AGENDA MIDDLESEX-LONDON BOARD OF HEALTH Finance & Facilities Committee

Microsoft Teams
Tuesday, December 7, 2021 at 9:00 a.m.

- 1. DISCLOSURE OF CONFLICTS OF INTEREST
- 2. APPROVAL OF AGENDA December 7, 2021
- 3. APPROVAL OF MINUTES November 11, 2021
- 4. NEW BUSINESS
 - 4.1. Q3 Financial Update and Factual Certificate (Report No. 25-21FFC)
 - 4.2. Financial Borrowing Update (Report No. 26-21FFC)
- 5. OTHER BUSINESS
 - 5.1. Next meeting: TDB in 2022.
- 6. ADJOURNMENT



PUBLIC MINUTES FINANCE & FACILITIES COMMITTEE

Microsoft Teams

Thursday, November 11, 2021 at 8:00 a.m.

MEMBERS PRESENT: Mr. Matt Reid (Chair)

Ms. Aina DeViet Ms. Maureen Cassidy

Mr. Aaron O'Donnell (arrived at 9 a.m.)

REGRETS: Ms. Tino Kasi

OTHERS PRESENT: Dr. Alexander Summers, Associate Medical Officer of Health

Ms. Emily Williams, Director, Healthy Organization / Interim Chief

Executive Officer

Mr. David Jansseune, Assistant Director, Finance

Ms. Heather Lokko, Director, Healthy Start/Chief Nursing Officer

Ms. Maureen MacCormick, Director, Healthy Living

Ms. Mary Lou Albanese, Acting Director, Environmental Health and

Infectious Diseases

Ms. Stephanie Egelton, Senior Executive Assistant to the Medical Officer of Health/Associate Medical Officer of Health (Recorder)

Mr. Pat Harford, Manager, Information Technology

Mr. Brian Glasspoole, Manager, Finance

Chair Matt Reid called the meeting to order at 8:03 a.m.

DISCLOSURES OF CONFLICT OF INTEREST

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

APPROVAL OF AGENDA

It was moved by Ms. Aina DeViet, seconded by Ms. Maureen Cassidy, that the AGENDA for the November 11, 2021 Finance and Facilities Committee meeting be approved.

Carried

APPROVAL OF MINUTES

It was moved by **Ms. Cassidy, seconded by Ms. DeViet,** that the **MINUTES** of the September 2, 2021 Finance and Facilities Committee meeting be approved.

Carried

CONFIDENTIAL

At **8:04 a.m.**, it was moved by **Ms. DeViet, seconded by Ms. Cassidy**, that the Finance and Facilities Committee will move in camera to consider matters regarding labour relations or employee negotiations and personal matters about an identifiable individual, including municipal or local board employees.

Carried

At **9:19 a.m.**, it was moved by **Ms. Cassidy, seconded by Ms. DeViet**, that the Finance and Facilities Committee rise and return to public session from closed session.

Carried

Finance & Facilities Committee Minutes

NEW BUSINESS

2022 Budget – PBMA Proposals (Report No. 22-21FFC)

This report was introduced by Ms. Emily Williams, Director, Healthy Organization / Interim CEO. Ms. Williams outlined the funding and expenses situation, along with a reminder of the budget process:

- Funding from the Province of Ontario will remain at 2019 levels.
- Will include mitigation funding, COVID-19 extraordinary funding and recovery funding.
- Inflationary costs for staffing are approximately \$500,000 (salary increases as negotiated in Collective Agreements).
- COVID-19 Case and Contact Management, vaccine and other program supports will continue.
- The approved PBMA proposals would go to the November 18, 2021 Board of Health meeting.

It was noted that investments were divided into COVID-related investments and base budget-related investments.

Ms. Williams presented Healthy Organization's division proposals:

- Disinvestment of ASO Contribution \$150,000.
- Investment of 7 FTE COVID-19 Human Resources personnel \$496,611.
- Investment of 4 FTE COVID-19 Procurement and Operations personnel \$190,387.
- Investment of 4 FTE COVID-19 Informational Technology personnel \$214,186.
- Investment of 1 FTE COVID-19 Enhancement of Occupational Health and Safety \$107,532.
- Investment of 1 FTE COVID-19 Payroll and Benefits Administrator \$95,569.
- Investment of 1 FTE COVID-19 Communications Supervisor \$107,532.
- Investment of 0.5 FTE COVID-19 Program Assistant (Communications) \$34,191.

Ms. Mary Lou Albanese, Acting Director, Environmental Health and Infectious Diseases presented the proposals for the Environmental Health and Infectious Diseases division:

- Investment of 16 FTE for COVID-19 Vaccine Preventable Disease Enhancement (4 Public Health Nurses and 1 Associate Manager) \$1,778,163.
- Investment of 1 FTE COVID-19 Public Health Inspector \$85,296.

It was noted that 2022 would require significant COVID-19 investments for vaccine and case/contact management support. It was also noted that following the SARS and H1N1 epidemics, additional resources were provided to health units across the province in recognition for the additional work required.

Dr. Alex Summers, Associate Medical Officer of Health presented the Office of the Medical Officer of Heath's division proposals:

- Investment of 4 FTE COVID-19 Informatics Support \$289,824.
- Investment of 1.6 FTE COVID-19 Active Screeners \$39,000 *to June 2022.
- Investment of 34.5 FTE COVID-19 Infectious Disease Control Enhancement (8 PHN, 4 PHI, 2 Associate Managers) \$12,327,601.
- Investment of 1 FTE COVID-19 Population Health Assessment and Surveillance Manager \$142,595.
- Investment of 3 FTE COVID-19 Client Service Representatives (CSR) \$157,308.

There was a question regarding a discrepancy for the CSR proposal (\$163,600 vs. \$157,308). Ms. Williams noted she would come back with a response.

- Investment of 1 FTE COVID-19 Program Evaluator \$71,419.
- Investment of 0.5 FTE Client Service Representative \$26.218.

Finance & Facilities Committee Minutes

- Investment of 1 FTE Epidemiologist \$120,514.
- Investment of 1 FTE Outreach Worker \$64,446.

Due to quorum being lost before all of the proposals could be reviewed, the Committee asked for a recess to continue the meeting later.

At 10:08 a.m., it was moved by Ms. DeViet, seconded by Ms. Cassidy, that the Finance and Facilities Committee recess the November 11, 2021 meeting until 4:15 p.m.

Carried

At **4:20 p.m.**, it was moved by **Ms. DeViet, seconded by Ms. Cassidy**, that the Finance and Facilities Committee reconvene the November 11, 2021 meeting.

Carried

Dr. Summers continued with presenting proposals from the Office of the Medical Officer of Heath:

• Investment of 0.5 FTE Program Evaluator - \$42,585

Ms. Heather Lokko, Director, Healthy Start/Chief Nursing Officer presented proposals for the Office of the Chief Nursing Officer:

• Investment of 3.5 FTE for Anti-Black Racism, Diversity and Inclusion, and Indigenous Reconciliation Work (0.5 Program Assistant, 1 Manager, 2 PHN) - \$366,287

It was noted that the Health Equity and Indigenous Reconciliation Manager would be two manager roles to engage with community partners at appropriate levels.

Ms. Williams presented the last base budget proposal for Healthy Organization:

• Investment of 1 FTE Human Resources Specialist, Diversity and Inclusion - \$93,598

Ms. Williams noted that the proposed COVID-19 investments total \$16,163,432.38, funded by the Province and does not include mass vaccination costs. The base budget investments are \$1,221,072. City of London funding would be increased by \$610,000 and County of Middlesex funding would increase by \$128,000. It was noted that, prior to the 2021 budget year, MLHU has not asked for increases from City partners in 12 years. Ms. Williams added that even with funding, there would be a shortfall of \$592,000.

It was noted by the Committee that with a ratio of 70/30 % funding split, there would be a shortfall of \$180,000, which was still a concern. There was a discussion on what program areas could see disinvestments or investments that could be delayed to allow for priority investments.

It was suggested by the committee to come back to the Board of Health on November 18, 2021 with a reduction of the proposals to reduce cost, and with alternatives.

It was moved by **Ms. DeViet, seconded by Ms. Cassidy,** that the Finance and Facilities Committee make a recommendation to the Board of Health to:

- 1) Receive Report No. 20-21FFC re: "2022 Budget PBMA Proposals";
- 2) Approve Appendix A, PBMA One-Time Disinvestment totaling \$150,000 savings;
- *3) Direct staff to explore further options for proposals within Appendix B;*
- *A)* Refer Appendix B to the Board of Health;
- 5) Approve Appendix C, PBMA COVID-19 Investments totaling \$16,166,970 cost.

Carried

IT Hardware: Preferred Recycling Process (Report No. 23-21FFC)

This report was introduced by Ms. Williams who introduced Mr. Pat Harford, Manager, Information Technology. Mr. Harford noted that the work had been started (safely recycling 30 end of life desktop computers from 50 King Street) and selected Greentec through the procurement process.

It was moved by **Ms. DeViet, seconded by Ms. Cassidy,** that the Finance and Facilities Committee make a recommendation to the Board of Health receive Report No. 23-21FFC re: "IT Hardware: Preferred Recycling Process" for information.

Carried

OTHER BUSINESS

The next meeting of the Board of Health Finance and Facilities Committee will be held Thursday, December 2, 2021 at 9:00 a.m.

ADJOURNMENT

At **5:05 p.m.**, it was moved by **Ms. DeViet, seconded by Ms. Cassidy**, that the meeting be adjourned.

Carried

MATTHEW REID
Chair

ALEXANDER SUMMERS
For Christopher Mackie,
Secretary-Treasurer

MIDDLESEX-LONDON HEALTH

MIDDLESEX-LONDON HEALTH UNIT

REPORT NO. 25-21FFC

TO: Chair and Members of the Finance and Facilities Committee

FROM: Dr. Alex Summers, Acting Medical Officer of Health

Ms. Emily Williams, Interim CEO

DATE: 2021 December 7

Q3 FINANCIAL UPDATE AND FACTUAL CERTIFICATE

Recommendation

It is recommended that the Finance & Facilities Committee review and recommend to the Board of Health to receive Report No. 25-21FFC re: "Q3 Financial Update and Factual Certificate" for information.

Key Points

- The 2021 approved budget consists of a zero percent increase in Mandatory Program funding from the Ministry of Health (MoH).
- Funding to be received from the MoH for COVID-19-related activities amounts to \$24.9 million; after adjusting COVID-19-related spending for seconded staff costs from Mandatory Programs, approximately \$19.8 million has been spent year-to-date to September 30.
- The Health Unit is forecasting that increases in COVID-19 spending in the 4th quarter in excess of the funding committed to date can be financed from operating surplus from Mandatory Programs.
- The Health Unit is also advising municipal funders that additional funds requested in 2021 totaling \$762,182 will not be required for the current operating period.
- The Health Unit is currently forecasting a funding surplus of \$23,690 across the organization due to delays in restarting regular programs that were paused or modified due to the pandemic.
- Included in the Financial Update is a signed Factual Certificate, which provides assurance that financial and risk management functions are being performed.

Background

The Board of Health approved the 2021 operating budget on February 18, 2021 (Report No. 04-21FFC). The approved budget consists of no increase in Mandatory Program funding from the Ministry of Health (MoH) but does reflect a change of funding mix between the province and municipalities for previously 100% provincially funded programs.

Financial Highlights

The Budget Variance Summary, which provides budgeted and actual expenditures for the nine months ended September 30 for the programs and services governed by the Board of Health, is attached as <u>Appendix A</u>. This analysis is based on the original budget for 2021 as approved by the Board of Health, but does reflect the latest amendments to extraordinary funding for COVID-19, as advised by the MoH.

Themes within the Q3 variance analysis contributing to positive variances within some program areas are related to staffing gaps and reduced travel, staff development, professional services and program supply costs.

Due to the Health Unit's continued focus on administration of COVID-19-related programs, including case and contact management (CCM) and operation of the vaccine program, there have been further delays to restarting Mandatory Programs in the community. These delays are expected to continue into the 4th quarter. Accordingly, anticipated 4th quarter cost increases for COVID-19 programs in excess of funding committed by the MoH can be met from unspent Mandatory Program funding. This additional funding to be supplied from operating surplus to offset extraordinary funding requirements amounts to \$1,526,692. In addition, the Health Unit is forecasting that incremental funding requested from City of London (\$640,233) and County of Middlesex (\$121,949) will not be required in the current year and can be returned. After adjusting the full year forecast for these transfers, the Health Unit is projecting a modest surplus of \$23,690 for the full year.

COVID-19 and Extraordinary Funding

In July 2021 the MoH originally committed to funding COVID-19-related activities including CCM and the vaccine program at approximately 50% of budgeted levels submitted, amounting to \$13,860,000 for the year. After the Health Unit submitted reports outlining spending for the six months to June 30, the MOH revised committed funding to \$24,884,000 for the year. Based on spending to date for the nine months ended September 30, 2021, the Health Unit is forecasting a full year spend of \$26,410,692 or \$1.526,692 greater than the amount of funding committed by the MoH. The Health Unit is currently projecting that this additional cost can be met through redeployment of operating surplus from Mandatory Programs that have been delayed or modified due to the pandemic.

Factual Certificate

A Factual Certificate, attached as <u>Appendix B</u> is to be signed by senior Health Unit administrators responsible for ensuring certain key financial and risk management functions are being performed to the best of their knowledge. The certificate is revised as appropriate on a quarterly basis and submitted with each financial update.

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

Alexander Summers, MD, MPH, CCFP, FRCPC

Acting Medical Officer of Health

Alexander 1. 5

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

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MIDDLESEX-LONDON HEALTH UNIT NET BUDGET VARIANCE SUMMARY

As at September 30, 2021

	2021 YTD ACTUAL (NET)	COVID	2021 YTD RESTATED (NET)	2021 YTD BUDGET (NET)	VARIANCE (OVER) / UNDER	% VARIANCE	DECEMBER FORECAST	FUNDING ADJUSTMENTS	2021 ANNUAL NET BUDGET	ANNUAL SURPLUS / (DEFICIT)	% VARIANCE	Comment / Explanation
Environmental Health & Infectious Disease												
Office of the Director	\$ 212,237 \$	342	\$ 212,579	\$ 199,049 \$	\$ (13,530)	-6.8% \$	283,438		\$ 270,673	\$ (12,765)	_4 7% for interim director. These	es (\$24,543) and benefits (\$1,107) reflect unplanned overtime increases were partly offset by lower than planned program 1,694, staff development \$1,301, professional services \$4,500 \$1,923.
Emergency Management	7,479	76,295	83,774	99,683	15,909	16.0% \$	111,699		135,530	\$ 23,831		wages and benefits \$8,022 relate to hiring gap for manager urable variances in other program costs \$4,943 travel \$2,250 sts \$494.
Food Safety & Healthy Environments	957,229	130,197	1,087,426	1,322,815	235,389	17.8% \$	1,449,901		1,800,026	\$ 350,125		aries & wages \$179,062, benefits \$32,938, travel \$8,765, staff development \$5,773 and other program costs \$1,687.
Infectious Disease Control	1,089,907	149,907	1,239,814	1,315,143	75,329	5.7% \$	1,653,085		1,787,202	\$ 134,117		m reduced spending in salaries \$42,554 and benefits taff development \$2,659, program supplies \$5,600, and other
Safe Water, Rabies & Vector-Borne Disease	680,236	158,635	838,871	1,017,947	179,076	17.6% \$	1,118,494		1,380,120	\$ 261,626	19.0% more than offset by lower development \$6,333, other	ther than planned standby charges (\$4,739). These were spending in program supplies \$17,905, travel \$12,227, staff or program costs \$22,712 and professional service fees include mosquito ID and abatement programs.
Sexual Health	1,262,864	131,448	1,394,312	1,827,624	433,312	23.7% \$	1,859,082		2,470,443	\$ 611,361	and less need for casual 24.7% development \$3,812 and	es \$237,555 and benefits \$72,266 due to decreased clinics employees, and lower spending for travel \$7,720, staff other program costs \$7,022. Lower than planned clinic partly offset by lower program supplies \$162,859 and 6,796.
Vaccine Preventable Disease	893,766	161,042	1,054,808	1,128,588	73,780	6.5% \$	1,406,410		1,536,128	\$ 129,718	reduction in paid vaccine 8.4% due to school closures, p	nd benefits \$34,881. Lower revenues (\$72,945) due to in the MLHU Immunization clinics and reimbursable vaccines artly offset favourable variances in program supplies \$53,128, partly offset by higher than planned equipment costs a refrigerator.
COVID-19	11,140,950	(2,955,343)	8,185,607	8,185,607	-		10,914,143	(1,779,557)	12,693,700	\$ -	redeployed and additiona 0.0% program interruptions and	oort COVID-19 beyond transfer of operating budgets for staff I programming funds underutilized during the year due to I program delivery delays. Assume that all out-of-budget VID 19 will be funded by Ministry of Health. Budget to be ctual costs incurred.
COVID-19 Vaccine	12,057,555	(435,143)	11,622,412	11,622,412	-		15,496,549	3,306,249	12,190,300	\$ -	redeployed and additions 0.0% program interruptions and incremental costs to supp	oort COVID-19 beyond transfer of operating budgets for staff Il programming funds underutilized during the year due to Il program delivery delays. Assume that all out-of-budget oort COVID-19 Vaccine Clinics to be fully funded by the t to be adjusted in response to actual costs incurred.
Total Environmental Health & Infectious Disease	e \$ 28,302,223 \$	(2,582,621)	\$ 25,719,602	\$ 26,718,869	999,267	3.7% \$	34,292,802	\$ 1,526,692	\$ 34,264,122	\$ 1,498,012	4.4%	
Hoolthy Living												
Healthy Living Office of the Director	\$ 174,783 \$	407	\$ 175,189	\$ 196,244	21,055	10.7% \$	233,586		\$ 266,814	\$ 33,228	12 5% offset by unplanned over	es \$44,415 and benefits \$8,359 due to gapping were largely ime costs (\$52,923). In addition, lower spending occurred in upplies \$4,087, staff development \$2,780, other program costs services \$3,750.
Child Health	706,932	647,467	1,354,399	1,222,906	(131,493)	-10.8% \$	1,805,865		1,663,541	\$ (142,324)	(\$35,026) primarily for ad hours and planned reven	ncluded higher spending for salaries (\$140,105) and benefits ditional casual public health nurses and higher overtime ues that did not materialize (\$9,420). These were partly offset el \$13,465, program supplies \$34,369 and staff development

MIDDLESEX-LONDON HEALTH UNIT NET BUDGET VARIANCE SUMMARY

As at September 30, 2021

								AS at S	epterno	er 30, 202 r						
	Y	2021 TD ACTUAL (NET)	COVID RECLASS	YTI	2021 D RESTATED (NET)	2021 YTD BUDGET (NET)	VARIANCE (OVER) / UNDER	W VARIANC		DECEMBER FORECAST	FUNDING ADJUSTMENTS	2021 ANNUAL NET BUDGET	SU	NNUAL JRPLUS / DEFICIT)	% VARIANCE Comment / Explanation	
Chronic Disease and Tobacco Control		573,251	132,964	4	706,215	1,187,415	481,20	00 40.5	5% \$	941,620		1,611,944	\$	670,324	Lower spending in salaries \$291,245 and benefits \$72,812 due to staffing 41.6% than planned program supplies \$85,164, travel \$9,792, staff development professional services \$7,888 and unplanned revenue \$11,420.	
Healthy Communities and Injury Prevention		(49,938)	178,559	9	128,622	915,017	786,39	95 85.9	9% \$	171,495		1,244,496	\$	1,073,001	Lower spending in salaries \$551,593 and benefits \$141,475 due to staffing reassignment of roles. Additional savings in travel \$6,082, program supplie 86.2% staff development \$3,975, professional services \$4,125 and other program \$3,150 as program delivery was delayed due to COVID. In addition, unplat revenue of \$54,642 was reported.	es \$20,904, n costs
Oral Health		285,173	104,649	9	389,822	743,432	353,61	10 47.6	6% \$	519,763		1,010,243	\$	490,480	Favourable variances for salaries \$233,616, benefits \$64,661 and lower sy travel \$11,932, program supplies \$21,270, staff development \$3,480, equi \$12,476 and other program costs \$4,712.	
Senior Dental Program		1,007,294	1,476	3	1,008,770 \$	1,008,770		(0) 0.0	0%	1,671,528		1,671,528	\$	-	Senior Dental Program is 100% funded by Ministry of Health. Any unspen during the year must be returned. Funding received in 2021 includes \$70 second dental clinic to be built in Strathroy which can be utilized until Mar	0,000 for a
Southwest Tobacco Control Area Network		57,633	43,589	9	101,222	328,020	226,79	98 69.1	1% \$	134,963		442,301	\$	307,338	Favourable variances in salaries \$61,424 and benefits \$15,066, program s 69.5% \$116,885, other program costs \$28,110 and travel \$3,750 contributed to p variances as program delivery was delayed due to COVID.	
Young Adult Health		529,871	449,947	7	979,818	825,707	(154,11	l1) -18.7	7% \$	1,306,424		1,123,044	\$	(183,380)	A portion of the Young Adult Team were seconded to Covid. Higher spend (\$107,398) overtime (\$55,257) and benefits (\$27,018) partly offset by favor spending in travel \$8,566, program supplies \$20,770, staff development \$20,000.	urable
Total Healthy Living	\$	3,284,999 \$	1,559,05	7 \$	4,844,056 \$	6,427,511	\$ 1,583,4	55 24.6	6% \$	6,785,243	\$ -	\$ 9,033,911	\$	2,248,668	24.9%	
Healthy Start																
Office of the Director	\$	142,565 \$	2,903	3 \$	145,469 \$	158,399	\$ 12,93	30 8.2	2% \$	193,958		\$ 215,306	\$	21,348	9.9% Lower than planned salaries \$2,384 and benefits \$596, travel \$1,108, program costs \$1,278	
Best Beginnings		2,180,055	252,711	1	2,432,766	2,528,299	95,53	33 3.8	3% \$	3,243,688		3,385,167	\$	141,478	Healthy Babies Healthy Children and Smart Start for Babies Programs are with March 31 year-end programs (MLHU2) - assume that funding will be f March 31, 2022. Lower than planned spending in shared-funding program \$46,922 and benefits \$11,731 from gapping, travel \$2,779, program suppli staff development \$1,462 and professional services \$22,389.	ully spent by s for salaries
Early Years Health		1,058,987	64,906	6	1,123,893	1,128,381	4,48	38 0.4	1% \$	1,498,524		1,535,123	\$	36,599	Lower spending for travel \$11,621 and program supplies \$4,353. These w 2.4% offset by unplanned overtime (\$5,902), salary mix due to hiring of casual P (\$2,697) and higher staff development (\$1,227) and professional fees (\$1,	PHNs
Reproductive Health		125,540	257,046	6	382,586	930,225	547,63	39 58.9	9% \$	510,115		1,264,712	\$	754,597	Lower spending in salaries \$399,792 and benefits \$102,393 due to staffing 59.7% than planned program supplies \$24,457, travel \$5,977, staff development professional services \$9,198 and other program costs \$2,560.	
Total Healthy Start	\$	3,507,147 \$	577,567	7 \$	4,084,714 \$	4,745,304	\$ 660,5	91 13.9	9% \$	5,446,285	\$ -	\$ 6,400,308	\$	954,023	14.9%	
Office of the Chief Nursing Officer	\$	323,200 \$	70,614	4 \$	393,813 \$	540,792	\$ 146,97	79 27.2	2% \$	525,084	\$ -	\$ 734,963	\$	209,879	Lower spending in salaries \$85,579 and benefits \$21,144 due to staffing g 28.6% than planned spending occurred for travel \$4,500, program supplies \$7,88 development \$4,937, professional services \$9,100 and other program cost	5, staff
Office of the Medical Officer of Health																
Office of the Medical Officer of Health	\$	422,859 \$	(171	1) \$	422,688 \$	346,903	\$ (75,78	35) -21.8	3% \$	563,584		\$ 472,965	\$	(90,619)	Higher than planned wages for overtime (\$86,501) was partly offset by low -19.2% for travel \$2,865, program supplies \$1,912, staff development \$3,144, prof services \$1,275 and other program costs \$1,350.	
Communications		514,599	2,333	3	516,933	436,028	(80,90	05) -18.6	6% \$	689,243		593,067	\$	(96,176)	Higher than planned spending for salaries (\$39,923), benefits (\$11,690) a -16.2% unplanned overtime (\$40,261) partly offset by lower spending for travel \$2 development \$1,699 and other program costs \$11,473.	

MIDDLESEX-LONDON HEALTH UNIT NET BUDGET VARIANCE SUMMARY

As at September 30, 2021

Associate Medical Officer of the Medical Officer of Health 10								As at Septer	11Del 30, 2021					
Paysater Health Assessment & Current Server Method Control Server		Υī	TD ACTUAL		YTD RESTATED	YTD BUDGET	(OVER) /				ANNUAL	SURPLUS /		Comment / Explanation
## Preputation Human Measurement A Burnelliness	Associate Medical Officer of Health		304,410	250	304,660	225,650	(79,010)	-35.0%	\$ 406,214		308,413	\$ (97,801)	-31.7%	Higher spending for salaries (\$19,749), benefits (\$3,383) and overtime (\$102,795) was partly offset by unplanned revenue \$46,067 and staff development \$1,100.
Community Outleach & Climinal Support Server 725.00	Population Health Assessment & Surveilland	ce	385,409	126,825	512,234	443,119	(69,115)	-15.6%	\$ 682,978		603,071	\$ (79,907)	-13.3%	(\$58,002) partly offset by lower than planned spending for travel \$2,250 program
## Healthy Organization Office of the Director \$ 288,455 \$ 17 \$ 288,502 \$ 269,022 \$ (19,240) -7.1% \$ 384,670 \$ 363,368 \$ (21,302) \$ the pre-parally office of processors all conventions (\$6,687) and unpinned overtime (\$10,141) the pre-parally office by reduced spending for travel \$11,705, start development 333,000 \$ (135,515) \$ the pre-parally office by reduced spending for travel \$11,705, start development 334,000 \$ (135,515) \$ the pre-parally office by reduced spending for travel \$11,705, start development outside. Finance 384,862 731 385,413 278,044 (107,889) -38,6% \$ 513,884 378,389 \$ (135,515) \$ the pre-parally office by reduced spending for travel \$11,705, start development outside. Human Resources \$ 539,932 \$ 30,028 \$ 690,960 \$ 653,744 \$ (162,226) -2.9% \$ 759,947 \$ 753,409 \$ (6,448) \$ (6,448) \$ (16,448) \$ (16,448) \$ (18,448)	Community Outreach & Clinical Support Ser	rvic	729,560	4,550	734,110	640,350	(93,760)	-14.6%	\$ 978,814		870,954	\$ (107,860)	-12.4%	program supplies (\$20,211) were partly offset by lower spending in travel \$7,310, staff
Office of the Direction	Total Office of the Medical Officer of Health	\$	2,356,837 \$	133,787	\$ 2,490,625	\$ 2,092,050	\$ (398,575)	-19.1%	\$ 3,320,833	\$ -	\$ 2,848,470	\$ (472,363)	-16.6%	
Office of the Direction	Healthy Organization													
Finance 384,682 731 385,413 278,044 (107,389) 38,615 513,884 378,089 \$ (135,155) \$ staffing requirements coupled with unplainment overtime (525,069) and evertime costs (361,080). Human Resources \$5,399,932 \$ 30,028 \$ 699,900 \$ 659,734 \$ (16,226) \$ -2.9% \$ 759,947 \$ 753,499 \$ (6,448) \$ Lower than planted satirate \$5,071 were more than offset with unplainment overtime (545,085) and cell phone costs (58,203) and cell phone c		\$	288,485 \$	17	\$ 288,502	\$ 269,262	\$ (19,240)	-7.1%	\$ 384,670		\$ 363,368	\$ (21,302)		were partially offset by reduced spending for travel \$11,705, staff development \$33,846
Full Information Technology	Finance		384,682	731	385,413	278,044	(107,369)	-38.6%	\$ 513,884		378,369	\$ (135,515)		staffing requirements coupled with unplanned overtime (\$25,408) and severance costs
Information Technology 920,461 6,855 927,316 982,304 54,988 5.6% \$ 1,381,422 1,314,725 \$ 666,697	Human Resources	\$	539,932 \$	30,028	\$ 569,960	\$ 553,734	(16,226)	-2.9%	\$ 759,947		753,499	\$ (6,448)		
Procurement & Operations 188,333 264 188,597 142,512 (46,085) -32.3% \$ 251,463 193,968 \$ (57,495) -29.6% Higher salaries & benefits (\$27,657) due to changes in staff mix. Unplanned overtime (\$52,944 due to staffing gap for personal perso	Information Technology		920,461	6,855	927,316	982,304	54,988	5.6%	\$ 1,381,422		1,314,725	\$ (66,697)		(\$11,485) are more than offset by lower spending for IT consulting \$77,323, telecom
Program Planning & Evaluation \$ 277,331 \$ 122,986 \$ 400,317 \$ 652,421 \$ 252,105 \$ 38.6% \$ 533,756 \$ 885,610 \$ 351,854 \$ 39.7% program evaluator and manager and lower spending for program supplies \$88,228 and benefits \$52,944 due to staffing gap for program supplies \$81,228 and program supplies \$81,228 an	Privacy Risk & Governance	\$	23,256 \$	804	\$ 24,060	\$ 115,384	91,324	79.1%	\$ 32,080		157,039	\$ 124,959		Reduced salaries \$72,221 and benefits \$17,834 due to manager vacancy.
Program Planning & Evaluation \$ 277,331 \$ 122,986 \$ 400,317 \$ 652,421 252,105 38.6% \$ 533,756 885,610 \$ 351,854 39.7% program evaluator and manager and lower spending for program supplies \$8.128 partly offset by higher professional flees (\$7.617). Strategic Projects 87,428 79,911 167,339 208,509 41,170 19.7% \$ 223,118 283,660 \$ 60.542 \$ Favourable variance in salaries \$33,182, benefits \$8,296, program supplies \$886 and other program costs \$860 partly offset by higher than planned professional flees (\$7.617). Total Healthy Organization \$ 2,709,908 \$ 241,596 \$ 2,951,504 \$ 3,202,170 \$ 250,666 7.8% \$ 4,080,339 \$ - \$ 4,330,238 \$ 249,899 5.8% General Expenses & Revenues 2,495,641 - 2,495,641 2,099,581 (396,060) -18.9% \$ 3,917,521 \$ (2,288,874) \$ 2,799,441 \$ (3,406,954) -121.7% planed professional services fees (\$61,632) and notwer than planned professional form ministration costs and higher occurs costs and	Procurement & Operations		188,333	264	188,597	142,512	(46,085)	-32.3%	\$ 251,463		193,968	\$ (57,495)	-29.6%	
Strategic Projects 87,428 79,911 167,339 208,509 41,170 19.7% \$ 223,118 283,660 \$ 60,542 other program costs \$960 partly offset by higher than planned professional fees (\$2.136). Total Healthy Organization \$ 2,709,908 \$ 241,596 \$ 2,951,504 \$ 3,202,170 \$ 250,666 7.8% \$ 4,080,339 \$ - \$ 4,330,238 \$ 249,899 5.8% General Expenses & Revenues 2,495,641 - 2,495,641 2,099,581 2,999,581 (396,060) -18.9% \$ 3,917,521 \$ (2,288,874) \$ 2,799,441 \$ (3,406,954) -121.7% Higher operating costs include higher than anticipated benefits administration costs (\$19,349), higher than insurance costs and higher security costs, other program costs (\$19,349), higher than insurance costs and higher security costs (\$10,639) and lower than planned professional services fees (\$146,839) and lower than planned professional fees (\$126,41), higher occupancy costs (\$19,349), higher than insurance costs and higher security costs, other program costs (\$9,349), higher than anticipated benefits administration costs (\$120,361), higher occupancy costs (\$119,635) in gold recognition of insurance costs and higher security costs, other program costs (\$19,349), higher than anticipated benefits administration costs (\$10,041), higher occupancy costs (\$119,635) in gold recognition of insurance costs and higher security costs, other program costs (\$19,349), higher than anticipated benefits administration costs (\$102,0361), higher occupancy costs (\$119,635) in gold recognition of insurance costs and higher security costs, other program costs (\$19,695) in gold recognition of insurance costs and higher security costs, other program costs (\$102,0361), higher occupancy costs (\$119,635) in gold recognition of insurance costs and higher security costs, other program costs (\$102,0361), higher occupancy costs (\$102,0361	Program Planning & Evaluation	\$	277,331 \$	122,986	\$ 400,317	\$ 652,421	252,105	38.6%	\$ 533,756		885,610	\$ 351,854	39.7%	program evaluator and manager and lower spending for program supplies \$8,128
General Expenses & Revenues 2,495,641 - 2,495,641 2,099,581 (396,060) -18.9% \$ 3,917,521 \$ (2,288,874) \$ 2,799,441 \$ (3,406,954) -121.7% Higher operating costs include higher than anticipated benefits administration costs (\$120,361), higher occupancy costs (\$119,635) in part due to timing of recognition of insurance costs and higher security costs, other program costs (\$9,494), higher than anticipated benefits administration costs (\$120,361), higher occupancy costs (\$119,635) in part due to timing of recognition of insurance costs and higher security costs, other program costs (\$9,494), higher than anticipated benefits administration costs (\$120,361), higher occupancy costs (\$119,635) in part due to timing of recognition of insurance costs and higher security costs, other program costs (\$146,839) and lower than planned misc revenues (\$12,641). Funding adjustment reflects decision to return additional funding from municipalities in excess of amounts covered by mitigation funding from municipalities in excess of amounts covered by mitigation funding from municipalities in excess of amounts covered by mitigation funding from municipalities in excess of amounts covered by mitigation funding from municipalities in excess of amounts covered by mitigation funding from municipalities in excess of amounts covered by mitigation funding from municipalities in excess of amounts covered by mitigation funding from municipalities in excess of amounts covered by mitigation funding from municipalities in excess of amounts covered by mitigation funding from municipalities in excess of amounts covered by mitigation funding from municipalities in excess of amounts covered by mitigation funding from municipalities in excess of amounts covered by mitigation funding from municipalities in excess of amounts covered by mitigation funding from municipalities in excess of amounts covered by mitigation funding from municipalities in excess of amounts covered by mitigation funding from municipalities in excess of amounts covered	Strategic Projects		87,428	79,911	167,339	208,509	41,170	19.7%	\$ 223,118		283,660	\$ 60,542		other program costs \$960 partly offset by higher than planned professional fees
General Expenses & Revenues 2,495,641 - 2,495,641 2,099,581 (396,060) -18.9% \$ 3,917,521 \$ (2,288,874) \$ 2,799,441 \$ (3,406,954) -121.7% planned professional services fees (\$12,631), higher occupancy costs (\$119,635) in part due to timing of recognition of insurance costs and higher security costs, other program costs (\$9,349), higher than expenses and higher security costs, other program costs (\$9,349), higher than expense security costs, other program costs (\$19,641). Funding adjustment reflects decision to return additional funding from municipalities in excess of amounts covered by mitigation funding from Ministry of Health. Total Expenditures Before Expected Gapping \$ 42,979,954 \$ 0 \$ 42,979,954 \$ 45,826,277 \$ 2,846,323 \$ 6.2% \$ 58,368,107 \$ (762,182) \$ 60,411,452 \$ 1,281,163 \$ 2.1% Less: Expected Agency Gapping Budget (918,923) (918,923) (918,923)	Total Healthy Organization	\$	2,709,908 \$	241,596	\$ 2,951,504	\$ 3,202,170	\$ 250,666	7.8%	\$ 4,080,339	\$ -	\$ 4,330,238	\$ 249,899	5.8%	
Less: Expected Agency Gapping Budget (918,923) (918,923) (1,257,473) \$ (1,257,473)	General Expenses & Revenues		2,495,641	-	2,495,641	2,099,581	(396,060)	-18.9%	\$ 3,917,521	\$ (2,288,874)	\$ 2,799,441	\$ (3,406,954)	-121.7%	(\$120,361), higher occupancy costs (\$119,635) in part due to timing of recognition of insurance costs and higher security costs, other program costs (\$9,349), higher than planned professional services fees (\$146,839) and lower than planned misc. revenues (\$12,641). Funding adjustment reflects decision to return additional funding from municipalities in excess of amounts covered by mitigation funding from Ministry of
	Total Expenditures Before Expected Gapping	\$	42,979,954 \$	0	\$ 42,979,954	\$ 45,826,277	\$ 2,846,323	6.2%	\$ 58,368,107	\$ (762,182)	\$ 60,411,452	\$ 1,281,163	2.1%	
TOTAL BOARD OF HEALTH EXPENDITURES \$ 42,979,954 \$ 0 \$ 42,979,954 \$ 44,907,354 \$ 1,927,400	Less: Expected Agency Gapping Budget					(918,923)	(918,923)				(1,257,473)	\$ (1,257,473)		
	TOTAL BOARD OF HEALTH EXPENDITURES	\$	42,979,954 \$	0	\$ 42,979,954	\$ 44,907,354	\$ 1,927,400	4.3%	\$ 58,368,107	\$ (762,182)	\$ 59,153,979	\$ 23,690	0.0%	

Middlesex-London Health Unit FACTUAL CERTIFICATE

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

The undersigned hereby certify that, to the best of their knowledge, information and belief after due inquiry, as at September 30, 2021:

- 1. The Middlesex-London Health Unit is compliant, as required by law, with all statutes and regulations relating to the withholding and/or payment of governmental remittances, including, without limiting the generality of the foregoing, the following:
 - All payroll deductions at source, including Employment Insurance, Canada Pension Plan and Income Tax:
 - Ontario Employer Health Tax; and
 - Federal Harmonized Sales Tax (HST).

Further, staff believe that all necessary policies and procedures are in place to ensure that all future payments of such amounts will be made in a timely manner.

- 2. The Middlesex-London Health Unit has remitted to the Ontario Municipal Employees Retirement System (OMERS) all funds deducted from employees along with all employer contributions for these purposes.
- 3. The Middlesex-London Health Unit is compliant with all applicable Health and Safety legislation.
- 4. The Middlesex-London Health Unit is compliant with applicable Pay Equity legislation.
- 5. The Middlesex-London Health Unit has not substantially changed any of its accounting policies or principles since December 8, 2016.
- 6. The Middlesex-London Health Unit reconciles its bank accounts regularly and no unexpected activity has been found.
- 7. The Middlesex-London Health Unit has filed all information requests within appropriate deadlines.
- 8. The Middlesex-London Health Unit is compliant with the requirements of the Charities Act, and the return for 2020 has been filed.
- 9. The Middlesex-London Health Unit has been named in a complaint to the Human Rights Tribunal of Ontario by a former student. The hearing has been completed and a decision to dismiss has been rendered that found no violation of human rights. The individual filed an Application to Divisional Court for a Judicial Review which was dismissed, the individual is now seeking motion for leave to appeal. MLHU has also been named in a second complaint to the Human Rights Tribunal of Ontario by the same individual. This application is in respect to the recruitment of three management positions for which he was not selected for an interview.
- 10. The Middlesex-London Health Unit has been named in a legal action with respect to 'Cali Nails' or 'the numbered company that operated Cali Nails' for damages arising from the Order to close for Infection Prevention and Control (IPAC) infractions, and the publication of the associated Closure Order. The claim alleges that, as the Order to close and the associated public notice that the IPAC

infractions could lead to blood borne infections, this directly led to the drop in its business and the closure of the salon. Ultimately damages are being sought as a result.

- 11. The Middlesex-London Health Unit is fulfilling its obligations by providing services in accordance with our funding agreements, the Health Protection & Promotion Act, the Ontario Public Health Standards, and as reported to the Board of Health through reports including but not limited to:
 - Quarterly Financial Updates;
 - Annual Audited Financial Statements;
 - Annual Reporting on the Accountability Indicators;
 - Annual Service Plans; and
 - Information and Information Summary Reports.

Dated at London, Ontario this 30th day of November, 2021

Dr. Alexander Summers

Acting Medical Officer of Health

Alexander T. Som

Emily Williams

Chief Executive Officer (Interim)

EWilliams

MIDDLESEX-LONDON HEALTH

MIDDLESEX-LONDON HEALTH UNIT

REPORT NO. 26-21FFC

TO: Chair and Members of the Board of Health

FROM: Dr. Alex Summers, Acting Medical Officer of Health

Ms. Emily Williams, Interim CEO

DATE: 2021 December 7

FINANCIAL BORROWING UPDATE

Recommendation

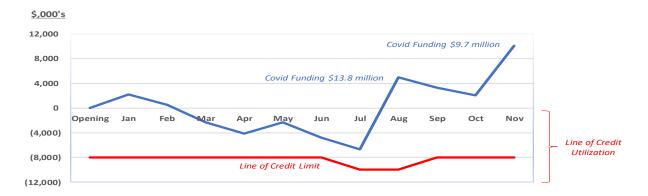
It is recommended that the Finance & Facilities Committee review and recommend to the Board of Health to receive Report No. 26-21FFC re: "Financial Borrowing Update" for information.

Key Points

- MLHU bank balance is positive at \$10.1 million as at November 26th. The Ministry provided COVID-19 extraordinary funding in the amount of \$9.7 million on November 22nd.
- MLHU operating line of credit has an \$8 million limit and is not being utilized at present.
- The Health Unit continues to service a \$4.2 million demand instalment loan with annual repayments of \$260,000 for principal and interest.

Background – Bank Balance (and COVID-19 Impact)

The following graph represents MLHU monthly bank balances during 2021.



The initial estimate for COVID-19 extraordinary expenses was \$28.7 million (\$7,275k for case and contact management (*CCM*) and \$21,423k for the vaccine program).

From February to July, the line of credit supported operations as COVID-19-related expenses had depleted available cash. The Ministry funded \$13,782k in mid July, approximately half of the original estimate.

At Q2 reporting, the COVID-19 estimate was decreased from \$28.7 to \$24.9 million (\$12,694k for CCM and \$12,190k for the vaccine program). The Ministry approved the \$24.9 million in a letter received during November and funded an additional \$9,715k. They also acknowledged that the remaining amount would be paid throughout the rest of the calendar year.

To date, MLHU has received \$23,497k for COVID-19 extraordinary expenses (July \$13,782k, November \$9,715k) with an outstanding balance yet to be received of \$1,387k. Total approved funding to date is \$24,884k.

During late November, MLHU received direction from the Ministry that surplus funds generated from mandatory programs were to be used to offset COVID-19 expenses. This direction halted MLHU plans to pay down variable debt with CIBC as surplus funds were shifted to support ongoing COVID-19 efforts.

Background – Operating Line of Credit

The operating line of credit has an \$8 million limit and is currently not being utilized due to the Health Unit's positive cash position at the bank.

As at Q3 - September 30, MLHU has realized \$136,610 favourability on interest expense (actual \$58,390 vs budget \$195,000).

Background – Demand Instalment Loan (no changes from Q2 reporting)

During December 2020, the Health Unit entered into a loan agreement with CIBC to finance the fit-up and relocation costs related to consolidating offices to Citi Plaza. The loan was for \$4.2 million, 20-year amortization and had two components:

Variable: \$1,150,000. Interest is charged at prime less 0.75% per annum.

Fixed: \$3,050,000. Interest is charged at 1.915% per annum over a 5-year term, renewal December 2025.

All amounts are repayable immediately on demand by the bank. Annual payments are approximately \$260,000. The variable portion can be repaid at any time without penalties.

The repayment structure for 2022 remains unchanged from 2021 and is approximately:

Variable: \$75,625 (principal \$57,500 and interest is \$18,125).

\$183,684 (principal \$128,823 and interest is \$54,861). Fixed:

Next Steps

The latest COVID-19 projections are estimated at \$26.4 million (as presented in Q3 reporting). The Ministry has committed funding totaling \$24.9 million. The balance of \$1.5 million will be funded from surplus generated from mandatory programs, as directed by the Ministry in November.

This report was prepared by the Healthy Organization Division.

Alexander Summers, MD, MPH, CCFP, FRCPC

Acting Medical Officer of Health

Alexander T =

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

EWilliams