered Nurse in good standing with the College of Nurses of Ontario;
- Baccalaureate degree in nursing;
- Graduate degree in nursing, community health, public health, health promotion, health administration or other relevant equivalent OR be committed to obtaining such qualification within three years of designation;
- Minimum of 10 years nursing experience with progressive leadership responsibilities, including a significant level of experience in public health; and,
- Member of appropriate professional organizations (e.g., Registered Nurses' Association of Ontario, Association of Nursing Directors and Supervisors in Official Health Agencies in Ontario-Public Health Nursing Management, etc.).

The Chief Nursing Officer role must be implemented at a management level within the Board of Health, reporting directly to the Medical Officer of Health or Chief Executive Officer and, in that context, will contribute to organizational effectiveness.

The Board of Health shall only employ an Infection Prevention and Control Nurse with the following qualifications:

- The position is required to have a nursing designation (Registered Nurse, Registered Practical Nurse, or Registered Nurse in the Extended Class); and,
- Certification in Infection Control (CIC), or a commitment to obtaining CIC within three years of beginning of employment.

Type of Funding	***Base Funding***

The Board of Health shall only employ a Social Determinants of Health Nurse with the following qualifications:

- The position is required to be to be a Registered Nurse; and,
- The position is required to have or be committed to obtaining the qualifications of a public health nurse as specified in section 71(3) of the HPPA and section 6 of Ontario Regulation 566 under the HPPA.

Mandatory Programs: Smoke-Free Ontario

Smoke-Free Ontario is a comprehensive approach that combines programs, policies, social marketing, and legislation to reduce the use of tobacco and vapour products and lower health risks by protecting Ontarians from second-hand smoke and vapour, and to keep harmful products out of the hands of children and youth.

In addition to the program requirements under the Ontario Public Health Standards, the Board of Health must ensure that it complies with any written directions provided by the Province on the interpretation and enforcement of the Smoke-Free Ontario Act, 2017.

Medical Officer of Health / Associate Medical Officer of Health Compensation Initiative (100%)

The Province provides the Board of Health with 100% of the additional base funding required to fund eligible Medical Officer of Health (MOH) and Associate Medical Officer of Health (AMOH) positions within salary ranges initially established as part of the 2008 Physician Services Agreement and continued under subsequent agreements.

Base funding must be used for costs associated with top-up for salaries and benefits, and for applicable stipends, to eligible MOH and AMOH positions at the Board of Health and cannot be used to support other physicians or staffing costs. Base funding for this initiative continues to be separate from cost-shared base salaries and benefits.

The maximum base funding allocation in Schedule A of the Agreement does not necessarily reflect the cash flow that the Board of Health will receive. Cash flow will continue to be adjusted regularly by the Province based on up-to-date application data and information provided by the Board of Health during a funding year. The Board of Health is required to notify the Province if there is any change in the eligible MOH and/or AMOH(s) base salary, benefits, FTE and/or position status as this may impact the eligibility amount for top-up.

The Board of Health must comply and adhere to the eligibility criteria for the MOH/AMOH Compensation Initiative as per the Policy Framework on Medical Officer of Health

Appointments, Reporting, and Compensation, including requirements related to minimum salaries to be eligible for funding under this Initiative.

Ontario Seniors Dental Care Program (100%)

The Ontario Seniors Dental Care Program (OSDCP) provides comprehensive dental care to eligible low-income seniors to help reduce unnecessary trips to the hospital, prevent chronic disease and increase quality of life for seniors. The program is being implemented through a phased approach.

The government announced the launch and staged implementation of the OSDCP on November 20, 2019. During the first stage of implementation, dental services were available for eligible seniors through Boards of Health, participating Community Health Centres and Aboriginal Health Access Centres. Through Stage 1, dental care was initiated and provided to eligible low-income seniors through Boards of Health, participating Community Health Centres, and Aboriginal Health Access Centres based on increasing Board of Health operational funding and leveraging existing infrastructure. The second stage of the program, which began in winter 2020, expanded the program by investing in new dental clinics to provide care to more seniors in need. This included new dental services in underserviced areas, including through mobile dental buses and an increased number of dental suites in Boards of Health, participating Community Health Centres, and Aboriginal Health Access Centres. The second stage of the program will continue throughout 2023-24, with consideration being given to the implementation challenges following the COVID-19 response.

<u>Program Enrolment</u>

Program enrolment is managed centrally and is not a requirement of the Board of Health. The Board of Health is responsible for local oversight of dental service delivery to eligible clients under the program within the Public Health Unit area.

In cases where eligible seniors present with acute pain and urgent need, and are not already enrolled in the program, OSDCP providers, at the clinical discretion of the attending dental care provider, may support timely access to emergency dental treatment by providing immediate services following the seniors' signing of an emergency need and eligibility attestation. This attestation and enrollment process is to be administered at the local level. Following the delivery of emergency treatment, all seniors will need to submit an OSDCP application, be determined eligible, and be enrolled to receive any further non-emergency dental care through the OSDCP.

SCHEDULE B

RELATED PROGRAM POLICIES AND GUIDELINES

Type of Funding	***Base Funding***

Program Delivery

The OSDCP is delivered through Boards of Health, participating Community Health Centres, and Aboriginal Health Access Centres across the province. These service delivery partners are well positioned to understand the needs of priority populations and provide high quality dental care to low-income seniors in their communities.

With respect to Board of Health service delivery under the OSDCP, the Board of Health may enter into partnership contracts with other entities/organizations or providers/specialists as needed (e.g., to address potential access issues) to provide services to enrolled clients in accordance with the OSDCP Schedules of Services for Dentist and Non-Dentist Providers on behalf of the Public Health Unit.

Where OSDCP client service access issues exist, as evidenced by waiting lists, for example, the Board of Health must take prompt action as feasible to establish OSDCP partnership agreements to address these access issues, including engaging in outreach and consultation with local dental providers and in compliance with the Board of Health or municipal procurement processes.

Base funding for the OSDCP must be used in accordance with the OSDCP-related requirements of the Oral Health Protocol, 2018 (or as current), including specified requirements for service delivery, oral health navigation, and data collection and analysis. The Board of Health may allocate base funding for this Program across the program expense categories, with every effort made to maximize clinical service delivery and minimize administrative costs.

Planning for delivery of the OSDCP began when the program was announced in April 2019 with clinical service delivery beginning with the program launch in November 2019.

As part of implementation, eligible expense categories under this Program also include:

- *Clinical service delivery costs*, which are comprised of:
    - Salaries, wages, and benefits of full-time, part-time, or contracted staff of the Board of Health or local service delivery partner which provide clinical dental services for the Program.
    - Salaries, wages, and benefits of full-time, part-time, or contracted staff of the Board of Health or local service delivery partner which undertake ancillary/support activities for the Program, including: management of the clinic(s); financial and programmatic data collection and reporting for the clinic(s); and, general administration (e.g., reception services) at the clinic(s).

Type of Funding	***Base Funding***

- Overhead costs associated with the Program's clinical service delivery such as: clinical materials and supplies; building occupancy costs; maintenance of clinic infrastructure; staff travel associated with clinical service delivery (e.g., portable clinics, mobile clinics, long-term care homes, if applicable); staff training and professional development associated with clinical staff and ancillary/support staff, if applicable; office equipment, communication, and information and information technology.

- *Oral health navigation costs*, which are comprised of:
  - Salaries, wages, and benefits of full-time, part-time, or contracted staff engaged in: client enrolment assistance for the Program's clients (i.e., assisting clients with enrolment forms); program outreach (i.e., local-level efforts for identifying potential clients); and, oral health education and promotion to the Program's clients.
  - Salaries, wages, and benefits of full-time, part-time, or contracted staff that undertake the following ancillary/support activities related to oral health navigation: management, financial and programmatic reporting, and general administration (if applicable).
  - Overhead costs associated with oral health navigation such as: materials and supplies; building occupancy costs incurred for components of oral health navigation; staff travel associated with oral health navigation, where applicable; staff training and professional development associated with oral health navigation and ancillary/support staff, if applicable; office equipment, communication, and information and information technology costs associated with oral health navigation.
  - Client transportation costs in order to address accessibility issues and support effective program delivery based on local need, such as where the enrolled OSDCP client would otherwise not be able to access dental services. Boards of Health will be asked to provide information on client transportation expenditures through in-year reporting and should track these expenditures and the number of clients accessing these services accordingly.

Operational expenses that are not eligible under this Program include:

- Staff recruitment incentives;
- Billing incentives; and,
- Costs associated with any activities required under the Ontario Public Health Standards, including the Oral Health Protocol, 2018 (or as current), which are not related to the OSDCP.

Type of Funding	***Base Funding***

Other Requirements

Marketing

- When promoting the OSDCP locally, the Board of Health is required to align local promotional products with the provincial Program brand and messaging. The Board of Health is required to liaise with the Province to ensure use of the brand aligns with provincial standards.

Revenue

- While priority must be given to clients eligible under this Program, the Board of Health may provide services to non-OSDCP clients using resources under this Program. If this occurs, the Board of Health is required to bill-back relevant programs for services provided to non-OSDCP clients using resources under this Program. All revenues collected under the OSDCP, including revenues collected for the provision of services to non-Program clients such as Ontario Works adults, Ontario Disability Support Program adults, Non-Insured Benefits clients, municipal clients, HSO clients, etc., with resources under this Program must be reported as an offset revenue to the Province. Priority must always be given to clients eligible under this Program. The Board of Health is required to closely monitor and track revenue from bill-back for reporting purposes to the Province.
- A client co-payment is required on new denture services. Co-payment amounts are specified by the Province in Appendix A of the OSDCP Denture Services Factsheet for Providers (Factsheet), which applies to both dentists and denturists. It is the Board of Health's responsibility to collect the client co-payment for the codes outlined in Appendix A of the Factsheet. The Board of Health may determine the best mechanism for collecting co-payments, using existing payment and administration processes at the local level, in collaboration with OSDCP service delivery partners (e.g., Community Health Centre, Aboriginal Health Access Centre), as needed. The remaining cost of the service, after co-payment, is to be absorbed by the Board of Health through its operating base funding for the OSDCP. The revenue received from client co-payments for OSDCP service(s) is to be used to offset OSDCP program expenditures. Co-payment revenues are to be reported as part of the financial reporting requirements to the Province.

Community Partners

- The Board of Health must enter into discussions with all Community Health Centres and Aboriginal Health Access Centres in their catchment area to ascertain the feasibility of a partnership for the purpose of delivering this Program.

SCHEDULE B

RELATED PROGRAM POLICIES AND GUIDELINES

Type of Funding	***Base Funding***

- The Board of Health must enter into Service Level Agreements with any partner organization (e.g., Community Health Centres, Aboriginal Health Access Centres) delivering services under this Program. The Service Level Agreement must set out clear performance expectations, clearly state funding and reporting requirements between the Board of Health and the local partner, and ensure accountability for public funds.
- The Board of Health must ensure that base funding is used to meet the objectives of the Program, with a priority to deliver clinical dental services to clients, while staying within the base funding allocation.

Type of Funding ***One-Time Funding***

Cost-Sharing Mitigation (100%)

One-time cost-sharing mitigation funding must be used to offset the increased costs of municipalities as a result of the cost-sharing change for mandatory programs.

Mandatory Programs: New Purpose-Built Vaccine Refrigerators (100%)

One-time funding must be used for the purchase of 2 new purpose-built vaccine refrigerator(s) used to store publicly funded vaccines. The purpose-built refrigerator(s) must meet the following specifications:

a. Interior
   - Fully adjustable, full extension stainless steel roll-out drawers;
   - Optional fixed stainless-steel shelving;
   - Resistant to cleaning solutions;
   - Ongoing positive forced fan air circulation to ensure temperature uniformity at all shelf levels;
   - Fan is either encased or removed from the chamber. Fan auto shut-off when door is opened; and,
   - Walls are smooth, scratch and corrosion resistant painted interior and exterior surfaces.

b. Refrigeration System
   - Heavy duty, hermetically sealed compressors;
   - Refrigerant material should be approved for use in Canada;
   - Advanced defrost sensor(s) to manage the defrost cycle and minimize trace amounts of frost build-up; and,
   - Evaporator operates at +2°C, preventing vaccine from freezing.

c. Doors
   - Full view non-condensing, glass door(s), at least double pane construction;
   - Option spring-loaded closures include ≥90º stay open feature and <90º self-closing feature;
   - Door locking provision;
   - Option of left-hand or right-hand opening; and,
   - Interior cabinet lights with door activated on/off switch, as well as, an independent external on/off.

d. Tamper Resistant Thermostat
   - The thermostat should be set at the factory to +5ºC with a control range between +2ºC to +8ºC but this could be done at the time of delivery/installation at no additional cost.

e. Thermometer

- An automatic temperature recording and monitoring device with battery backup;
- An external built-in visual digital display thermometer independent of the temperature recording and monitoring device which has a digital temperature display in Celsius and temperature increment readings of 0.1ºC;
- The external built-in digital thermometer must also be able to record and display the maximum, minimum and current temperatures and allow the user to easily check and reset these recordings as required; and,
- The automatic temperature recording and monitoring device and digital display thermometer must be calibrated/accurate within +/- 0.5ºC or better.

f. Alarm Condition Indicator
   - Audible and visual warnings for over-temperature, under-temperature and power failure;
   - Remote alarm contacts;
   - Door ajar enunciator; and,
   - Alarm testing system.

g. Top or Bottom Mounted Compressors/Condensers
   - Compressor mounted at top or bottom but not in rear.

h. Noise Levels
   - The noise produced by the operation of the refrigerator shall not exceed 85 decibels at one metre. Specifications of the refrigerator must include the noise level measured in decibels of sound at one metre from the refrigerator.

i. Locking Plug
   - Power supply must have a locking plug.

j. Castors
   - Heavy duty locking castors either installed at the factory or upon delivery.

k. Voltage Safeguard
   - Voltage safeguard device capable of protecting against power surges related to the resumption of power to the refrigerator.

l. Warranty
   - The warranty should include, from date of acceptance, a five-year comprehensive parts and labour warranty with the stipulation that a qualified service representative shall be on-site no later than 12 hours after the service call was made. Software upgrades provided free of charge during the warranty period.

m. Electrical Equipment
   - All electrically operated equipment must be UL, CSA and/or Electrical Safety Authority approved and bear a corresponding label. The equipment should

specify the electrical plug type, voltage and wattage rating, and the recommended breaker size for the circuit connection.

Mandatory Programs: Public Health Inspector Practicum Program (100%)

One-time funding must be used to hire at least one (1) or more Public Health Inspector Practicum position(s). Eligible costs include student salaries, wages and benefits, transportation expenses associated with the practicum position, equipment, and educational expenses.

The Board of Health must comply with the requirements of the Canadian Institute of Public Health Inspectors Board of Certification for field training for a 12-week period; and, ensure the availability of a qualified supervisor/mentor to oversee the practicum student's term.

Capital: Secure Card Swipe Access (100%)

One-time funding must be used to install two (2) access control doors with secure card swipe system to the Board of Health's file room. Eligible costs include card readers, door contacts, rex and lock with cabling, installation and programming.

Other requirements of this one-time funding include:

- Any changes to the scope of the project, including anticipated timelines, require, prior review and approval by the Province.
- One-time funding is provided with the understanding that no additional operating funding is required, nor will it be made available by the Province, as a result of the completion of this project.
- The Board of Health must ensure that any goods and services acquired with this one-time funding should be procured through an open and competitive process that aligns with municipal and provincial procurement directives to the greatest extent possible.
- The Board of Health must ensure that this project is compliant with associated legislated standards (i.e., Building code/associated Canadian Standards Association requirements) and infection prevention and control practices as appropriate to the programs and services being delivered within the facility.

School-Focused Nurses Initiative (100%)

The School-Focused Nurses Initiative was created to support additional nursing FTE capacity in every Board of Health to provide rapid-response support to school boards and schools, child care, and camps in facilitating public health preventative measures related to the COVID-19, including screening, testing, tracing, vaccination, education and mitigation strategies.

Type of Funding	***One-Time Funding***

The school-focused nurses contribute to the following activities in support of school boards and schools:

- Providing support in the development and implementation of COVID-19 health and safety plans;
- Providing sector specific support for infection prevention; vaccinations, surveillance, screening and testing; outbreak management; case and contact management; and,
- Supporting communication and engagement with local school communities, as well as the broader health care sector.

While the priority focus is on the COVID-19 response, the additional nurses may also support the fulfilment of Board of Health requirements to improve the health of school-aged children and youth as per the School Health Program Standard and related guidelines and protocols under the Ontario Public Health Standards. The additional FTEs may also support childcare centres, home childcare premises and other priority settings relating to the health of school-aged children and youth.

The initiative is being implemented with the following considerations:

- Recruitment of Registered Nurses to the extent possible;
- French language and Indigenous (First Nation, Métis, Inuit) service needs;
- Capacity for both in-person and virtual delivery;
- Consistency with existing collective agreements; and,
- Leveraging the Chief Nursing Officer role as applicable in implementing this initiative, as well as coordinating with existing school health, nursing, and related programs and structures within the Board of Health (e.g., School Health Teams, Social Determinants of Health Nurses, Infection Prevention and Control Nurses, and school-based programs such as immunization, oral and vision screening, reproductive health, etc.).

Qualifications required for these positions are:

- Current registration with the College of Nurses of Ontario (i.e., Registered Nurse, Registered Practical Nurse, or Registered Nurse in the Extended Class).

One-time funding must be used to continue the new temporary FTEs for school-focused nurses as specified in Schedule A of the Agreement. Funding is for nursing salaries, wages, and benefits only and cannot be used to support other operating costs. Additional costs incurred by the Board of Health to support school re-opening initiatives that cannot be managed within the existing budget of the Board of Health, are admissible through the COVID-19 extraordinary costs process.

Type of Funding ***Other***

Infectious Diseases Programs Reimbursement

Funding for Infectious Diseases Programs will be provided on a case-by-case basis through direct reimbursement. These funds are provided to offset the costs of treatment medications not made available through the Ontario Government Pharmaceutical and Medical Supply Service (OGPMSS).

To be reimbursed, original receipts and client identification information needs to be submitted to the Infectious Diseases Section of the Health Protection and Surveillance Policy and Programs Branch (Office of Chief Medical Officer of Health, Public Health). Clients will not be directly reimbursed.

Questions about the reimbursement process and expense eligibility can be submitted to the following email: IDPP@ontario.ca.

Leprosy

The Board of Health may submit claims on a case-by-case basis for medication costs related to the treatment of Leprosy. As per Chapter A: Leprosy, of the Infectious Diseases Protocol, 2018 (or as current), treatment should be under the direction of an infectious disease specialist and should refer to World Health Organization (WHO) treatment recommendations.

Tuberculosis

The Board of Health may submit claims on a case-by-case basis for second-line and select adjunct medications related to the treatment of active tuberculosis and latent tuberculosis infection. For more information on the reimbursement process, see section 9 of the Tuberculosis Program Guideline, 2018 (or as current).

Vaccine Programs Reimbursement

Funding on a per dose basis will be provided to the Board of Health for the administration of influenza, meningococcal, and human papillomavirus (HPV) vaccines.

In order to claim the vaccine administration fees, the Board of Health is required to submit, as part of the Standards Activity Reports or other reports as requested by the Province, the number of doses administered. Reimbursement by the Province will be made on a quarterly basis based on the information.

The Board of Health is required to ensure that the vaccine information submitted in the Standards Activity Reports, or other reports requested by the Province, accurately reflects the vaccines administered.

Type of Funding	***Other***

Influenza

- The Province will continue to pay $5.00/dose for the administration of the influenza vaccine.
- All doses administered by the Board of Health to individuals aged 6 months or older who live, work or attend school in Ontario.

Meningococcal

- The Province will continue to pay $8.50/dose for the administration of the meningococcal vaccine.
- Routine immunization program: Doses administered as part of the grade 7 school-based or catch-up program for eligible students up to grade 12.
- Men-C-C doses if given in substitution of Men-C-ACYW135 for routine doses.

Note: Doses administered through the high-risk program are not eligible for reimbursement.

Human Papillomavirus (HPV)

- The Province will continue to pay $8.50/dose for the administration of the HPV vaccine.
- Routine immunization program: Doses administered as part of the grade 7 school-based or catch-up program for eligible students up to grade 12.
- High-risk program: MSM <26 years of age.

SCHEDULE C
REPORTING REQUIREMENTS

The reports mentioned in this Schedule are provided for every Board of Health Funding Year unless specified otherwise by the Province.

The Board of Health is required to provide the following reports/information in accordance with direction provided in writing by the Province (and according to templates provided by the Province):

Name of Report	Reporting Period	Due Date
1. Annual Service Plan and Budget Submission	For the entire Board of Health Funding Year	March 1 of the current Board of Health Funding Year
2. Quarterly Standards Activity Reports		
Q2 Standards Activity Report	For Q1 and Q2	July 31 of the current Board of Health Funding Year
Q3 Standards Activity Report	For Q3	October 31 of the current Board of Health Funding Year
Q4 Standards Activity Report	For Q4	January 31 of the following Board of Health Funding Year
3. Annual Report and Attestation	For the entire Board of Health Funding Year	April 30 of the following Board of Health Funding Year
4. Annual Reconciliation Report	For the entire Board of Health Funding Year	April 30 of the following Board of Health Funding Year
5. MOH / AMOH Compensation Initiative Application	For the entire Board of Health Funding Year	As directed by the Province
6. Other Reports and Submissions	As directed by the Province	As directed by the Province

Definitions

For the purposes of this Schedule, the following words shall have the following meanings:
"Q1" means the period commencing on January 1st and ending on the following March 31st
"Q2" means the period commencing on April 1st and ending on the following June 30th
"Q3" means the period commencing on July 1st and ending on the following September 30th
"Q4" means the period commencing on October 1st and ending on the following December 31st

Report Details

Annual Service Plan and Budget Submission

- The Annual Service Plan and Budget Submission Template sets the context for reporting required of the Board of Health to demonstrate its accountability to the Province.
- When completed by the Board of Health, it will: describe the complete picture of programs and services the Boards of Health will be delivering within the context of the Ontario Public Health Standards; demonstrate that Board of Health programs and services align with the priorities of its communities, as identified in its population health assessment; demonstrate

accountability for planning – ensure the Board of Health is planning to meet all program requirements in accordance with the Ontario Public Health Standards, and ensure there is a link between demonstrated needs and local priorities for program delivery; demonstrate the use of funding per program and service.

Quarterly Standards Activity Reports

- The Quarterly Standards Activity Reports will provide financial forecasts and interim information on program achievements for all programs governed under the Agreement.
- Through these Standards Activity Reports, the Board of Health will have the opportunity to identify risks, emerging issues, changes in local context, and programmatic and financial adjustments in program plans.
- The Quarterly Standards Activity Reports shall be signed on behalf of the Board of Health by an authorized signing officer.

Annual Report and Attestation

- The Annual Report and Attestation will provide a year-end summary report on achievements on all programs governed under the Agreement, in all accountability domains under the Organizational Requirements, and identification of any major changes in planned activities due to local events.
- The Annual Report will include a narrative report on the delivery of programs and services, fiduciary requirements, good governance and management, public health practice, and other issues, year-end report on indicators, and a board of health attestation on required items.
- The Annual Report and Attestation shall be signed on behalf of the Board of Health by an authorized signing officer.

Annual Reconciliation Report

- The Board of Health shall provide to the Province an Annual Reconciliation Report for funding provided for public health programs governed under the Accountability Agreement.
- The Annual Reconciliation Report must contain: Audited Financial Statements; and, Auditor's Attestation Report in the Province's prescribed format.
- The Annual Reconciliation Report shall be signed on behalf of the Board of Health by an authorized signing officer.

MOH / AMOH Compensation Initiative Application

- The Board of Health shall complete and submit an annual application to participate in this Initiative and be considered for funding.
- Supporting documentation such as employment contracts must be provided by the Board of Health, as requested by the Province.
- Application form templates and eligibility criteria/guidelines shall be provided by the Province.

SCHEDULE D

BOARD OF HEALTH FINANCIAL CONTROLS

Financial controls support the integrity of the Board of Health's financial statements, support the safeguarding of assets, and assist with the prevention and/or detection of significant errors including fraud. Effective financial controls provide reasonable assurance that financial transactions will include the following attributes:

- **Completeness** – all financial records are captured and included in the Board of Health's financial reports;
- **Accuracy** – the correct amounts are posted in the correct accounts;
- **Authorization** – the correct levels of authority (i.e., delegation of authority) are in place to approve payments and corrections including data entry and computer access;
- **Validity** – invoices received and paid are for work performed or products received and the transactions properly recorded;
- **Existence** – assets and liabilities and adequate documentation exists to support the item;
- **Error Handling** – errors are identified and corrected by appropriate individuals;
- **Segregation of Duties** – certain functions are kept separate to support the integrity of transactions and the financial statements; and,
- **Presentation and Disclosure** – timely preparation of financial reports in line with the approved accounting method (e.g., Generally Accepted Accounting Principles (GAAP)).

The Board of Health is required to adhere to the principles of financial controls, as detailed above. The Board of Health is required to have financial controls in place to meet the following objectives:

1. Controls are in place to ensure that financial information is accurately and completely collected, recorded, and reported.

Examples of potential controls to support this objective include, but are not limited to:

- Documented policies and procedures to provide a sense of the organization's direction and address its objectives.
- Define approval limits to authorize appropriate individuals to perform appropriate activities.
- Segregation of duties (e.g., ensure the same person is not responsible for ordering, recording, and paying for purchases).
- An authorized chart of accounts.
- All accounts reconciled on a regular and timely basis.
- Access to accounts is appropriately restricted.
- Regular comparison of budgeted versus actual dollar spending and variance analysis.
- Exception reports and the timeliness to clear transactions.
- Electronic system controls, such as access authorization, valid date range test, dollar value limits, and batch totals, are in place to ensure data integrity.
- Use of a capital asset ledger.
- Delegate appropriate staff with authority to approve journal entries and credits.
- Trial balances including all asset accounts that are prepared and reviewed by supervisors on a monthly basis.

2. Controls are in place to ensure that revenue receipts are collected and recorded on a timely basis.

Examples of potential controls to support this objective include, but are not limited to:

- Independent review of an aging accounts receivable report to ensure timely clearance of accounts receivable balances.
- Separate accounts receivable function from the cash receipts function.
- Accounts receivable sub-ledger is reconciled to the general ledger control account on a regular and timely basis.
- Original source documents are maintained and secured to support all receipts and expenditures.

3. Controls are in place to ensure that goods and services procurement, payroll and employee expenses are processed correctly and in accordance with applicable policies and directives.

Examples of potential controls to support this objective include, but are not limited to:

- Policies are implemented to govern procurement of goods and services and expense reimbursement for employees and board members.
- Use appropriate procurement method to acquire goods and services in accordance with applicable policies and directives.
- Segregation of duties is used to apply the three (3) way matching process (i.e., matching 1) purchase orders, with 2) packing slips, and with 3) invoices).
- Separate roles for setting up a vendor, approving payment, and receiving goods.
- Separate roles for approving purchases and approving payment for purchases.
- Processes in place to take advantage of offered discounts.
- Monitoring of breaking down large dollar purchases into smaller invoices in an attempt to bypass approval limits.
- Accounts payable sub-ledger is reconciled to the general ledger control account on a regular and timely basis.
- Employee and Board member expenses are approved by appropriate individuals for reimbursement and are supported by itemized receipts.
- Original source documents are maintained and secured to support all receipts and expenditures.
- Regular monitoring to ensure compliance with applicable directives.
- Establish controls to prevent and detect duplicate payments.
- Policies are in place to govern the issue and use of credit cards, such as corporate, purchasing or travel cards, to employees and board members.
- All credit card expenses are supported by original receipts, reviewed and approved by appropriate individuals in a timely manner.
- Separate payroll preparation, disbursement and distribution functions.

4. Controls are in place in the fund disbursement process to prevent and detect errors, omissions or fraud.

Examples of potential controls include, but are not limited to:

- Policy in place to define dollar limit for paying cash versus cheque.
- Cheques are sequentially numbered and access is restricted to those with authorization to issue payments.
- All cancelled or void cheques are accounted for along with explanation for cancellation.
- Process is in place for accruing liabilities.
- Stale-dated cheques are followed up on and cleared on a timely basis.
- Bank statements and cancelled cheques are reviewed on a regular and timely basis by a person other than the person processing the cheques / payments.
- Bank reconciliations occur monthly for all accounts and are independently reviewed by someone other than the person authorized to sign cheques.

View this email in your browser

PLEASE ROUTE TO:

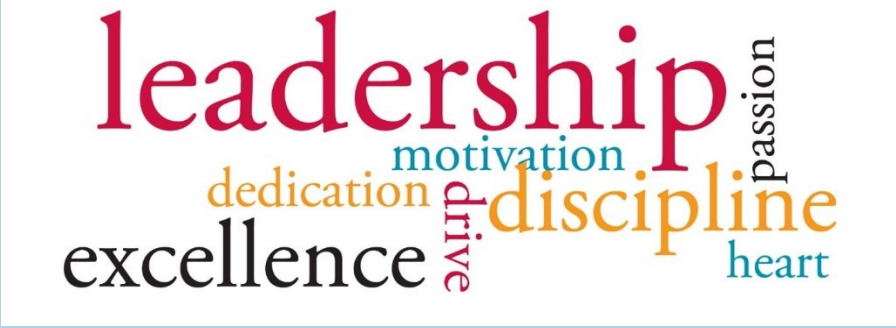
All Board of Health Members
All Members of Regional Health & Social Service Committees
All Senior Public Health Managers

October 18, 2023

October 2023 InfoBreak

This update is a tool to keep alPHa's members apprised of the latest news in public health including provincial announcements, legislation, alPHa activities, correspondence, and events. Visit us at alphaweb.org.

Leader to Leader - A Message from the alPHa Executive Committee - October 2023



As we move further into fall, we know many of you are working hard on keeping our populations healthy during our annual, predictable respiratory disease cycle occurring in Ontario. We're encouraged for a better fall season as diligent work has been undertaken to improve upon last year.

Work continues on the Strengthening Public Health change initiative, collaborating with the Office of the Chief Medical Officer of Health. The Ministry of Health has stated their goal is to enhance capacity, stability and sustainability in local public health and deliver more equitable health outcomes for all Ontarians. The alPHa Board, with the alPHa Executive Committee taking the lead, continues to work diligently on your behalf. We're taking every opportunity to bring the perspectives of local public health — both staff and governance — to our colleagues at the OCMOH and the Ministry. Ongoing collaborations continue with key stakeholders who are similarly impacted.

alPHa celebrates its strong reciprocal relationships and two-way communications with key government officials and important stakeholders. Recently, alPHa representatives have met with Dr. Kieran Moore, Chief Medical Officer of Health & ADM, Ministry of Health and his staff at several stakeholder meetings.

Thank you to Dr. Kieran Moore and Michael Sherar for their attendance at the alPHa Board Meeting on September 21, 2023. And an additional thank you to Michael Sherar for also attending the alPHa Executive Committee meeting on September 15, 2023.

alPHa's Fall Symposium and Workshops, taking place November 22-24, 2023, will have key events with a dynamic agenda, line-up, and meetings. This highly anticipated symposium will amplify the critical role, value, and benefit of Ontario's local public health system. Thank you to the University of Toronto's Dalla Lana School of Public Health and the Eastern Ontario Health Unit for their generous support of these events.

With one unified voice, the alPHa Board and its communications continue to represent the best interests of Ontario's public health system.

Sincerely,

alPHa Executive Committee

Update from the Ministry of Health: Strengthening Public Health

The Ministry of Health has established a Voluntary Merger Key Informant Group, comprising public health sector leaders from a cross-section of Local Public Health Agencies (LPHAs) and associations, including Board of Health members, CEOs, MOHs, municipal representatives, alPHa and AMO. alPHa representatives include Wess Garrod, Trudy Sachowski, Carmen McGregor, Dr. Hsiu-Li Wang, Dr. Lianne Catton, Dr. Piotr Oglaza, Cynthia St. John, Marilyn Herbacz, and Loretta Ryan.

The Key Informant Group was established by the Ministry on a short-term basis to provide advice on the development of the voluntary merger process. The Group has met twice so far to review draft outcomes, objectives, considerations and to provide advice on the merger proposal processes.

Information on the voluntary mergers process will be provided by the Ministry as soon as possible, likely the last week of October. It is recognized, however, by the Ministry that LPHAs may want to proceed with planning in the meantime and the Ministry encourages LPHAs to begin considering options and engaging in discussion with surrounding LPHAs in relation to possible future mergers, provided LPHAs maintain the flexibility to consider merger objectives and parameters when these are released.

LPHAs will be invited by the Ministry to submit proposals through the ASP process. The Ministry anticipates the proposal template will be released in December 2023 and due back to the Ministry in March 2024.

Register for the alPHa 2023 Fall Symposium, Section Meetings, and Workshops

Registration for the alPHa 2023 Fall Symposium, Section Meetings, and Workshops is now open! This event will amplify the critical role, value, and benefit of Ontario's local public health system. Registration is $399 plus HST and you can register here.

Join us for online plenary sessions with public health leaders in the morning followed by the BOH Section and COMOH Section meetings in the afternoon.

Attendees are invited, at no additional cost, to participate in workshops called: *How to Use a Human Rights Based Framework in the Workplace* from 1-4 p.m. on November 22 and the *Importance of Risk Communication in a Changing World* from 1-4 p.m. on November 23. Please note, the previously scheduled *Climate Change and Public Health* workshop will now be held during the 2024 Winter Symposium.

This gathering provides a unique opportunity to connect with public health leaders from all corners of the province. Together, we will delve into shared obstacles and strengthen the future of public health. Expect to gain access to invaluable tools and resources that will empower local public health and their communities.

BOH members, speakers at the BOH Section meeting include: Carmen McGregor, BOH Section Chair; Loretta Ryan, Executive Director, alPHa; James LeNoury, Legal Counsel, alPHa; Ian Cummins, Director, Ontario Health Teams (OHTs), Strategy, Ontario

Health; Lindsay Jones, Director of Public Policy, AMO, Michael Jacek, Senior Advisor, AMO, and Daniela Spagnuolo, Policy Advisor, AMO. **NEW:** Sabine Matheson, Principal, StrategyCorp has joined the speaking lineup.

For further details, check out our flyer, Symposium program (last updated on October 17), and BOH Section Meeting agenda (last updated on October 16). Additionally, the website has been updated with the latest content. Be sure to take a look at it regularly for updates!


Association of Local Public Health Agencies
2023 Fall Symposium, Section Meetings and Workshops
Hold the Date!
alPHa
Association of Local PUBLIC HEALTH Agencies
alPHa's Fall Symposium, Section Meetings, and workshops will continue the important conversations on the critical role, value, and benefit of Ontario's local public health system.
On November 24th, participate in online plenary sessions with public health leaders in the morning, followed by BOH and COMOH Section meetings in the afternoon.
Attendees will also be invited, at no additional cost, to participate in pre-symposium workshops on November 22nd & 23rd:
• How to Use a Human Rights Based Framework in the Workplace
• Importance of Risk Communication in a Changing World
Registration will open in September (date TBD) and will cost $399 plus HST.
Dalla Lana School of Public Health
EOHU Eastern Ontario Health Unit
BSEO Bureau de santé de l'est de l'Ontario
Hosted by alPHa with generous support from the University of Toronto's Dalla Lana School of Public Health and Eastern Ontario Health Unit.
Please note that you must be an alPHa member to participate in the Pre-Symposium Workshops, Symposium or Section meetings.

alPHa
Association of Local PUBLIC HEALTH Agencies

alPHa Fall Symposium & Section Meetings
November 24, 2023

Draft as of October 17, 2023 Note: Meeting is hosted via Zoom Webinar
8:30 am to 4:30 pm - All times are Eastern Time (ET)

Public Health Matters Infographics and Videos *We have a full program for the day and will be getting things underway right at 8:30 am! Attendees are encouraged to get started a few minutes early to check their internet connection, log into the Zoom webinar, test audio settings etc. alPHa's Public Health Matters infographics and videos will play at this time and again during the morning break.*	8:15 am - 8:30 am
Call to Order, Greetings and Land Acknowledgement Speaker: Dr. Charles Gardner, President, alPHa **Welcoming Remarks** Hon. Doug Ford, Premier of Ontario and Minister of Intergovernmental Affairs *Invited* Hon. Sylvia Jones, Deputy Premier and Minister of Health *Invited* Dr. Theresa Tam, Chief Public Health Officer *Invited* Colin Best, President, Association of Municipalities of Ontario *Invited* Professor France Gagnon, Acting Dean, Dalla Lana School of Public Health *Invited*	8:30 am - 8:45 am
Update from the Chief Medical Officer of Health Speaker: Dr. Kieran Moore, Chief Medical Officer of Health Moderator: Dr. Charles Gardner, President, alPHa	8:45 am - 9:45 am
Reflections from Southwestern Public Health's Merger Speaker: Cynthia St. John, Chief Executive Officer, Southwestern Public Health Moderator: Emma Tucker, Affiliate Representative, alPHa Board After five years as a newly merged public health unit and adding in the largest pandemic response in a generation, Cynthia will share her reflections on the successes and on the challenges associated with developing a newly merged public health unit. She will cover the early days of how the Boards of Health connected to present day and learnings along the way.	9:45 am - 10:15 am
Break	10:15 am - 10:45 am
alPHa Strategic Plan Session Speaker: Maria Sánchez-Keane, Principal, Centre for Organizational Effectiveness Strategic planning is a process in which an organization defines their vision for the future and identifies the organization's goals and objectives. Join public health colleagues to learn more about alPHa's 2024 to 2026 Strategic Plan.	10:45 am - 11:45 am
Not-for-Profit Corporations Act, 2010 (ONCA) Update (30 minutes) Speakers: John Allen, Partner, Allen & Malek LLP, and Dr. Robert Kyle, Chair, alPHa-ONCA Compliance Working Group and Steven Rebellato, member, alPHa-ONCA Compliance Working Group Moderator: Trudy Sachowski, Past President, alPHa alPHa representatives and legal counsel will provide an update on the changes to the current Constitution, as required, to transition to a by-law to come into compliance with the Not-for Profit Corporations Act, 2010.	11:45 am - 12:15 pm
Lunch Break Take a break, grab a sandwich, and come back for an important update from PHO.	12:15 pm - 1:00 pm
Public Health Ontario Update Michael Sherar, President and Chief Executive Officer Colleen Geiger, Chief, Strategy and Stakeholder Relations, Research, Information and Knowledge Dr. Jessica Hopkins, Chief Health Protection and Emergency Preparedness Officer Dr. Samir Patel, Chief Laboratory Science and Operations Officer Dr. Tamara Wallington, Chief Health Promotion and Environmental Health Officer Moderator: Dr. Hsiu-Li Wang, Chair, COMOH Section The development of Public Health Ontario (PHO)'s next Strategic Plan (2024-29) is well underway. Join Michael Sherar for an update on PHO's strategic planning process. This will be followed by a panel of PHO executives describing the services that PHO provides to local public health units.	1:00 pm - 1:30 pm
Section Meetings *Members of the BOH Section and COMOH Section meet separately in the afternoon. Boards of Health members are asked to stay with the Zoom webinar platform. COMOH members will join a separate meeting. Agendas for these meetings are provided separately.*	1:30 pm - 4:30 pm

This event is hosted by alPHa with generous support from:

Dalla Lana School of Public Health

EOHU Eastern Ontario Health Unit | BSEO Bureau de santé de l'est de l'Ontario

480 University Avenue, Suite 300, Toronto, Ontario M5G 1V2
(416) 595-0006 | info@alphaweb.org | www.alphaweb.org
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How to Use a Human Rights Based Framework in the Workplace

Lights, camera, action!

As part of the alPHa Fall 2023 Symposium taking place on November 22-24, there is an opportunity to showcase recent videos from public health units from across the province.

Has your PHU posted a short public health video on your website or YouTube you'd like to share with Symposium attendees? The Symposium is an excellent opportunity to showcase and share your communications work on key public health issues!

Here's how to submit:

- Send the title and link to your PHU's video(s) to info@alphaweb.org
- Send only the URL(s) and do not send any video files.
- YouTube videos are preferred.
- Clips can be live-action or animated.
- Video(s) should be short and can be no longer than five minutes in length.
- Clips should be recently recorded (2023)/stand the test of time from when the videos were recorded.
- Variety is welcomed as we'd like to cover a broad range of public health topics.
- Videos must be from your PHU and not from another organization.
- Maximum of three (3) videos can be submitted.

The deadline to submit information on your video clip is 4 p.m. on Friday, November 10th. We look forward to receiving your submissions!

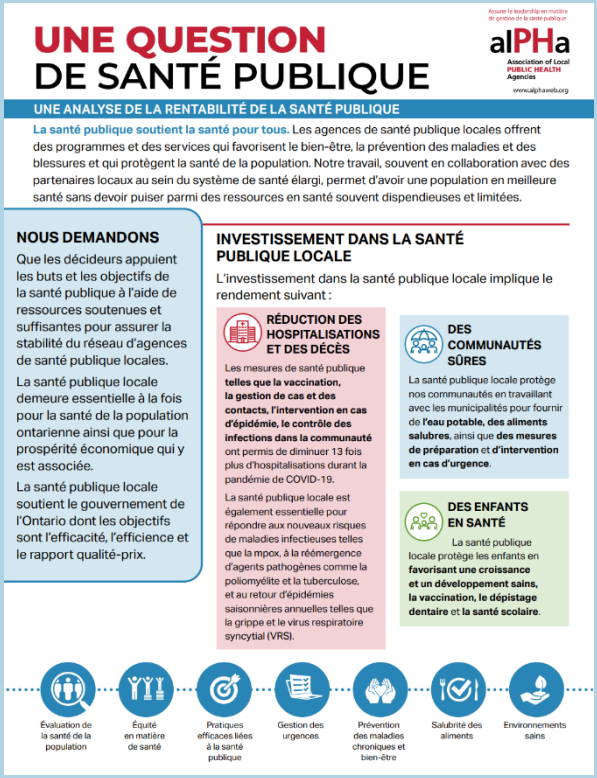
Thank you to the public health agencies who have already responded. We appreciate your submissions and participation!

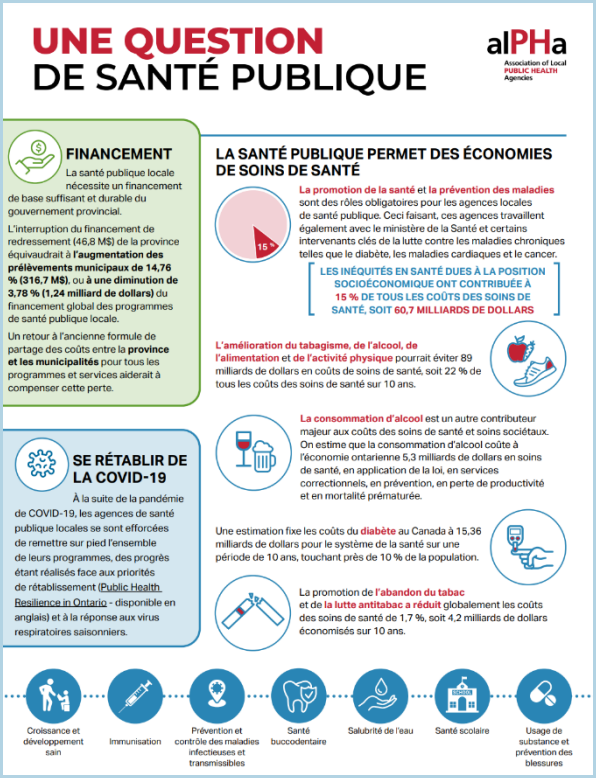
Ontario's Not-for-Profit Corporations Act (ONCA)

Ontario's Not-for-Profit Corporations Act (ONCA) is a significant legislative update that replaced Ontario's Corporations Act on October 19, 2021 regarding not-for-profit corporations including alPHa. The ONCA was introduced with the aim of enhancing the legal framework governing not-for-profit organizations in the province. It provides a comprehensive set of regulations, tailored to meet the unique needs of non-profit corporations, while promoting transparency, accountability, and effective governance. alPHa has until October 18, 2024, to review, update and file governing documents with the Government of Ontario. In April 2023, alPHa formed an ONCA Compliance Working Group comprised of members of the alPHa Executive Committee along with Dr. Robert

Kyle as the Chair and Loretta Ryan as staff. The purpose of the working group is to review alPHa's current Constitution and, in consultation with legal counsel, make recommendations to the alPHa Board of Directors regarding changes to the current Constitution, as required, as it transitions to a by-law to come into compliance with the Act. The goal is to obtain approval of the By-law by the membership at the alPHa Conference and AGM in June 2024. Members of the ONCA Compliance Working Group will provide updates at the Fall and Winter Symposiums, and you can read more in the Executive Summary.

Public Health Matters: A Business Case for Local Public Health **now available in French**





The latest infographic, which covers a business case for public health, is now available in French. It covers topics such as reduced hospitalizations, safe communities, and healthy children. To read more, click here.

alPHa would also like to thank Eastern Ontario Health Unit for translating the infographic.

Calling all Ontario Boards of Health: Level up your expertise with our NEW training courses designed just for you!

Don't miss this unique opportunity to enhance your knowledge and strengthen local public health leadership in Ontario.

BOH Governance training course
Master public health governance and Ontario's Public Health Standards. You'll learn all about public health legislation, funding, accountability, roles, structures, and much more. Gain insights into leadership and services that drive excellence in your unit.

Social Determinants of Health training course
Explore the impact of Social Determinants of Health on public health and municipal governments. Understand the context, explore Maslow's Hierarchy of Needs, and examine various SDOH diagrams to better serve your communities.

Speakers are Monika Turner and Loretta Ryan.

Reserve your spot for in-person or virtual training now! Visit our website to learn more about the costs for Public Health Units (PHUs). Let's shape a healthier future together.

Additionally, thank you to all the public health agencies who have shown interest in our BOH courses. alPHa staff are currently coordinating the bookings and are pleased to see the uptake.

Improve your mental health with these tips

World Mental Health Day occurred on October 10 and alPHa marked the day by launching a new Workplace Health and Wellness infographic with mental health resources. alPHa's former Workplace Health and Wellness program placement student, Franger Jimenez, continues to be engaged with alPHa and created the infographic to help members better address and manage their mental health. To read more, click here. Additionally, more Workplace Health and Wellness Resources for members to use are available here.

Alcohol labelling meeting with Health Canada

The alPHa Executive Committee met with Health Canada on Friday, October 6, 2023. They discussed alPHa's support of Bill S-254, as noted in our recent Correspondence, which calls for warning labels on alcoholic beverages.

Affiliates update

Ontario Association of Public Health Nursing Leaders (OPHNL)

OPHNL is currently working with the Center for Organizational Effectiveness to develop a 5-year strategic plan. Our aim is to refresh our current strategic plan to meet the needs of public health nursing leaders across Ontario and create strategic alignment with the priorities of our interdisciplinary public health colleagues. The finalized plan will be presented to OPHNL members at our fall AGM on November 23, 2023.

Health Promotion Ontario

Health Promotion Ontario has released a White Paper on the Value of Local Health Promotion in Ontario and an accompanying infographic. This paper outlines the critical role that health promotion plays in keeping people healthy and demonstrates the effectiveness of health promotion efforts from public health units across Ontario.

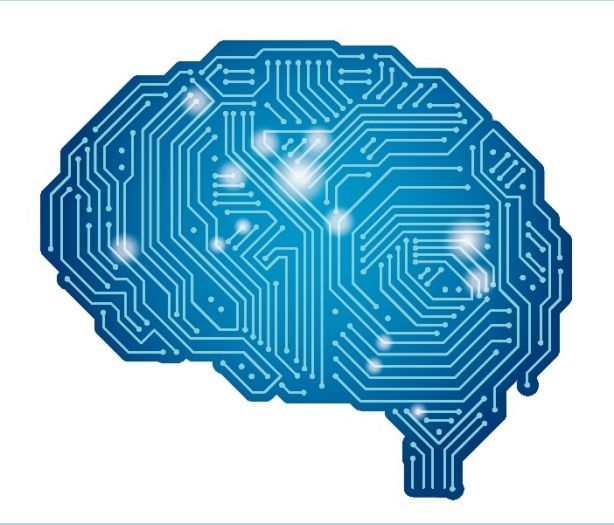
Ontario Dietitians in Public Health

ODPH, in consultation with Indigenous Knowledge Keepers, has called on Health Canada to recognize the historical truth of Canada's Food Guide. ODPH acknowledges that food has been used as a weapon against Indigenous peoples to disconnect them from their land, culture, language, identity and well-being. ODPH made a submission to the Ministry of Municipal Affairs and Housing focusing on sustainable food systems, climate change adaptation and mitigation, and the future health of Ontarians.

The Association of Supervisors of Public Health Inspectors of Ontario

ASPHIO has released the *ASPHIO White Paper: Highlighting the Vital Role of Public Health Inspectors within a Responsive and Effective Public Health Workforce* (link to be provided when available). The report highlights the crucial contributions made by public health inspectors during the pandemic, their importance in supporting the delivery of public health programs and services and the vital role of public health inspectors within a responsive and effective public health workforce. The recommendations in the report provide potential opportunities and solutions to strengthen the public health workforce, and to build upon the adaptability and versatility demonstrated by public health inspectors during the pandemic.

Public Health and AI update



Innovations in artificial intelligence (AI) through the use of large language models (LLMs), machine-learning and natural language processing continue to be seen in public health. Given the mainstream use of applications like Chat GPT (Microsoft), PHUs should

consider organizational policy to manage use of AI applications given the risks associated with privacy, reliability, confidentiality and plagiarism. While a collaborative approach in sharing policy framework on AI innovation and staff use should be employed by PHUs given similar risks and activities conducted under the Ontario Public Health Standards, health units should also review the federal government's Artificial Intelligence and Data Act (AIDA) to protect Canadians and guide organizational use of AI.

BrokerLink Insurance

In partnership with alPHa, BrokerLink is proud to offer exclusive discounts on personal home and auto insurance to members. When you're shopping for insurance, you'll probably come across a lot of tips and information – but how much of what you read is actually true? Read our debunking common insurance myths here.

Call for abstracts for TOPHC 2024

Do you want to help shape the conversation for TOPHC 2024? You can do so by submitting an abstract. **The deadline is October 20, 2023.** For more information on how to submit, click here.

Boards of Health: Shared Resources

A resource page is available on alPHa's website for Board of Health members to facilitate the sharing of and access to orientation materials, best practices, by-laws, resolutions, and other resources. If you have a best practice, by-law or any other resource that you would like to make available, please send a file or a link with a brief description to gordon@alphaweb.org and for posting in the appropriate library.

Resources available on the alPHa website include:

- Orientation Manual for Boards of Health (Revised Feb. 2023)
- Review of Board of Health Liability, 2018, (PowerPoint presentation, Feb. 24, 2023)
- Legal Matters: Updates for Boards of Health (Video, June 8, 2021)
- Obligations of a Board of Health under the Municipal Act, 2001 (Revised 2021)
- Governance Toolkit (Revised 2022)
- Risk Management for Health Units
- Healthy Rural Communities Toolkit
- The Ontario Public Health Standards
- Public Appointee Role and Governance Overview (for Provincial Appointees to BOH)
- Ontario Boards of Health by Region
- List of Units sorted by Municipality
- List of Municipalities sorted by Health Unit
- Map: Boards of Health Types
- NCCHPP Report: Profile of Ontario's Public Health System (2021)
- The Municipal Role of Public Health(2022 U of T Report)
- Boards of Health and Ontario Not-for-Profit Corporations Act

alPHa Correspondence

Through policy analysis, collaboration, and advocacy, alPHa's members and staff act to promote public health policies that form a strong foundation for the improvement of health promotion and protection, disease prevention, and surveillance services in all of Ontario's communities. Below is a submission that has been sent in since the last newsletter. A complete online library is available here. This document is publicly available and can be shared widely.

- alPHa Letter - Strengthening Public Health (to Dr. Kieran Moore)

Public Health Ontario

COVID-19, Influenza, RSV and Other Respiratory Virus Reports

- COVID-19 Wastewater Surveillance in Ontario

- SARS-CoV-2 Genomic Surveillance in Ontario
- Ontario Respiratory Virus Tool
- Influenza Vaccines for the 2023-24 Influenza Season
- Antiviral Medications for Seasonal Influenza: Public Health Considerations

Infection Prevention and Control Resources

- IPAC Self-Assessment Audit for Long-Term Care and Retirement Homes
- Infection Prevention and Control (IPAC) Checklist for Long-Term Care and Retirement Homes
- Infection Prevention and Control Practices for Immunization Clinics
- How to Protect Yourself and Others from Respiratory Viruses

Additional Resources – New

- Fermented food safety guidelines
- Reducing Health Risks Associated with Backyard Chickens

Upcoming PHO Events

- Thursday, October 19 – PHO Rounds: Prioritizing Pathogens for Genomics – 12:00 p.m. to 1:00 p.m.

Interested in PHO's upcoming events? Checkout their Events page to stay up-to-date with all PHO events.

Missed an event? Check out their Presentations page for full recordings of their events.

Upcoming DLSPH Events and Webinars

Dalla Lana School of Public Health

- Empowering Breast Health: Personalized Approaches to Canadian Breast Cancer Screening (Oct. 19)
- Driving Innovation with Real-World Evidence from Patient Generated Content (Oct. 20)
- Statistical Sciences Applied Research and Education Seminar (ARES): Robert Gould (Oct. 23)
- Tick Net Canada - Scientific Symposium (Oct. 24-25)
- Indigenizing Health Symposium: Nations Gathering on the Land (Oct. 25-26)
- Statistical Sciences Applied Research and Education Seminar (ARES): Martha White (Oct. 30)
- Biostatistics Seminar Series with Dr. Luis Enrique Nieto-Barajas on Survival Analysis via Bayesian Nonparametrics (Nov. 9)

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After a three-year hiatus, Blue Cities is returning to Toronto!

Blue Cities, hosted by Canadian Water Network, is happening this October 24-25 in downtown Toronto. This year's conference includes a focus on water and public health protection. A national dialogue plenary featuring Dr. Bonnie Henry, B.C.'s provincial officer of health, will explore the future of wastewater-based surveillance in Canada. Other topics to be covered during the conference include ethics and equity related to wastewater-based surveillance, new developments in water monitoring for public health decision-making, and public health threats from water impacted by forest fires. Program and registration details can be found at bluecities.ca. More information about Blue Cities is also available here.

Now is the perfect time to join and make RRFSS your source for local health data in 2024!

There are many reasons to choose RRFSS for your Health Unit Survey. 2024 data can be collected in one, two or all three cycles in the year. Sample size is also flexible and data can be collected by landline and cell phone (up up to a 50 per cent/50 per cent mix). RRFSS has hundreds of pretested survey questions available on most health-related topics including the recent Climate Change questions, newly developed Sociodemographic questions on Gender, Sexual Orientation and Race, Use of and Barriers to Recreational, Social and Spiritual Supports for Older Adults module, Smoking, Vaping and Waterpipe by-laws Awareness.

In addition, RRFSS, in partnership with ISR, is offering three online Analysis Training Sessions in November (one per week). These are open to all Ontario health units and will provide attendees with the knowledge and skills required for analyzing RRFSS data and calculating weights. For further information about joining RRFSS or the Analysis Training Sessions, contact Lynne Russell, RRFSS Coordinator at: lynnerussell@rrfss.ca or visit the RRFSS website: www.rrfss.ca

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News Releases

The most up to date news releases from the Government of Ontario can be accessed here.

Our mailing address is:
|480 University Ave. Suite 300 Toronto, Ont. M5G 1V2|

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Health and Social Services Advisory Committee
Terms of Reference

Date of Review and Revision: December 2022
Advisory Committee Review and Approval: January 2023

1. Purpose/Objectives

The Health and Social Services Advisory Committee of Haldimand and Norfolk is a Committee struck for the purpose of providing the opportunity for elected officials and citizens in both Municipalities to accept reports, debate and discuss matters related to services provided under the Consolidated Municipal Services Manager (CMSM) and the Board of Health (BOH). The Committee will provide recommendations on policy and programs within the budget agreed upon by both municipalities.

Activities of the Committee include but are not limited to:

- receive reports from staff
- take information back to respective Councils
- participate in identifying community needs and setting strategic direction for CMSM and Board of Health services
- review, provide input, and make recommendations regarding the budgets related to services under the CMSM and Board of Health.

The Health and Social Services Advisory Committee, through a rotation of standing agenda items, serves as subcommittees for the Board of Health, providing timely reporting and advice to the Board on[1] the following matters specifically related to the Haldimand Norfolk Health Unit:

1. Finance and Audit
    a. Topics related to this area will be included on the agenda each January, April, July and October.
    b. Recommendations will be forwarded to the Board of Health at the subsequent meeting of the Board.
    c. Topics for discussion shall include quarterly operational budget to actual variance analysis, reporting related to procurements for the

[1] Organizational Standards section 3.1 Board of Health Stewardship Responsibilities, states that a Board of Health shall provide governance direction to the administration and ensure that the Board remains informed about the activities of the organization, including the delivery of the OPHS and its protocols, strategic planning, financial management, including procurement policies and practices, and risk management.

Health Unit and annual settlement reports submitted to the Ministry of Health and Long-Term Care.

d. A special meeting will be added annually for the purposes of reviewing the Operating Budget.

2. Human Resources
   a. Topics related to this area will be included on the agenda each February, May, August and November.
   b. Recommendations will be forwarded to the Board of Health at the subsequent meeting of the Board.
   c. Reports shall include staff training and development, staff engagement and recruitment.

3. Quality and Risk Management
   a. Topics related to this area will be included on the agenda each March, June, September and December.
   b. Recommendations will be forwarded to the Board of Health at the subsequent meeting of the Board.
   c. Topics shall include performance indicators, strategic planning and risk management.

2. Chair/Vice-Chair

A representative from Haldimand, who is on the Advisory Committee, shall be nominated for Chair and a vote taken to confirm appointment as Chair. The Chair shall remain in the position for the term appointed by their respective Council with the opportunity to change the Chair after 24 months.

A representative from Norfolk, who is on the Advisory Committee, shall be nominated for Vice-Chair and a vote taken to confirm appointment as Vice-Chair. This Vice-Chair shall remain in the position for the term appointed by their respective Council with the opportunity to change the Chair after 24 months.

Duties of the Chair are as follows:

- call the meeting to order as soon after the hour fixed for the holding of the meeting as quorum is present
- announce the business of the Advisory Committee in the order in which it appears on the agenda
- disclosures of interest
- receive and submit all motions moved and seconded by members
- put to a vote all questions, which have been moved and seconded, or otherwise arise in the course of the proceedings and announce the results
- decline to put to a vote any motion not in order

- confine members engaged in debate within the rules of order
- enforce the observance of order and decorum among members
- name any member persisting in the breech of rules of order
- receive all messages and other communication and announce then to the Committee
- rule on points of order
- adjourn or suspend the meeting in the event of a grave disorder
- designate the member who has the floor
- have a vote in all matters of the Committee.

3. Duties of the Vice-Chair

Take over the duties of the Chair in their absence.

4. Membership

Three members of each Municipal Council will sit on the Advisory Committee with the respective Councils deciding who will represent them.

Members of the Committee are to advise in advance if they are unable to attend to ensure that quorum is met.

5. Meetings

- Meetings will be held regularly in conjunction with the municipal council schedule. A schedule will be developed by the secretariat with all members' agreement. Location of meetings will be held in Simcoe at 50 Colborne Street, Simcoe in Norfolk County Council Chambers, or at the office of the Health and Social Services Division located at 12 Gilbertson Drive, Simcoe. In the event members are not able to attend in person a virtual option will be provided for the members to attend virtually via Microsoft Teams.

- The Chair may summon a special meeting at any time. A special meeting may also be called upon receipt of a petition of the majority of the members, at which time the secretariat shall summon a special meeting for the purpose and at the time mentioned in the petition. The secretariat shall give written notice of any special meeting to all members by email and shall attempt to reach each member by telephone at least 48 hours before the meeting. No business shall be transacted at a special meeting other than that specified in the notice.

- All meetings shall be open to the public and live streamed on the Norfolk County website when public do not have access to the building. The Chair may expel any person for improper conduct and except that a meeting or part of a meeting may be closed to the public if the subject matter being considered is:

- personal matters about an identifiable individual, including employees of either Municipality
- a proposed or pending acquisition of land by either municipality labour relations or employee negotiations
- litigation or potential litigation, including matters before administrative tribunals affecting either municipality
- the receiving of advice that is subject to solicitor-client privilege, including communication necessary for that purpose
- a matter of respect of which the Advisory Committee has authorized a meeting to be closed under another Act.

6. Decision Making

A simple majority of four members of the Committee are necessary to form a quorum and the concurring vote of a majority of members present are necessary to carry a resolution or other measure. A tie vote is a null vote.

7. Pecuniary Interest

If a member has a pecuniary interest in any matter and is, or will be present at a meeting at any time at which the matter is the subject of consideration, the member:

- shall, before any consideration of the matter at the meeting orally disclose the interest and its general nature
- shall not, at any time, take part in the discussion of, or vote on, any question in respect to the matter
- shall leave the meeting and remain absent from it at any time during consideration of the matter, and,
- shall, as soon as possible, complete and file with the secretariat a written disclosure, setting out the interest and its general nature.

8. Agendas

Norfolk shall be responsible for providing secretariat support. Reports and agenda items shall be submitted to the designated secretary ten days prior to the meeting. Agenda packages will be distributed to all members the Friday prior to the meeting. These agendas will be distributed with minutes of the previous meeting.

Staff reports that require approval of the Committee shall appear on the agenda immediately following deputations, with the departmental order rotating each meeting. Items to be dealt with by the Committee as the subcommittee for the Board of Health shall be placed on the agenda following the staff reports.

9. Minutes

Minutes of the meeting will be taken by an individual designated by the secretariat. Minutes of the meeting shall reflect:

- the place, date and time of the meeting
- the name of the Chair and the record of attendance of the members and staff in attendance
- the adoption, with corrections and amendments, of the minutes of the prior meeting
- all resolutions, decisions and other proceedings of the meeting without note or comment
- every oral disclosure of interest pursuant to the Municipal Conflict of Interest Act.

The secretariat will also be responsible for forwarding copies of minutes to the Haldimand and Norfolk Councils for final action on recommendations.

10. Deputations

In order for a deputation to qualify for inclusion on an agenda of a regular Advisory Committee meeting, the deputation must have notified the secretariat of its desire to be included on the agenda by noon of the Friday preceding the regular meeting. Walk in deputations are at the discretion of the Committee.

Deputations shall limit their remarks to five minutes, except that a deputation of more than five persons shall be limited to two speakers, each limited to speaking not more than five minutes.

11. Accountability

The Health and Social Services Advisory Committee is accountable to both Norfolk and Haldimand County Councils.

12. Review

The Terms of Reference will be reviewed annually and with each change in Council term.