



Board of Health Finance Standing Committee

Monday, May 7, 2018

9 to 11 a.m.

Boardroom

Board of Health Finance Standing Committee - May 7, 2018

9-11 a.m., Boardroom

1. CALL TO ORDER

2. ROLL CALL

3. ELECTION OF BOARD OF FINANCE STANDING COMMITTEE CHAIR FOR 2018

MOTION: Appointment of Chair

Page 4

4. REVIEW OF AGENDA / DECLARATION OF CONFLICT OF INTEREST

Agenda: May 7, 2018

Page 5

5. APPROVAL OF BOARD FINANCE STANDING COMMITTEE MEETING NOTES

5.1 Board of Health Finance Standing Committee Notes dated
January 10, 2018

Page 7

MOTION: Approval of Meeting Notes

Page 10

6. NEW BUSINESS

6.1 2017 Audited Financial Statements

a) Briefing Note from the MOH/CEO on the 2017 Financial
Statements

Page 11

b) Review of the 2017 Audit Report and Audited Financial
Statements
D. D'Angelo, KPMG, C. Barette, Manager, Accounting
Services, F. Quirion, Corporate Services

Page 13

MOTION: 2017 Audited Financial Statements

Page 35

6.2 Year to Date Financial Statements

a) March 2018 Financial Statements

Page 36

b) Letter from the MOHLTC dated April 13, 2018, Re
Ministry Funding

Page 39

6.3 Financial Management Policy Review

a) 2018 Schedule of Policy Review Page 40

IN CAMERA

Security of Public Health Sudbury & Districts Property

MOTION: In Camera Page 43

RISE AND REPORT

MOTION: Rise and Report Page 44

6.4 Annual Insurance Review

a) Frank Cowan Company Summary of the Public Health
Sudbury & Districts 2017 Insurance Program Page 45

7. ADJOURNMENT

MOTION: Adjournment Page 53

APPOINTMENT OF CHAIR

MOTION:

**THAT this Board of Health Finance Standing Committee appoint
_____ as the Board of Health Finance Standing Committee
Chair for 2018.**



AGENDA
BOARD OF HEALTH FINANCE STANDING COMMITTEE
MONDAY, MAY 7, 2018
9:00 A.M. UNTIL 11 A.M.
Boardroom – Public Health Sudbury & Districts

MEMBERS: Carolyn Thain René Lapierre Paul Myre
Mark Signoretti

STAFF: Colette Barrette France Quirion Rachel Quesnel
Dr. Penny Sutcliffe

GUESTS: Derek D’Angelo, KPMG ~

~via teleconference

- 1. CALL TO ORDER**
- 2. ROLL CALL**
- 3. ELECTION OF BOARD OF HEALTH FINANCE STANDING COMMITTEE CHAIR FOR 2018**

APPOINTMENT OF CHAIR

MOTION:

THAT the Board of Health Finance Standing Committee appoint _____ as the Board of Health Finance Standing Committee Chair for 2018.

- 4. REVIEW OF AGENDA / DECLARATION OF CONFLICT OF INTEREST**
- 5. APPROVAL OF BOARD OF HEALTH FINANCE STANDING COMMITTEE MEETING NOTES**
 - 5.1 Board of Health Finance Standing Committee Notes dated January 10, 2018 *

APPROVAL OF MEETING NOTES

MOTION:

THAT the meeting notes of the Board of Health Finance Standing Committee meeting of January 10, 2018, be approved as distributed.

- 6. NEW BUSINESS**
 - 6.1 2017 Audited Financial Statements
 - a) Briefing Note from the Medical Officer of Health and Chief Executive Officer on the 2017 Financial Statements *
 - b) Review of the 2017 Audit Report and Audited Financial Statements *
 - D. D’Angelo, KPMG
 - C. Barrette, Manager, Accounting Services
 - F. Quirion, Director, Corporate Services

2017 AUDITED FINANCIAL STATEMENTS

MOTION:

THAT the Board of Health Finance Standing Committee recommend to the Board of Health for the Sudbury & District Health Unit the adoption of the 2017 audited financial statements.

- 6.2 Year to Date Financial Statements
 - a) March 2018 Financial Statements *
 - b) Ministry Funding
 - Letter from the Minister of Health and Long-Term Care dated April 13, 2018*

- 6.3 Financial Management Policy Review
 - a) 2018 Schedule of Policy Review *

IN CAMERA

IN CAMERA

MOTION:

THAT this Board of Health goes in camera. Time: _____

- Security of Public Health Sudbury & Districts Property

RISE AND REPORT

RISE AND REPORT

MOTION:

THAT this Board of Health rises and reports. Time: _____

- 6.4 Annual Insurance Review
 - a) Frank Cowan Company Summary of the Public Health Sudbury & Districts' 2017 Insurance Program*

7. ADJOURNMENT

ADJOURNMENT

MOTION:

That we do now adjourn. Time: _____

* Attachment

MEETING NOTES
BOARD OF HEALTH FINANCE STANDING COMMITTEE
WEDNESDAY, JANUARY 10, 2018, AT 10 A.M.
SUDBURY & DISTRICT HEALTH UNIT, BOARDROOM

BOARD MEMBERS PRESENT

Paul Myre

Mark Signoretti

Carolyn Thain

BOARD MEMBERS REGRETS

René Lapierre

STAFF MEMBERS PRESENT

Colette Barrette
Dr. P. Sutcliffe

Rachel Quesnel

France Quirion

C. THAIN PRESIDING

1.0 CALL TO ORDER

The meeting was called to order at 10:07 a.m.

2.0 ROLL CALL

3.0 REVIEW OF AGENDA / DECLARATION OF CONFLICT OF INTEREST

There were no declarations of conflict of interest.

4.0 APPROVAL OF BOARD OF HEALTH FINANCE STANDING COMMITTEE MEETING NOTES

4.1 Board of Health Finance Standing Committee Notes dated November 1, 2017

01-18 APPROVAL OF MEETING NOTES

Moved by Myre – Signoretti: THAT the meeting notes of the Board of Health Finance Standing Committee meeting of November 1, 2017, be approved as distributed.

CARRIED

5.0 NEW BUSINESS

5.1 2018 Program-Based Budget

- a) Briefing Note Incremental Costs for Implementation of Ontario Public Health Standards, 2017
- b) Table 1 – Description of Implementation
- c) Schedule 1 – Financial Schedule of On-Going Cost Pressures

Dr. Sutcliffe recapped that the 2018 Board approved budget for the cost-shared programs and services did not include the incremental costs estimates for the implementation of the *Ontario Public Health Standards: Requirements for Programs, Services, and Accountability (OPHS)*, released at the November 16, 2017 Public Health Summit.

The Board was advised at its November 23, 2017, meeting that management would undertake a careful review of the new requirements and related costing with the aim of seeking the Board's approval at its January 2018 meeting for a request for additional Ministry funds.

Dr. Sutcliffe clarified that while addressing questions at the Public Health Summit, the Assistant Deputy Minister communicated that, to the extent possible, boards of health should consider in their 2018 budgets, reasonable estimates of their costs associated with implementing the new requirements. Although there is no commitment for additional provincial base funding, such costing would further assist the Ministry in assessing the local public health needs associated with implementing the new Standards.

Senior management, managers and staff have carefully considered reasonable cost estimates knowing there are details we don't yet have from the MOHLTC, including some Guidelines and Protocols associated with the Standards.

Table 1 and Schedule 1 detail the implementation pressures expected to be experienced by the SDHU, including FTEs per Foundational and Program Standards and corporate support.

A motion has been drafted for the January 18, 2018, Board agenda outlining a request to the MOHTLC for additional base funding to offset costs estimated for the implementation of the *Ontario Public Health Standards: Requirements for programs, services and accountability, 2017*.

Questions were entertained. Members discussed communication about the SDHU's request to MOHLTC for these additional funds. Discussion ensued regarding the implementation of the Standards in the absence of additional funding. The Standards are effective January 1, 2018. The impact on staffing, workloads, workplace culture, and the budget are important considerations and priorities will need to be determined as we transition to the new Standards.

Dr. Sutcliffe noted that the request would be included in our annual service plan and 2018 budget submission to the MOHLTC which is due March 1, 2018.

The Board Finance Committee members thanked management for the thorough and forward planning work.

The Board Finance Committee concurred that a recommendation for approval come forward at the January 18, 2018, Board meeting requesting additional MOHLTC funds in the amount of \$2.54M to offset costs estimated for the implementation of the OPHS.

6.0 IN CAMERA

02-18 IN CAMERA

Moved by Signoretti – Myre: THAT this Board of Health Finance Standing Committee goes in camera. Time: 10:53 a.m.

CARRIED

- Security of the SDHU Property

7.0 RISE AND REPORT

03-18 RISE AND REPORT

Moved by Myre – Signoretti: THAT this Board of Health Finance Standing Committee rises and reports. Time: 11:05 a.m.

CARRIED

It was reported that one agenda item related to the security of SDHU property was discussed during the closed meeting. The following motion emanated from the closed meeting:

04-18 APPROVAL OF IN-CAMERA MEETING NOTES

Moved by Signoretti – Myre: THAT this Board of Health Finance Standing Committee approve the meeting notes of the November 1, 2017, in-camera meeting and that these remain confidential and restricted from public disclosure in accordance with exemptions provided in the Municipal Freedom of Information and Protection of Privacy Act.

CARRIED

8.0 ADJOURNMENT

05-18 ADJOURNMENT

Moved by Myre – Signoretti: THAT we do now adjourn. Time: 11:06 a.m.

CARRIED

(Chair)

(Secretary)

APPROVAL OF MEETING NOTES

MOTION:

THAT the meeting notes of the Board of Health Finance Standing Committee meeting of January 10, 2018, be approved as distributed.

To: Chair, Finance Standing Committee of the Board of Health for Sudbury & District Health Unit

From: Dr. Penny Sutcliffe, Medical Officer of Health/Chief Executive Officer

Date: April 30, 2018

Re: 2017 Audited Financial Statement presented in draft

For Information

For Discussion

For a Decision

Issue:

KPMG completed the audit of the 2017 Financial Statements of Board of Health for the Sudbury & District Health Unit operating as Public Health Sudbury & Districts which include the Independent Auditor's Report.

Recommended Action:

That the Board of Health Finance Committee recommend the Audited Financial Statements for Board of Health approval at the Board's May 17, 2018 meeting.

Background:

The Ministry of Health and Long-Term Care requires each health unit to have their financial records audited by an external auditing firm annually.

The 2017 audit was completed by KPMG. This is KPMG's second year of a three year service agreement with possibility of a two-year extension.

Public Health Sudbury & Districts is responsible for the preparation and fair presentation of the financial statements in accordance with Canadian public sector accounting standards.

The auditor's responsibility is to express an opinion on these financial statements based on their audit. The audit involves performing procedures to obtain audit evidence about the amounts and disclosure in the financial statements. The procedures include the assessment of the risks of material misstatements of the financial statements. The auditors consider internal controls relevant to the organization's preparation and fair presentation of the financial statements. The audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of accounting estimates made by management, as well as evaluating the overall presentation of the financial statements.

Based on the auditor's report, the financial statements present fairly, in all material respects,

2018–2022 Strategic Priorities:

1. Equitable Opportunities
2. Meaningful Relationships
3. Practice Excellence
4. Organizational Commitment

O: October 19, 2001
R: January 2017

the financial position of Public Health Sudbury & Districts as at December 31, 2017 and its results of operations and accumulated surplus, changes in net financial assets and its cash flows for the year then ended in accordance with Canadian public sector accounting standards.

There were no recommendations received as a result of the 2017 annual audit completed by KPMG.

Financial Implications:

Audit charges as per the Audit service agreement.

Ontario Public Health Standard:

Standard # 6.6 Financial Records

Strategic Priority:

Strengthen Relationships

Contact:

France Quirion, Director, Corporate Services

1. Equitable Opportunities
2. Meaningful Relationships
3. Practice Excellence
4. Organizational Commitment

Financial Statements of

**BOARD OF HEALTH FOR THE
SUDBURY & DISTRICT
HEALTH UNIT**

**(OPERATING AS PUBLIC HEALTH SUDBURY
& DISTRICTS)**

Year ended December 31, 2017

DRAFT



KPMG LLP
Claridge Executive Centre
144 Pine Street
Sudbury Ontario P3C 1X3
Canada
Telephone (705) 675-8500
Fax (705) 675-7586

INDEPENDENT AUDITORS' REPORT

To the Board Members of the Board of Health for the Sudbury & District Health Unit, Members of Council, Inhabitants and Ratepayers of the Participating Municipalities of the Board of Health for the Sudbury & District Health Unit

We have audited the accompanying financial statements of the Board of Health for the Sudbury & District Health Unit (operating as Public Health Sudbury & Districts), which comprise the statement of financial position as at December 31, 2017, the statements of operations and accumulated surplus, changes in net financial assets and cash flows for the year then ended, and notes, comprising a summary of significant accounting policies and other explanatory information.

Management's Responsibility for the Financial Statements

Management is responsible for the preparation and fair presentation of these financial statements in accordance with Canadian public sector accounting standards, and for such internal control as management determines is necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error.

Auditors' Responsibility

Our responsibility is to express an opinion on these financial statements based on our audit. We conducted our audit in accordance with Canadian generally accepted auditing standards. Those standards require that we comply with ethical requirements and plan and perform the audit to obtain reasonable assurance about whether the financial statements are free from material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosure in the financial statements. The procedures selected depend on our judgment, including the assessment of the risks of material misstatement of the financial statements, whether due to fraud or error. In making those risk assessments, we consider internal control relevant to the entity's preparation and fair presentation of the financial statements in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the entity's internal control. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of accounting estimates made by management, as well as evaluating the overall presentation of the financial statements.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.



Opinion

In our opinion, these financial statements present fairly, in all material respects, the financial position of the Board of Health for the Sudbury & District Health Unit (operating as Public Health Sudbury & Districts) as at December 31, 2017 and its results of operations, changes in net financial assets and its cash flows for the year then ended in accordance with Canadian public sector accounting standards.

Chartered Professional Accountants, Licensed Public Accountants

Sudbury, Canada

May 7, 2018

DRAFT

BOARD OF HEALTH FOR THE SUDBURY & DISTRICT HEALTH UNIT

(OPERATING AS PUBLIC HEALTH SUDBURY & DISTRICTS)

Statement of Financial Position

December 31, 2017, with comparative information for 2016

	2017	2016
Financial assets		
Cash and cash equivalents	\$ 12,942,452	\$ 11,739,356
Accounts receivable	788,684	766,122
Receivable from the Province of Ontario	365,035	212,664
	<u>14,096,171</u>	<u>12,718,142</u>
Financial liabilities		
Accounts payable and accrued liabilities	1,289,696	1,226,887
Deferred revenue	368,364	318,310
Payable to the Province of Ontario	693,999	394,264
Employee benefit obligations (note 2)	2,756,279	2,806,905
	<u>5,108,338</u>	<u>4,746,366</u>
Net financial assets	8,987,833	7,971,776
Non-financial assets:		
Tangible capital assets (note 3)	5,374,612	5,469,350
Prepaid expenses	436,033	284,598
	<u>5,810,645</u>	<u>5,753,948</u>
Commitments and contingencies (note 4)		
Accumulated surplus (note 5)	\$ 14,798,478	\$ 13,725,724

See accompanying notes to financial statements.

On behalf of the Board:

_____ Board Member

_____ Board Member

BOARD OF HEALTH FOR THE SUDBURY & DISTRICT HEALTH UNIT

(OPERATING AS PUBLIC HEALTH SUDBURY & DISTRICTS)

Statement of Operations and Accumulated Surplus

Year ended December 31, 2017, with comparative information for 2016

	Budget	Total	Total
	2017	2017	2016
Revenue (note 9):			
Provincial grants	\$ 20,244,954	\$ 20,400,575	\$ 19,944,345
Per capita revenue from municipalities (note 7)	7,012,166	7,012,166	6,886,526
Other:			
Plumbing inspections and licenses	287,000	315,214	267,040
Interest	85,000	107,550	80,276
Other	1,091,022	893,009	854,973
	28,720,142	28,728,514	28,033,160
Expenses (note 9):			
Salaries and wages	19,047,453	18,114,089	18,010,623
Benefits (note 6)	5,143,483	4,968,815	4,879,420
Administration (note 8)	1,896,608	1,787,038	1,919,805
Supplies and materials	1,575,337	1,365,790	1,058,761
Amortization of tangible capital assets (note 3)	-	658,989	699,482
Small operational equipment	614,110	416,411	377,117
Transportation	443,151	344,628	336,632
	28,720,142	27,655,760	27,281,840
Annual surplus	-	1,072,754	751,320
Accumulated surplus, beginning of year	13,725,724	13,725,724	12,974,404
Accumulated surplus, end of year	\$ 13,725,724	\$ 14,798,478	\$ 13,725,724

See accompanying notes to financial statements.

BOARD OF HEALTH FOR THE SUDBURY & DISTRICT HEALTH UNIT

(OPERATING AS PUBLIC HEALTH SUDBURY & DISTRICTS)

Statement of Changes in Net Financial Assets

Year ended December 31, 2017, with comparative information for 2016

	2017	2016
Annual surplus	\$ 1,072,754	\$ 751,320
Purchase of tangible capital assets	(564,251)	(462,871)
Amortization of tangible capital assets	658,989	699,482
Change in prepaid expenses	(151,435)	(35,965)
Change in net financial assets	1,016,057	951,966
Net financial assets, beginning of year	7,971,776	7,019,810
Net financial assets, end of year	\$ 8,987,833	\$ 7,971,776

See accompanying notes to financial statements.

DRAFT

BOARD OF HEALTH FOR THE SUDBURY & DISTRICT HEALTH UNIT

(OPERATING AS PUBLIC HEALTH SUDBURY & DISTRICTS)

Statement of Cash Flows

Year ended December 31, 2017, with comparative information for 2016

	2017	2016
Cash provided by (used in):		
Cash flows from operating activities:		
Annual surplus	\$ 1,072,754	\$ 751,320
Adjustments for:		
Amortization of capital assets	658,989	699,482
Employee benefit obligations	(50,626)	23,640
	1,681,117	1,474,442
Changes in non-cash working capital:		
Accounts receivable	(22,562)	(426,755)
Receivable from the Province of Ontario	(152,371)	(77,175)
Accounts payable and accrued liabilities	62,809	298,487
Deferred revenue	50,054	7,660
Payable to the Province of Ontario	299,735	31,191
Prepaid expenses	(151,435)	(35,965)
	1,767,347	1,271,885
Cash flows from investing activity:		
Purchase of tangible capital assets	(564,251)	(462,871)
Increase in cash	1,203,096	809,014
Cash and cash equivalents, beginning of year	11,739,356	10,930,342
Cash and cash equivalents, end of year	\$ 12,942,452	\$ 11,739,356

See accompanying notes to financial statements.

BOARD OF HEALTH FOR THE SUDBURY & DISTRICT HEALTH UNIT

(OPERATING AS PUBLIC HEALTH SUDBURY & DISTRICTS)

Notes to Financial Statements

Year ended December 31, 2017

The Board of Health for the Sudbury & District Health Unit, (operating as Public Health Sudbury & Districts), (the "Health Unit") was established in 1956, and is a progressive, accredited public health agency committed to improving health and reducing social inequities in health through evidence informed practice. The Health Unit is funded through a combination of Ministry grants and through levies that are paid by the municipalities to whom the Health Unit provides public health services. The Health Unit works locally with individuals, families and community and partner agencies to promote and protect health and to prevent disease. Public health programs and services are geared toward people of all ages and delivered in a variety of settings including workplaces, daycare and educational settings, homes, health-care settings and community spaces.

The Health Unit is a not-for-profit public health agency and is therefore exempt from income taxes under the Income Tax Act (Canada).

1. Summary of significant accounting policies:

These financial statements are prepared by management in accordance with Canadian public sector accounting standards established by the Public Sector Accounting Board. The principal accounting policies applied in the preparation of these financial statements are set out below.

(a) Basis of accounting:

The financial statements are prepared using the accrual basis of accounting.

The accrual basis of accounting recognizes revenues as they are earned. Expenses are recognized as they are incurred and measurable as a result of receipt of goods or services and the creation of a legal obligation to pay.

(b) Cash and cash equivalents:

Cash and cash equivalents include guaranteed investment certificates that are readily convertible into known amounts of cash and subject to insignificant risk of change in value.

Guaranteed investment certificates amounted to \$2,223,397 as at December 31, 2017 (2016 - \$2,204,349) and these can be redeemed for cash on demand.

(c) Employee benefit obligations:

The Health Unit accounts for its participation in the Ontario Municipal Employee Retirement Fund (OMERS), a multi-employer public sector pension fund, as a defined contribution plan.

Vacation and other compensated absence entitlements are accrued for as entitlements are earned.

Sick leave benefits are accrued when they are vested.

BOARD OF HEALTH FOR THE SUDBURY & DISTRICT HEALTH UNIT

(OPERATING AS PUBLIC HEALTH SUDBURY & DISTRICTS)

Notes to Financial Statements

Year ended December 31, 2017

1. Summary of significant accounting policies (continued):

(c) Employee benefit obligations (continued):

Other post-employment benefits are accrued in accordance with the projected benefit method prorated on service and management's best estimate of salary escalation and retirement ages of employees. The discount rate used to determine the accrued benefit obligation was determined with reference to the Health Unit's cost of borrowing at the measurement date taking into account cash flows that match the timing and amount of expected benefit payments.

Actuarial gains (losses) on the accrued benefit obligation arise from the difference between actual and expected experiences and from changes in actuarial assumptions used to determine the accrued benefit obligation. These gains (losses) are amortized over the average remaining service period of active employees.

(d) Non-financial assets:

Tangible capital assets and prepaid expenses are accounted for as non-financial assets by the Health Unit. Non-financial assets are not available to discharge liabilities and are held for use in the provision of services. They have useful lives extending beyond the current year and are not intended for sale in the ordinary course of operations.

(e) Tangible capital assets:

Tangible capital assets are recorded at cost, and include amounts that are directly related to the acquisition of the assets. The Health Unit provides for amortization using the straight-line method designed to amortize the cost, less any residual value, of the tangible capital assets over their estimated useful lives. The annual amortization periods are as follows:

Asset	Basis	Rate
Buildings	Straight-line	2.5%
Parking lot resurfacing	Straight-line	10%
Computer hardware	Straight-line	30%
Leasehold improvements	Straight-line	10%
Website design	Straight-line	20%
Furniture and equipment	Straight-line	10%
Equipment – vaccine refrigerators	Straight-line	20%
Computer software	Straight-line	100%

(f) Prepaid expenses:

Prepaid expenses are charged to expenses over the periods expected to benefit from them.

BOARD OF HEALTH FOR THE SUDBURY & DISTRICT HEALTH UNIT

(OPERATING AS PUBLIC HEALTH SUDBURY & DISTRICTS)

Notes to Financial Statements

Year ended December 31, 2017

1. Summary of significant accounting policies (continued):

(g) Accumulated surplus:

Certain amounts, as approved by the Board of Directors, are set aside in accumulated surplus for future operating and capital purposes. Transfers to/from funds and reserves are an adjustment to the respective fund when approved.

The accumulated surplus consists of the following surplus accounts:

- Invested in tangible capital assets:

This represents the net book value of the tangible capital assets the Health Unit has on hand.

- Unfunded employee benefit obligations:

This represents the unfunded future employee benefit obligations comprised of the accumulated sick leave benefits, other post-employment benefits and vacation pay and other compensated absences.

The accumulated surplus consists of the following reserves:

- Working capital reserve:

This reserve is not restricted and is utilized for the operating activities of the Health Unit.

- Public health initiatives:

This reserve is restricted and can only be used for public health initiatives.

- Corporate contingencies:

This reserve is restricted and can only be used for corporate contingencies.

- Facility and equipment repairs and maintenance:

This reserve is restricted and can only be used for facility and equipment repairs and maintenance.

- Sick leave and vacation:

This reserve is restricted and can only be used for future sick leave and vacation obligations.

- Research and development:

This reserve is restricted and can only be used for research and development activities.

BOARD OF HEALTH FOR THE SUDBURY & DISTRICT HEALTH UNIT

(OPERATING AS PUBLIC HEALTH SUDBURY & DISTRICTS)

Notes to Financial Statements

Year ended December 31, 2017

1. Summary of significant accounting policies (continued):

(h) Revenue recognition:

Revenue from government grants and from municipalities is recognized in the period in which the events giving rise to the government transfer have occurred as long as: the transfer is authorized; the eligibility criteria, if any, have been met except when and to the extent that the transfer gives rise to an obligation that meets the definition of a liability for the recipient government; and the amount can reasonably be estimated. Funding received under a funding arrangement, which relates to a subsequent fiscal period and the unexpended portions of contributions received for specific purposes, is reflected as deferred revenue in the year of receipt and is recognized as revenue in the period in which all the recognition criteria have been met. Other revenues including certain user fees, rents and interest are recorded on the accrual basis, when earned and when the amounts can be reasonably estimated and collection is reasonably assured.

(i) Budget figures:

Budget figures have been provided for comparison purposes and have been derived from the budget approved by the Board of Directors. The budget figures are unaudited.

(j) Use of estimates:

The preparation of financial statements in conformity with Canadian public sector accounting standards requires management to make estimates and assumptions that affect the reported amounts of certain assets and liabilities at the date of the financial statements and the reported amounts of certain revenues and expenses during the reporting period. By their nature, these estimates are subject to measurement uncertainty. The effect of changes in such estimates on the financial statements in future periods could be significant. Accounts specifically affected by estimates in these financial statements are allowance for doubtful accounts, employee benefit obligations and the estimated useful lives and residual values of tangible capital assets.

BOARD OF HEALTH FOR THE SUDBURY & DISTRICT HEALTH UNIT

(OPERATING AS PUBLIC HEALTH SUDBURY & DISTRICTS)

Notes to Financial Statements

Year ended December 31, 2017

2. Employee benefit obligations:

An actuarial estimate of future liabilities has been completed using the most recent actuarial valuation dated December 31, 2014 and forms the basis for the estimated liability reported in these financial statements.

	2017	2016
Accumulated sick leave benefits	\$ 811,633	827,203
Other post-employment benefits	1,105,032	1,043,409
	1,916,665	1,870,612
Vacation pay and other compensated absence	839,614	936,293
	\$ 2,756,279	2,806,905

The significant actuarial assumptions adopted in measuring the Health Unit's accumulated sick leave benefits and other post-employment benefits are as follows:

	2017	2016
Discount	4.50%	4.50%
Health-care trend rate:		
Initial	5.10%	5.10%
Ultimate	4.00%	4.00%
Salary escalation factor	3.00%	3.00%

The Health Unit has established reserves in the amount of \$675,447 (2016 - \$675,447) to mitigate the future impact of these obligations.

The accrued benefit obligations as at December 31, 2017 are \$1,774,363 (2016 - \$1,711,172). Total benefit plan related expenses were \$175,067 (2016 - \$165,564) and were comprised of current service costs of \$115,505 (2016 - \$108,364), interest of \$76,699 (2016 - \$74,337) and amortization of actuarial loss of \$17,137 (2016 - \$17,137). Benefits paid during the year were \$129,013 (2016 - \$138,399). The net unamortized actuarial gain of \$142,302 (2016 - \$159,439) will be amortized over the expected average remaining service period.

BOARD OF HEALTH FOR THE SUDBURY & DISTRICT HEALTH UNIT

(OPERATING AS PUBLIC HEALTH SUDBURY & DISTRICTS)

Notes to Financial Statements

Year ended December 31, 2017

3. Tangible capital assets:

Cost:

	Land	Building	Leasehold Improvements	Computer Hardware	Computer Software	Website Design	Furniture and Equipment	Parking Lot Resurfacing	Total
Balance, January 1, 2017	\$ 26,939	7,068,782	396,739	1,650,697	325,876	69,845	2,189,717	242,596	11,971,191
Additions	-	-	-	342,738	31,703	-	189,810	-	564,251
Balance, December 31, 2017	\$ 26,939	7,068,782	396,739	1,993,435	357,579	69,845	2,379,527	242,596	12,535,442

Accumulated amortization:

	Land	Building	Leasehold Improvements	Computer Hardware	Computer Software	Website Design	Furniture and Equipment	Parking Lot Resurfacing	Total
Balance, January 1, 2017	\$ -	2,578,903	373,866	1,189,864	325,876	48,892	1,906,530	77,910	6,501,841
Amortization	-	176,720	20,794	307,752	31,703	13,969	83,791	24,260	658,989
Balance, December 31, 2017	\$ -	2,755,623	394,660	1,497,616	357,579	62,861	1,990,321	102,170	7,160,830

Net book value

	Land	Building	Leasehold Improvements	Computer Hardware	Computer Software	Website Design	Furniture and Equipment	Parking Lot Resurfacing	Total
At December 31, 2016	\$ 26,939	4,489,879	22,873	460,833	-	20,953	283,187	164,686	5,469,350
At December 31, 2017	26,939	4,313,159	2,079	495,819	-	6,984	389,206	140,426	5,374,612

BOARD OF HEALTH FOR THE SUDBURY & DISTRICT HEALTH UNIT

(OPERATING AS PUBLIC HEALTH SUDBURY & DISTRICTS)

Notes to Financial Statements

Year ended December 31, 2017

3. Tangible capital assets (continued):

Cost:

	Land	Building	Leasehold Improvements	Computer Hardware	Computer Software	Website Design	Furniture and Equipment	Parking Lot Resurfacing	Total
Balance, January 1, 2016	\$ 26,939	6,982,035	391,330	1,362,483	278,364	69,845	2,154,728	242,596	11,508,320
Additions	-	86,747	5,409	288,214	47,512	-	34,989	-	462,871
Balance, December 31, 2016	\$ 26,939	7,068,782	396,739	1,650,697	325,876	69,845	2,189,717	242,596	11,971,191

Accumulated amortization:

	Land	Building	Leasehold Improvements	Computer Hardware	Computer Software	Website Design	Furniture and Equipment	Parking Lot Resurfacing	Total
Balance, January 1, 2016	\$ -	2,403,267	325,530	877,169	278,364	34,923	1,829,456	53,650	5,802,359
Amortization	-	175,636	48,336	312,695	47,512	13,969	77,074	24,260	699,482
Balance, December 31, 2016	\$ -	2,578,903	373,866	1,189,864	325,876	48,892	1,906,530	77,910	6,501,841

Net book value

	Land	Building	Leasehold Improvements	Computer Hardware	Computer Software	Website Design	Furniture and Equipment	Parking Lot Resurfacing	Total
At December 31, 2015	\$ 26,939	4,578,768	65,800	485,314	-	34,922	325,272	188,946	5,705,961
At December 31, 2016	26,939	4,489,879	22,873	460,833	-	20,953	283,187	164,686	5,469,350

BOARD OF HEALTH FOR THE SUDBURY & DISTRICT HEALTH UNIT

(OPERATING AS PUBLIC HEALTH SUDBURY & DISTRICTS)

Notes to Financial Statements

Year ended December 31, 2017

4. Commitments and contingencies:

(a) Line of credit:

The Health Unit has available an operating line of credit of \$500,000 (2016 - \$500,000). There is no balance outstanding on the line of credit at year end (2016 - \$Nil).

(b) Lease commitment:

The Health Unit enters into operating leases in the ordinary course of business, primarily for lease of premises and equipment. Payments for these leases are contractual obligations as scheduled per each agreement. Commitments for minimum lease payments in relation to non-cancellable operating leases at December 31, 2017 are as follows:

No later than one year	\$	214,351
Later than one year and no later than 5 years		881,022
Later than five years		537,986
	\$	1,633,359

(c) Contingencies:

The Health Unit is involved in certain legal matters and litigation, the outcomes of which are not presently determinable. The loss, if any, from these contingencies will be accounted for in the periods in which the matters are resolved. Management is of the opinion that these matters are mitigated by adequate insurance coverage.

BOARD OF HEALTH FOR THE SUDBURY & DISTRICT HEALTH UNIT

(OPERATING AS PUBLIC HEALTH SUDBURY & DISTRICTS)

Notes to Financial Statements

Year ended December 31, 2017

5. Accumulated surplus:

The accumulated surplus consists of individual fund surplus accounts and reserves as follows:

	Balance, Beginning of Year	Annual Surplus (Deficit)	Purchase of Tangible Capital Assets	Balance, End of Year
Invested in tangible capital assets	\$ 5,469,350	(658,989)	564,251	5,374,612
Unfunded employee benefit obligation	(2,806,905)	50,626	-	(2,756,279)
Working capital reserve	5,449,406	1,681,117	(564,251)	6,566,272
Public health initiatives	1,521,119	-	-	1,521,119
Corporate contingencies	500,000	-	-	500,000
Facility and equipment repairs and maintenance	2,860,447	-	-	2,860,447
Sick leave and vacation	675,447	-	-	675,447
Research and development	56,860	-	-	56,860
	\$ 13,725,724	1,072,754	-	14,798,478

BOARD OF HEALTH FOR THE SUDBURY & DISTRICT HEALTH UNIT

(OPERATING AS PUBLIC HEALTH SUDBURY & DISTRICTS)

Notes to Financial Statements

Year ended December 31, 2017

6. Pension agreements:

The Health Unit makes contributions to OMERS, which is a multi-employer plan, on behalf of its members. The plan is a defined contribution plan, which specifies the amount of the retirement benefit to be received by the employees based on the length of service and rates of pay.

The amount contributed to OMERS for 2017 was \$1,804,726 (2016 - \$1,772,422) for current service and is included within benefits expense on the statement of operations and accumulated surplus.

7. Per capita revenue from municipalities:

	2017	2016
City of Greater Sudbury	\$ 6,028,855	5,917,249
Township of Espanola	186,317	183,388
Township of Sables and Spanish River	115,564	114,247
Municipality of French River	101,540	98,822
Municipality of Markstay-Warren	99,156	96,825
Township of Northeastern Manitioulin & The Islands	90,671	91,315
Township of Chapleau	82,958	83,120
Township of Central Manitioulin	73,702	72,515
Municipality of St. Charles	48,809	47,379
Township of Assiginack	32,260	31,471
Town of Gore Bay	31,488	32,504
Township of Baldwin	21,671	21,073
Township of Billings (and part of Allan)	21,531	21,142
Township of Gordon (and part of Allan)	18,656	18,180
Township of Nairn & Hyman	17,114	16,734
Municipality of Killarney	14,940	14,393
Township of Tehkummah	15,430	14,875
Township of Burpee	11,504	11,294
	\$ 7,012,166	6,886,526

BOARD OF HEALTH FOR THE SUDBURY & DISTRICT HEALTH UNIT

(OPERATING AS PUBLIC HEALTH SUDBURY & DISTRICTS)

Notes to Financial Statements

Year ended December 31, 2017

8. Administration expenses:

	Budget 2017	2017	2016
Building maintenance	\$ 358,854	368,421	400,024
Rent	257,464	260,600	255,776
Professional fees	354,107	262,116	297,379
Utilities	205,097	210,248	202,485
Telephone	198,032	205,660	199,233
Staff education	163,844	194,580	187,699
Advertising	136,905	92,461	192,030
Liability insurance	103,774	97,417	91,232
Postage	72,729	56,636	49,127
Memberships and subscriptions	41,802	35,653	42,438
Strategic planning	4,000	3,246	2,382
	\$ 1,896,608	1,787,038	1,919,805

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BOARD OF HEALTH FOR THE SUDBURY & DISTRICT HEALTH UNIT

(OPERATING AS PUBLIC HEALTH SUDBURY & DISTRICTS)

Notes to Financial Statements

Year ended December 31, 2017

9. Revenues and expenses by funding sources:

	OLHA	UIIP	Men C	HPV	Unorganized Territories	CNO	Enhanced Safe Water	SDWS	VBD	Diabetes Prevention	E-Cigarette Act: Protection & Enforcement	Enhanced Safe Food	Harm Reduction Enhancement	HSO	IC-PHN
Revenue:															
Provincial grants	\$ 14,687,000	11,095	17,867	24,166	-	121,500	16,200	106,000	58,139	122,982	24,154	36,500	30,950	554,160	90,100
Provincial grants - one-time	10	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Unorganized territories	-	-	-	-	826,000	-	-	-	-	-	-	-	-	-	-
Municipalities	6,943,298	-	-	-	-	-	-	47,222	21,646	-	-	-	-	-	-
Plumbing and inspections	315,214	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Interest	107,550	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Other	486,052	-	-	-	-	-	-	-	-	-	-	-	-	-	-
	<u>22,539,124</u>	<u>11,095</u>	<u>17,867</u>	<u>24,166</u>	<u>826,000</u>	<u>121,500</u>	<u>16,200</u>	<u>153,222</u>	<u>79,785</u>	<u>122,982</u>	<u>24,154</u>	<u>36,500</u>	<u>30,950</u>	<u>554,160</u>	<u>90,100</u>
Expenses:															
Salaries and wages	14,040,581	9,474	16,144	21,855	487,479	95,444	12,796	135,713	32,018	68,078	16,148	-	23,948	388,166	71,718
Benefits	3,978,242	930	1,617	2,184	138,726	26,056	3,404	36,033	2,843	14,668	3,954	-	4,473	106,864	18,382
Transportation	104,813	31	-	-	118,258	-	-	2,439	5,265	2,192	1,928	-	-	8,717	-
Administration (note 8)	1,590,556	-	-	-	12,277	-	-	-	1,376	29,299	-	85	-	11,105	-
Supplies and materials	696,545	660	106	127	69,260	-	-	-	36,017	8,745	2,124	5,186	2,529	39,308	-
Small operational equipment	377,947	-	-	-	-	-	-	-	-	-	-	31,229	-	-	-
Amortization of tangible capital assets	658,989	-	-	-	-	-	-	-	-	-	-	-	-	-	-
	<u>21,447,673</u>	<u>11,095</u>	<u>17,867</u>	<u>24,166</u>	<u>826,000</u>	<u>121,500</u>	<u>16,200</u>	<u>174,185</u>	<u>77,519</u>	<u>122,982</u>	<u>24,154</u>	<u>36,500</u>	<u>30,950</u>	<u>554,160</u>	<u>90,100</u>
Annual surplus (deficit)	\$ 1,091,451	-	-	-	-	-	-	(20,963)	2,266	-	-	-	-	-	-

OLHA - MOHLTC Mandatory Cost-Share including Unorganized Territories

UIIP - Universal Influenza Immunization Program

Men. C - Meningococcal Vaccine Program

HPV - Human Papilloma Virus

CNO - Chief Nursing Officer

SDWS - Small Drinking Water Systems

VBD - Vector-Borne Diseases

HSO - Healthy Smiles Ontario

IC-PHN - Infection Prevention and Control Nurses Initiative

MOH/AMOH - Ministry of Health/Associate Medical Officer of Health

MCYS - Ministry Children and Youth Services

SFO - Smoke Free Ontario

NFVP-FNOHAP - Northern Fruit & Vegetable Program: Ontario First Nations Health Action Plan

BOARD OF HEALTH FOR THE SUDBURY & DISTRICT HEALTH UNIT

(OPERATING AS PUBLIC HEALTH SUDBURY & DISTRICTS)

Notes to Financial Statements

Year ended December 31, 2017

9. Revenues and expenses by funding sources (continued):

	2016-17 One-time Funding													
	Infectious Diseases Control	MOH/AMOH	Needle Exchange	Northern Fruit & Vegetable	SDoH Nurses Initiatives	SFO Grouping	MCYS	HIV-Aids Anonymous Testing	FN: Local Models Indigenous Engagement	Panorama	PHI Practicum	Electronic Cigarettes Act: TCAN	SFO Enforcement Tablet Upgrade	Generator
Revenue:														
Provincial grants	\$ 389,000	89,586	71,100	111,503	180,500	757,462	1,615,897	69,260	-	-	-	-	-	-
Provincial grants - one-time	-	-	-	-	-	-	-	-	85,303	38,076	7,657	23,699	4,722	47,953
Unorganized territories	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Municipalities	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Plumbing and inspections	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Interest	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Other	-	-	-	-	-	-	-	-	-	-	-	-	-	-
	389,000	89,586	71,100	111,503	180,500	757,462	1,615,897	69,260	85,303	38,076	7,657	23,699	4,722	47,953
Expenses:														
Salaries and wages	306,436	78,059	-	43,663	140,117	419,019	1,241,999	53,611	41,010	31,186	6,989	3,500	-	-
Benefits	76,184	11,527	-	9,188	40,383	117,075	304,231	7,088	8,531	6,890	668	1,000	-	-
Transportation	1,000	-	-	2,743	-	21,985	47,386	-	2,475	-	-	-	-	-
Administration (note 8)	850	-	-	1,365	-	20,867	5,234	150	6,349	-	-	16,281	-	47,953
Supplies and materials	4,530	-	71,100	54,544	-	178,516	15,847	8,411	26,938	-	-	2,918	-	-
Small operational equipment	-	-	-	-	-	-	1,200	-	-	-	-	-	4,722	-
Amortization of tangible capital assets	-	-	-	-	-	-	-	-	-	-	-	-	-	-
	389,000	89,586	71,100	111,503	180,500	757,462	1,615,897	69,260	85,303	38,076	7,657	23,699	4,722	47,953
Annual surplus	\$ -	-	-	-	-	-	-	-	-	-	-	-	-	-

OLHA - MOHLTC Mandatory Cost-Share including Unorganized Territories
 UIIP - Universal Influenza Immunization Program
 Men. C - Meningococcal Vaccine Program
 HPV - Human Papilloma Virus
 CNO - Chief Nursing Officer
 SDWS - Small Drinking Water Systems
 VBD - Vector-Borne Diseases
 HSO - Healthy Smiles Ontario
 IC-PHN - Infection Prevention and Control Nurses Initiative
 MOH/AMOH - Ministry of Health/Associate Medical Officer of Health
 MCYS - Ministry Children and Youth Services
 SFO - Smoke Free Ontario
 NFVP-FNOHAP - Northern Fruit & Vegetable Program: Ontario First Nations Health Action Plan

BOARD OF HEALTH FOR THE SUDBURY & DISTRICT HEALTH UNIT

(OPERATING AS PUBLIC HEALTH SUDBURY & DISTRICTS)

Notes to Financial Statements

Year ended December 31, 2017

9. Revenues and expenses by funding sources (continued):

	2017-18 One-time Funding							Total
	HPV Program	Indigenous Communities	NFVP - FNOHAP	Panorama - Immunization Solution	PHI Practicum	SFO Expanded Smoking Cessation	Non-Ministry	
Revenue:								
Provincial grants	\$ -	-	-	-	-	-	-	19,185,121
Provincial grants - one-time	6,531	137,615	10,400	13,806	404	2,982	10,296	389,454
Unorganized territories	-	-	-	-	-	-	-	826,000
Municipalities	-	-	-	-	-	-	-	7,012,166
Plumbing and inspections	-	-	-	-	-	-	-	315,214
Interest	-	-	-	-	-	-	-	107,550
Other	-	-	-	-	-	-	406,957	893,009
	6,531	137,615	10,400	13,806	404	2,982	417,253	28,728,514
Expenses:								
Salaries and wages	5,493	104,369	-	12,574	368	-	206,134	18,114,089
Benefits	1,038	11,675	-	1,232	36	-	33,693	4,968,815
Transportation	-	3,252	-	-	-	-	22,144	344,628
Administration (note 8)	-	1,682	-	-	-	-	41,609	1,787,038
Supplies and materials	-	16,637	10,400	-	-	2,982	112,360	1,365,790
Small operational equipment	-	-	-	-	-	-	1,313	416,411
Amortization of tangible capital assets	-	-	-	-	-	-	-	658,989
	6,531	137,615	10,400	13,806	404	2,982	417,253	27,655,760
Annual surplus	\$ -	-	-	-	-	-	-	1,072,754

OLHA - MOHLTC Mandatory Cost-Share including Unorganized Territories

UIIP - Universal Influenza Immunization Program

Men. C - Meningococcal Vaccine Program

HPV - Human Papilloma Virus

CNO - Chief Nursing Officer

SDWS - Small Drinking Water Systems

VBD - Vector-Borne Diseases

HSO - Healthy Smiles Ontario

IC-PHN - Infection Prevention and Control Nurses Initiative

MOH/AMOH - Ministry of Health/Associate Medical Officer of Health

MCYS - Ministry Children and Youth Services

SFO - Smoke Free Ontario

NFVP-FNOHAP - Northern Fruit & Vegetable Program: Ontario First Nations Health Action Plan

BOARD OF HEALTH FOR THE SUDBURY & DISTRICT HEALTH UNIT

(OPERATING AS PUBLIC HEALTH SUDBURY & DISTRICTS)

Notes to Financial Statements

Year ended December 31, 2017

10. Comparative information:

The 2016 comparative information has been reclassified, where applicable, to conform to the presentation used in the current year. The changes do not affect prior year earnings.

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2017 AUDITED FINANCIAL STATEMENTS

MOTION:

THAT the Board of Health Finance Standing Committee recommend to the Board of Health for the Sudbury & District Health Unit the adoption of the 2017 audited financial statements.

Public Health Sudbury & Districts
STATEMENT OF REVENUE & EXPENDITURES
For The 3 Periods Ending March 31, 2018

Cost Shared Programs

	Annual Budget	Budget YTD	Current Expenditures YTD	Variance YTD (over)/under	Balance Available
Revenue:					
MOHLTC - General Program	14,687,000	3,671,750	3,671,750	0	11,015,250
MOHLTC - Unorganized Territory	819,400	204,850	204,850	0	614,550
MOHLTC - VBD Education & Surveillance	65,000	16,250	16,250	0	48,750
MOHLTC - SDWS	106,000	26,500	26,500	0	79,500
Municipal Levies	7,064,806	1,766,200	1,766,200	(0)	5,298,606
Municipal Levies - Small Drinking Water Sys	47,222	11,806	11,806	(0)	35,416
Municipal Levies - VBD Education & Surveil	21,646	5,412	5,412	(0)	16,234
Interest Earned	85,000	30,649	35,963	(5,314)	49,037
Total Revenues:	\$22,896,074	\$5,733,415	\$5,738,731	\$(5,316)	\$17,157,343
Expenditures:					
Corporate Services:					
Corporate Services	4,259,002	1,007,802	958,041	49,761	3,300,961
Print Shop	120,816	30,204	21,736	8,468	99,080
Espanola	119,921	28,700	27,063	1,637	92,858
Manitoulin	128,909	30,786	28,914	1,872	99,995
Chapleau	101,289	23,980	22,301	1,679	78,987
Sudbury East	16,508	4,127	4,219	(92)	12,289
Intake	323,006	69,117	70,900	(1,783)	252,106
Volunteer Services	5,711	1,428	438	990	5,273
Total Corporate Services:	\$5,075,161	\$1,196,143	\$1,133,613	\$62,530	\$3,941,548
Clinical Services:					
General	966,585	235,642	211,761	23,880	754,823
Clinical Services	1,311,327	287,677	268,099	19,579	1,043,228
Branches	221,693	53,200	52,177	1,024	169,516
Family	618,225	139,098	107,997	31,101	510,228
Risk Reduction	98,842	(2,833)	(12,412)	9,579	111,254
Clinical Preventative Services - Outreach	144,218	33,534	31,384	2,150	112,834
Sexual Health	969,357	215,227	199,771	15,457	769,586
Influenza	0	0	(0)	0	0
Meningittis	0	0	1	(1)	(1)
Dental - Clinic	520,983	120,911	114,507	6,403	406,476
Total Clinical Services:	\$4,851,230	\$1,082,456	\$973,284	\$109,172	\$3,877,946
Environmental Health:					
General	821,184	170,432	161,518	8,914	659,665
Enviromental	2,440,568	594,685	584,544	10,141	1,856,024
Vector Borne Disease (VBD)	86,667	6,332	4,498	1,834	82,169
Small Drinking Water System	153,222	35,130	32,796	2,335	120,426
Total Environmental Health:	\$3,501,640	\$806,580	\$783,355	\$23,225	\$2,718,285
Health Promotion:					
General	1,264,305	285,381	271,866	13,514	992,439
School	1,373,553	295,089	288,567	6,522	1,084,986
Healthy Communities & Workplaces	145,513	33,841	32,277	1,564	113,237
Branches - Espanola / Manitoulin	334,250	77,252	81,599	(4,347)	252,651
Nutrition & Physical Activity	1,024,870	217,368	200,144	17,224	824,727
Branches - Chapleau / Sudbury East	386,609	87,026	85,736	1,290	300,873
Injury Prevention	359,817	61,934	52,710	9,224	307,107
Tobacco By-Law	272,400	64,108	64,011	97	208,390
Healthy Growth and Development	1,147,879	230,350	215,341	15,009	932,538
Substance Misuse Prevention	109,172	27,902	28,945	(1,043)	80,227
Mental Health and Addictions	311,438	72,065	68,093	3,972	243,345
Alcohol Misuse	214,980	35,209	22,729	12,480	192,251
Total Health Promotion:	\$6,944,788	\$1,487,524	\$1,412,018	\$75,506	\$5,532,770
Knowledge and Strategic Services:					
General	1,705,448	442,795	440,000	2,795	1,265,448
Workplace Capacity Development	23,507	5,877	1,549	4,327	21,958
Health Equity Office	145,585	23,140	30,541	(7,401)	115,044
Strategic Engagement	648,715	136,869	137,513	(643)	511,203
Total Knowledge and Strategic Services::	\$2,523,255	\$608,681	\$609,603	\$(922)	\$1,913,652
Total Expenditures:	\$22,896,074	\$5,181,384	\$4,911,873	\$269,511	\$17,984,201
Net Surplus/(Deficit)	\$0	\$552,032	\$826,858	\$274,826	

Public Health Sudbury & Districts

Cost Shared Programs

STATEMENT OF REVENUE & EXPENDITURES

Summary By Expenditure Category

For The 3 Periods Ending March 31, 2018

	BOH Annual Budget	Budget YTD	Current Expenditures YTD	Variance YTD (over) /under	Budget Available
Revenues & Expenditure Recoveries:					
Funding	23,096,356	5,868,223	5,879,634	(11,412)	17,216,722
Other Revenue/Transfers	855,465	217,170	230,476	(13,306)	624,988
Total Revenues & Expenditure Recoveries:	23,951,821	6,085,393	6,110,111	(24,718)	17,841,711
Expenditures:					
Salaries	15,762,177	3,490,726	3,385,637	105,089	12,376,540
Benefits	4,492,659	1,052,070	1,035,770	16,300	3,456,889
Travel	258,194	49,515	22,271	27,245	235,923
Program Expenses	908,048	261,024	244,947	16,078	663,101
Office Supplies	68,241	17,085	7,796	9,289	60,445
Postage & Courier Services	70,536	17,634	14,793	2,841	55,743
Photocopy Expenses	32,207	8,052	6,462	1,590	25,745
Telephone Expenses	62,306	15,426	13,625	1,801	48,681
Building Maintenance	370,710	105,514	100,438	5,077	270,272
Utilities	208,937	52,234	52,282	(48)	156,655
Rent	263,153	65,788	63,370	2,418	199,783
Insurance	103,774	94,043	92,793	1,250	10,981
Employee Assistance Program (EAP)	34,969	9,000	7,719	1,281	27,250
Memberships	32,289	10,283	5,487	4,795	26,802
Staff Development	234,990	44,094	40,843	3,251	194,147
Books & Subscriptions	11,315	2,574	579	1,994	10,736
Media & Advertising	106,201	25,376	7,012	18,365	99,189
Professional Fees	156,476	46,551	39,104	7,448	117,373
Translation	46,000	10,542	8,464	2,077	37,536
Furniture & Equipment	19,592	12,819	8,561	4,258	11,030
Information Technology	709,047	143,010	125,300	17,710	583,747
Total Expenditures	23,951,821	5,533,361	5,283,253	250,109	18,668,568
Net Surplus (Deficit)	0	552,032	826,858	274,826	

Sudbury & District Health Unit

SUMMARY OF REVENUE & EXPENDITURES

For the Period Ended March 31, 2018

100% Funded Programs

Program	FTE	Annual Budget	Current YTD	Balance Available	% YTD	Program Year End	Expected % YTD
INFOWAY - Immunization Ontario	702	-	25,129	(25,129)	#DIV/0!	Mar 31/18	100.0%
MOHLTC Local Model for Indigenous Engagement	703	227,718	175,249	52,469	77.0%	Mar 31/18	100.0%
Pre/Postnatal Nurse Practitioner	704	139,000	18,897	120,103	13.6%	Dec 31	25.0%
OTF - Getting Ahead and Circles	706	216,800	53,565	163,235	24.7%	Mar 31/2020	33.3%
CGS - Local Poverty Reduction Evaluation	707	44,897	10,869	34,028	24.2%	Nov 30/2019	50.0%
SFO - Electronic Cigarette Act - New Nov./15 - Base Fndg	722	36,700	4,713	31,987	12.8%	Dec 31	25.0%
SFO -TCAN - Prevention	724	97,200	777	96,423	0.8%	Dec 31	25.0%
SFO - Tobacco Control Area Network - TCAN	725	285,800	57,759	228,041	20.2%	Dec 31	25.0%
SFO - Local Capacity Building: Prevention & Protection	726	259,800	37,594	222,206	14.5%	Dec 31	25.0%
SFO - Tobacco Control Coordination	730	100,000	24,006	75,994	24.0%	Dec 31	25.0%
SFO - Youth Engagement	732	80,000	18,875	61,125	23.6%	Dec 31	25.0%
Infectious Disease Control	735	479,100	111,022	368,078	23.2%	Dec 31	25.0%
LHIN - Falls Prevention Project & LHIN Screen	736	107,500	103,878	3,622	96.6%	Mar 31/18	100.0%
MOHLTC - Special Nursing Initiative	738	180,500	46,221	134,279	25.6%	Dec 31	25.0%
MOHLTC - Northern Fruit and Vegetable Funding	743	156,600	61,798	94,802	39.5%	Dec 31	25.0%
Beyond BMI - LDCP	747	150,000	130,321	19,679	86.9%	May/16 to May/18	54.2%
Food Safety - Haines Funding	750	36,500	-	36,500	0.0%	Dec 31	25.0%
NE HU Collaborations/Shared Services Exploration	755	39,400	32,401	6,999	82.2%	Mar 31/18	100.0%
Triple P Co-Ordination	766	7,339	7,339	-	100.0%	Dec 31	25.0%
MOHTLC - Harm Reduction Program	771	150,000	31,716	118,284	21.1%	Dec 31	25.0%
CGS - Healthy Kids Bright Bites Project	772	3,624	3,066	558	84.6%	Dec 31	25.0%
Healthy Babies Healthy Children	778	1,476,897	320,936	1,155,961	21.7%	Dec 31	25.0%
Healthy Smiles Ontario (HSO)	787	612,200	115,416	496,784	18.9%	Dec 31	25.0%
Anonymous Testing	788	60,293	60,293	-	100.0%	Mar 31/18	100.0%
PHO/LDCP First Nations Engagement	790	108,713	31,261	77,452	28.8%	May/17 to May/18	16.7%
MHPS- Diabetes Prevention Program	792	175,000	8,933	166,067	5.1%	Dec 31	25.0%
Total		5,231,581	1,466,905	3,764,676			

Ministry of Health
and Long-Term Care

Office of the Minister

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Fax 416 326-1571
www.ontario.ca/health

Ministère de la Santé
et des Soins de longue durée

Bureau du ministre

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Tél. 416 327-4300
Télééc. 416 326-1571
www.ontario.ca/sante



APR 13 2018

Dear Colleagues,

As a former medical officer of health, I know the vital role public health plays every day in protecting and promoting the health of all Ontarians. The release of the new Ontario Public Health Standards in January of this year outlined a new mandate for public health focused on outcomes, and included a strengthened accountability framework to demonstrate the impact of the work of public health.

Legislated requirements for board of health and LHIN engagement in the *Patients First Act* ensures public health plays a key role in integrated planning - to include upstream interventions that will improve health, reduce health inequities and assist in re-orienting the health system.

In order to support the integral role of public health as a unique sector within an integrated health system, I am pleased to announce a two percent base funding increase to all boards of health for the provision of public health programs and services. An additional one percent increment will be allocated based on local need as detailed in the board of health Annual Service Plans submitted to the ministry in March.

This totals an additional \$15M base funding investment in public health, on top of approximately \$16M in one-time funding for a number of initiatives associated with the delivery of public health programs in Ontario.

This investment demonstrates my government's commitment to ensure Ontarians are able to recognize, value and benefit from the excellent work of public health across the health system and in local communities.

Sincerely,

A handwritten signature in blue ink, appearing to read "H. Jaczek".

Dr. Helena Jaczek
Minister

c:

Board of Health Finance Committee

STATUS COLOR LEGEND & TOGGLE

Not Started ON	In Progress ON	Delayed ON	Complete ON
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CATEGORY	SECTION	NUMBER	SUBJECT	DESCRIPTION	APPROVED BY	ORIGINAL DATE	MOST RECENT ACTIVITY DATE	ACTIVITY TYPE	NEXT REVIEW DATE	STATUS
Board of Health By-Laws	By-laws	G-I-20	By-law 02-88	Duties of the Auditor of the BOH	Board of Health	1988-06-23	2017-06-17	Reviewed	2018-06-17	Complete
Board of Health By-Laws	By-laws	G-I-10	By-law 01-88	Management of Property	Board of Health	1988-06-23	2017-06-17	Reviewed	2018-06-17	Complete
Board of Health By-Laws	By-laws	G-I-40	By-law 01-93	Financial Authority	Board of Health	1993-04-22	2017-06-17	Reviewed	2018-06-17	Complete
Board of Health By-Laws	By-laws	G-I-70	By-law 12-05	Reserve Management	Board of Health	2005-12-01	2017-06-17	Reviewed	2018-06-17	In Progress
Public Health Standards	Organizational Standards	J-II-10	Ontario Public Health Organizational Standards, Management Operations	OPH Standards, Management Operations	Board of Health	2014-02-20	2017-06-17	Revised	2018-06-17	In Progress

Board of Health Finance Committee

										STATUS COLOR LEGEND & TOGGLE				Next Review Date
										Not Started	In Progress	Delayed	Complete	Years
										ON	ON	ON	ON	5
CATEGORY	SECTION	NUMBER	SUBJECT	DESCRIPTION	MOST RECENT ACTIVITY DATE	ACTIVITY TYPE	PROPOSED REVIEW CYCLE/DATE	STATUS	NEXT REVIEW DATE					
Corporate Services	Operating Budget	E-VI-30	Execution and Control of Approved Budget	Establishes authority on budget spending and reallocation	1991-10-01	Revised	2018	In Progress	2023					
Accounting	Purchasing	E-IX-10	Authorization	Establishes the requirement for purchase orders	2010-04-01	Revised	2018	Not Started	2023					
Accounting	Purchasing	E-IX-11	Receiving	Sets out the requirement to document all goods received by SDHU	2010-04-01	Revised	2018	In Progress	2023					
Accounting	Purchasing	E-IX-12	Accounts Payable	Describes how payments will be made to suppliers and handled in our Accounting system	2010-04-01	Revised	2018	Not Started	2023					
Accounting	Banking	E-VIII-11	Bank Reconciliation	Establishes the requirement for banks balances to be reconciled to the GL on a monthly basis	2010-04-01	Revised	2018	Complete	2023					
Accounting	Revenue	E-XI-10	Cash Receipts	Sets out how cash will be handled	2010-04-01	Revised	2018	In Progress	2023					
Accounting	Revenue	E-XI-20	Accounts Receivable	Describes how accounts receivable will be collected	2010-04-01	Revised	2018	In Progress	2023					
Accounting	Revenue	E-XI-30	Municipal Levy	Sets out the authority to levy municipalities	2010-04-01	Revised	2018	Complete	2023					
Accounting	Revenue	E-XI-40	Fees	Establishes the authority to establish user fees	2010-04-01	Revised	2018	In Progress	2023					
Human Resources	Compensation-Payroll & Benefit Administration	K-IV-30	Authorization of Direct Deposit	Establishes that payroll will be through direct deposit	2010-07-01	Revised	2018	Complete	2023					
Human Resources	Compensation-Payroll & Benefit Administration	K-IV-40	Death Benefits	Establishes the SDHU as being responsible to initiate death benefits with the executor of estate	2010-07-01	Revised	2018	Complete	2023					
Human Resources	Compensation-Payroll & Benefit Administration	K-IV-50	Pay Periods/Disbursements	Establishes pay periods based on employee status	2010-07-01	Revised	2019	Not Started	2024					
Human Resources	Compensation-Payroll & Benefit Administration	K-IV-70	Verification of Employment and Wages	Requirements for SDHU verification of employment and wages	2010-07-01	Revised	2019	Not Started	2024					
Human Resources	Compensation-Payroll & Benefit Administration	K-VII-30	Overtime	General authority for overtime	2010-07-01	Revised	2019	Not Started	2024					
Human Resources	Compensation-Payroll & Benefit Administration	K-X-20	Paid Holidays	Establishes observed paid holidays and eligibility	2010-07-01	Revised	2019	Not Started	2024					
Human Resources	Terms and Conditions of Employment	K-V-50	Personal Automobile	Sets out the guidelines for use of a personal automobile for business purposes	2011-12-01	Revised	2019	Not Started	2024					
Corporate Services	Purchasing	E-IX-13	Credit Card Purchases	Establishes the rules for the provision of credit cards	2012-03-01	Revised	2019	Not Started	2024					
Corporate Services	Purchasing	E-IX-15	Initiation Competitive Process for Procurement of goods and non-consulting services (\$15,000-\$75,000)	Sets out the competitive process for procurement when goods and services are between \$15,000 - \$75,000	2012-03-01	Revised	2019	Not Started	2024					
Corporate Services	Purchasing	E-IX-16	Open Competitive Process (contracts over \$75,000)	Sets out the competitive process for procurement when goods and services that are above \$75,000	2012-03-01	Revised	2019	Not Started	2024					
Corporate Services	Purchasing	E-IX-17	Procurement-Purchase Order	Outlines purpose, process, and responsibilities of issuing PO's	2012-03-01	Revised	2019	Not Started	2024					
Corporate Services	Purchasing	E-IX-30	Procurement-Petty Cash Fund and Reconciliation	Establishes when and how petty cash can be used	2012-03-01	Revised	2019	Not Started	2024					

Accounting	Internal Controls	E-V-30	Authorization	Describes the signing authority levels by dollar value and position	2012-04-01	Revised	2020	Not Started	2025
Corporate Services	Internal Controls	E-V-50	External Auditors	Establishes how the Auditors will be appointed and their responsibility	2012-05-01	Revised	2020	Not Started	2025
Corporate Services	Operating Budget	E-VI-20	Budget Preparation and Review	Establishes a high level process for budget request and cycle	2012-05-01	Revised	2020	Not Started	2025
Corporate Services	Purchasing	E-IX-14	Procurement-Over-arching goods and services and consulting	Overarching policy regulating procurement	2012-12-01	Revised	2020	Not Started	2025
Corporate Services	Purchasing	E-IX-18	Centralized Advertising Procurement	Establishes the advertising requirements for HR position and the purchase of advertising	2013-07-01	Revised	2020	Not Started	2025
Accounting	Purchasing	E-IX-25	Purchase of Services-Agreements/Contracts	Establishes the principles, procedures, requirements and guidelines to be followed when establishing a contract	2015-06-01	Revised	2020	Not Started	2025
Corporate Services	Monetary Issues	E-II-40	Reimbursement of Expenses	Sets out the rules for the reimbursement of out-of-pocket expenses while on business for the employer	2016-12-01	Revised	2020	Not Started	2025
Corporate Services	Assets/Liabilities	E-X-20	Reserve for Sick Leave and Vacation Pay Benefits	Sets out how sick leave benefits will be paid upon employee termination	2017-12-01	Reviewed	2022	Not Started	2027
Corporate Services	Internal Controls	E-V-40	Asset Safeguards	Describes insurance requirements, lock & keys, computer data access and back up requirements	2017-12-01	Reviewed	2022	Not Started	2027
Corporate Services	Assets/Liabilities	E-X-10	Control of fixed Assets	Establishes the Dir, CS as the authority for the purchase of fixed assets	2017-12-01	Revised	2022	Not Started	2027
Corporate Services	Internal Controls	E-V-10	General	Sets out how budgets will be approved, the production of monthly financial statements, a chart of accounts and fidelity bonding	2017-12-01	Revised	2022	Not Started	2027
Corporate Services	Internal Controls	E-V-20	Segregation of Duties	Ensures that difference positions complete different parts of processes and that different individuals check work done by other employees	2017-12-01	Reviewed	2022	Not Started	2027
Corporate Services	Banking	E-VIII-10	Security and Authorization	Establishes the MOH as having authorization for the financial affairs and signing authority and Dir. CS responsibilities	2017-12-01	Revised	2022	Not Started	2027
Corporate Services	Assets/Liabilities	E-X-11	Capitalization of Fixed Assets	Describes the minimum value for a capital purchase and how those will be dealt with as well as the amortizations periods	2017-12-01	Reviewed	2022	Not Started	2027
Corporate Services	Assets/Liabilities	E-X-12	Disposal of Assets	Establishes the rules for the disposal of assets	2017-12-01	Revised	2022	Not Started	2027
Corporate Services	Ontario Ministry of Health Budget Forms	E-VII-11	Budget Submission	Establishes the requirement to submit a budget to MOHLTC and MCYS	2018-01-01	Revised	2023	Not Started	2028

IN CAMERA

MOTION:

THAT this Board of Health goes in camera. Time: _____

RISE AND REPORT

MOTION:

THAT this Board of Health rises and reports. Time: _____

Frank Cowan Company

Insurance Coverage Changes and Enhancements

France Quirion
Director, Corporate Services
May 7, 2018



Public Health
Santé publique
SUDBURY & DISTRICTS

Coverage

- General Liability
- Errors and Omissions
- Directors' and Officers' Liability
- Non-Owned Automobile Liability
- Environmental Liability
- Crime
- Board Member Accident Insurance
- Legal Expense Insurance
- Property
- Data Processing
- Equipment Breakdown
- Owned Haul mark Trailer and Contents

Policy Changes

Casualty – Directors' & Officers' Liability

- Coverage has been rewritten.
- Under the new wording, Insurer requires notification of any event or incident that may give rise to a claim that we are currently aware of.
- To ease the transition, an endorsement (Pending and Prior Acts Amendment) will be added to our renewal. This endorsement will grandparent the reporting requirements for renewal business back to that of a written claim.

Policy Changes....continued

Property Policy

- Building values have been increased in order to reflect inflationary trends.
- Have requested insurer, Frank Cowan Company to review constructions costs to ensure adequate replacement cost.

Equipment Breakdown Coverage

- Coverage on Equipment Breakdown policy is now the most innovative equipment breakdown coverage ever offered in the Canadian marketplace, protecting against losses caused by increasingly common technology-related exposures in virtually all modern equipment.

Policy Changes....continued

Crime Policy – *Cyber Risk*

- Currently working with Broker and Frank Cowan on several proposals to address this topic. Insurance would include coverage for:
 - Media Content Liability
 - Network Security
 - Privacy Liability
 - Extortion Threat
 - Crisis Management
 - Business Interruption

Recommended Coverage

Crime Coverage – Fraudulently Induced Transfer Coverage

- Fraudulently Induced Transfer Coverage is now available. It covers a loss when an Insured under the policy has been intentionally misled by someone claiming to be a vendor, client or another employee of the company and the Insured has transferred, paid or delivered money or securities to this third party.
- Working with insurer on the application process

Claims Update and Premiums

- One active claim related to alleged inadequate inspection of septic system
- Premiums remain stable

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Public Health
Santé publique
SUDBURY & DISTRICTS

ADJOURNMENT

MOTION:

THAT we do now adjourn. Time: _____