



Addendum: Board of Health Meeting

Meeting # 03-19

Thursday, May 16, 2019

1:30 p.m.

Boardroom, Public Health Sudbury & Districts

ADDENDUM – THIRD MEETING
BOARD OF HEALTH
MAY 16, 2019

7.0 ADDENDUM

DECLARATIONS OF CONFLICT OF INTEREST

i) Report of Standing Committees

- Board of Health Finance Standing Committee Unapproved Minutes, May 3, 2019

ii) Modernizing Ontario's Public Health System / North East Public Health Transformation

- Email from the Association of Local Public Health Agencies (aLPHa) dated May 7, 2019
- Letter and resolution from Simcoe Muskoka District Health Unit Board of Health to the Deputy Premier and Minister of Health and Long-Term Care dated May 15, 2019

NORTH EAST PUBLIC HEALTH REGIONAL BOUNDARIES – MODERNIZATION OF THE ONTARIO PUBLIC HEALTH SYSTEM

MOTION:

WHEREAS the Health Protection and Promotion Act amendment effective April 1, 2005, enabled the merger of the Muskoka-Parry Sound Health Unit with the Simcoe County District Health Unit and with the North Bay & District Health Unit; and

WHEREAS North Bay Parry Sound District Health Unit and Simcoe Muskoka District Health Unit (SMDHU) have invested greatly since that time to successfully transition to their respective new agencies; and

WHEREAS the new public health entity for northeastern Ontario is proposed to include the existing public health units in the region (Algoma Public Health, Public Health Sudbury & Districts, Porcupine Health Unit, North Bay Parry Sound District Health Unit, Timiskaming Health Unit) along with Muskoka District and a part of Renfrew; and

WHEREAS the northeast public health entity is the only one of ten proposed regional entities that would not respect existing health unit boundaries and would require the costly dissolution of existing health units; and

WHEREAS the demographics, socioeconomic status, health status, and important health care referral patterns of the Muskoka District are all distinct from those of the northeast; and

WHEREAS the proposed northeast public health entity is a massive area (402,489 km²) with significant administrative and geographic complexities, for which the incorporation of an additional distinct area would tax the region's ability to respond appropriately to diverse public health needs; and

WHEREAS the Board of Health for SMDHU having expressed similar observations, is requesting the support of northeast boards of health for their position that SMDHU remain intact as they transition to a new regional entity;

THEREFORE be it resolved that the Board of Health for Public Health Sudbury & Districts endorse the position of the Board of Health for SMDHU that the organization of their public health services remains intact as they transition to the new regional public health entity.

IN CAMERA

MOTION:

THAT this Board of Health goes in camera to deal with personal matters involving one or more identifiable individuals, including employees or prospective employees. Time: ____

RISE AND REPORT

MOTION:

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

**UNAPPROVED MINUTES
BOARD OF HEALTH FINANCE STANDING COMMITTEE
FRIDAY, MAY 3, 2019 – 10 A.M.
PUBLIC HEALTH SUDBURY & DISTRICTS, BOARDROOM, SECOND FLOOR**

BOARD MEMBERS PRESENT

Carolyn Thain

Randy Hazlett

René Lapierre

BOARD MEMBERS REGRETS

Mark Signoretti

STAFF MEMBERS PRESENT

France Quirion

Colette Barrette

Rachel Quesnel, Recorder

Dr. Penny Sutcliffe

GUEST

Paul Pidutti, KPMG

RACHEL QUESNEL PRESIDING

1. CALL TO ORDER

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

2. ROLL CALL

**3. ELECTION OF BOARD OF HEALTH FINANCE STANDING COMMITTEE CHAIR
FOR 2019**

Nominations were held for the position of Board of Health Finance Standing Committee Chair. Carolyn Thain was nominated and nominations were closed. C. Thain accepted her nomination and the following was announced:

***THAT the Board of Health Finance Standing Committee appoint Carolyn Thain
as the Board of Health Finance Standing Committee Chair for 2019.***

CAROLYN THAIN PRESIDING

4. REVIEW OF AGENDA/DECLARATIONS OF CONFLICTS OF INTEREST

There were no declarations of conflict of interest.

5. APPROVAL OF BOARD OF HEALTH FINANCE STANDING COMMITTEE MINUTES

4.1 Board of Health Finance Standing Committee Meeting Notes dated October 29, 2018.

01-19 APPROVAL OF MEETING NOTES

MOVED BY HAZLETT – LAPIERRE: THAT the meeting notes of the Board of Health Finance Standing Committee meeting of October 29, 2018, be approved as distributed.

CARRIED

6. NEW BUSINESS

6.1 2018 Audited Financial Statements

- a) Briefing Note from the Medical Officer of Health and Chief Executive Officer on the 2018 Financial Statements

The Ministry of Health and Long-Term Care requires each health unit to undergo an annual audit by an external auditing firm. Boards are further required to engage the auditing firm of their largest municipality. The 2018 audit was completed by KPMG. This is KPMG's final year of a three year service agreement.

Paul Pidutti from KPMG joined the meeting via teleconference and invited to provide comments regarding the Audit Findings Report and a brief overview of the notes contained in the 2018 Audited Financial Statements.

It was reported that there were no significant findings and the financial statements present fairly, in all material respects, the financial position as at December 31, 2018.

The auditor congratulated the Public Health Sudbury & Districts financial team on their work. Questions and comments were entertained.

The financial unknowns relating to the 2019 provincial budget announcement were acknowledged. P. Pidutti noted that PHSD has provided thoughtful leadership on potential future course and indicated that KPMG would be pleased to work with PHSD once the Ministry provides additional information and direction. The auditor and the KPMG audit team were thanked.

- b) Review of the 2018 Audit Report and Audited Financial Statements

F. Quirion thanked the Accounting Manager and team for their work on the audit. Board members were referred to the Audited Financial Statements which are presented in

draft form and provide the financial performance of the Public Health Sudbury & Districts based on the 2018 budget endorsed by the Board of Health.

C. Barrette provided an overview of the statements and notes. The detailed presentation of revenues and expenses by funding sources in Note 9 is a requirement of the accountability agreement and instrumental in the completion of the annual reconciliation report with the Ministry of Health and Long-Term Care.

Questions were entertained. Committee members thanked staff noting it is reassuring to have strong leaders. C. Barrette was thanked and excused.

02-19 2018 AUDITED FINANCIAL STATEMENTS

MOVED BY LAPIERRE – HAZLETT: THAT the Board of Health Finance Standing Committee recommend to the Board of Health for the Sudbury and District Health Unit the adoption of the 2018 audited financial statements.

CARRIED

6.2 Year to Date Financial Statements

a) Draft March 2019 Financial Statements

The draft March year to date financial statements represent the first quarter for 2019 and may undergo minor revisions. Questions were entertained. It was clarified that some expenses might vary from the 2018 year to date statements due to calendarization. The draft statements will be included in the May Board agenda package.

6.3 Financial Management Policy Review

a) 2019 Schedule of Policy Review

One of this Committee's responsibilities, per the Terms of Reference, is to periodically review administrative policies relating to the financial management of the organization, including but not limited to, procurement, investments, and signing authority.

The next cycle for the Board of Health manual review is 2020.

The tables summarize governance and operational policies to be reviewed and are color coded to identify whether the review has not been started, is in progress, delayed or completed. It was noted that we are on schedule and that there are no changes to our policies to report other than small housekeeping updates.

Members noted that the colored table is helpful, easy to follow and the update is reassuring. Questions were entertained.

6.4 Annual Insurance Review

a) Frank Cowan Company Summary of the Public Health Sudbury & Districts' 2019 Insurance Program

Annually, the Board of Health Finance Standing Committee receives an update on insurance coverage. F. Quirion reviewed coverage noting that cyber risk coverage has been added. Cyber risk coverage includes privacy liability, media content services liability, network security liability, extortion threat, crisis management expense, and business interruption. It was concluded that PHSD insurance coverage is comprehensive. Fraudulent induced transfer coverage is now available and we are working with the insurer on the application process.

It was noted that we have two active claims outstanding.

Questions were entertained. It was shared that there was recently a ransomware attack on the Algoma Public Health system.

6.5 2019 Provincial Budget

Dr. Sutcliffe indicated that there has been no new official information from the province regarding budget numbers.

The Chief Medical Officer of Health has announced the cost shared funding formulas for public health over the next three years and the cost-shared funding formula for us is expected to be 70:30 and will be applied also to most of the currently 100% funded programs.

The Board of Health was previously informed that management had implemented a hiring freeze immediately following the provincial budget announcement as well as a stop to all non-essential expenses.

During a one-on-one call, Ministry of Health and Long-Term Care staff indicated that it is business as usual as it relates to the delivery of all public health programs and services. Dr. Sutcliffe indicated that we continue to assess the financial impact and need for an ongoing hiring freeze and spending limitations. If the hiring freeze is lifted to ensure the delivery of programs and services, a stringent vacancy management review process

would ensure each position that becomes vacant is reviewed. The internal vacancy management review process was explained.

Dr. Sutcliffe noted that the organization should also be in a position of strength in order to engage effectively in consultations and the implementation of a new regional public health entity. We want to be a strong partner in trying to influence the new agency. The Board Chair is being kept closely apprised of developments.

Senior management has instituted an internal IMS structure to touch base regularly, almost daily, in order to get organized for these system changes and engage with the NE public health units. A presentation is being planned for the May Board meeting regarding the NE PH collaboration project.

IN CAMERA

None

7. ADJOURNMENT

03-19 ADJOURNMENT

MOVED BY HAZLETT – LAPIERRE: THAT we do now adjourn. Time: 10:58 a.m.

CARRIED

(Chair)

(Secretary)

From: Gordon Fleming
Sent: May 7, 2019 2:54 PM
To: All Health Units
Subject: alPHa Activities - Public Health System Modernization

Dear alPHa Members,

Please see below for an update from the alPHa Executive Director regarding alPHa's activities related to the modernization of public health in Ontario.

**ATTENTION
CHAIRS, BOARDS OF HEALTH
MEDICAL OFFICERS OF HEALTH
SENIOR MANAGERS, ALL PROGRAMS

Dear alPHa Members,

On behalf of the alPHa Board of Directors, I am pleased to provide you with this update on responses to the [Province's plans](#) to modernize Ontario's health units, which were announced in the 2019 Ontario Budget on April 11.

Since this announcement, alPHa has transmitted a [communication to members](#) (April 11), a [news release](#) (April 12) a [Position Statement](#) (April 24) and a [Letter to the Minister](#) (May 3). alPHa President Dr. Robert Kyle has also presented twice to the Toronto Board of Health ([April 15](#) and [May 6](#)) and participated in a number of media interviews.

We have set up a dedicated [2019 Public Health Modernization resource page](#) on alPHaWeb for posting alPHa responses and related background materials, statements from other stakeholders, and communications from individual Boards of Health (collected in the Local Board Resolutions – Public Health Policy library at the bottom of the page).

The foundation of alPHa's messages throughout this process has been to emphasize the value of public health and its demonstrable return on investment. We encourage members to examine the various alPHa documents collected on this page to cite, amplify and / or modulate key messages in your own communications.

We also urge you to notify us of local board of health resolutions or other communications that have not been included in our library. Please send these to: Loretta@alphaweb.org

Please note that we are not including media pieces on this page, but alPHa will draw attention to these via its Twitter account ([@PHAgencies](#))

We hope that you find this information useful. I am happy to answer any questions that you have and can best be reached at 647-325-9594.

Sincerely,
Loretta Ryan, Executive Director

Loretta Ryan, CAE, RPP
Executive Director
Association of Local Public Health Agencies (alPHa)
2 Carlton Street, Suite 1306
Toronto, ON M5B 1J3
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Gordon WD Fleming, BA, BASc, CPHI(C)
Manager, Public Health Issues
Association of Local Public Health Agencies
2 Carlton St. #1306
Toronto ON M5B 1J3
416-595-0006 ext. 23



May 15, 2019

The Honourable Christine Elliott
Deputy Premier and Minister of Health and Long-Term Care
10th Floor, Hepburn Block
80 Grosvenor Street
Toronto, ON M7A 2C4

Dear Minister Elliott:

I am writing on behalf of the Board of Health for the Simcoe Muskoka District Health Unit (SMDHU) to recommend that the full territory of SMDHU remain intact and join with York Region to form a new regional public health entity on April 1, 2020. This is in response to information provided verbally to Dr. Charles Gardner, Medical Officer of Health for SMDHU by staff from the Ministry of Health and Long - Term Care on May 7th, 2019 indicating that public health services in the District of Muskoka will be provided by a regional public health entity that will also serve Sudbury, North Bay, Parry Sound, Algoma, Porcupine, Timiskaming and part of Renfrew; he also was informed that Simcoe County will be served by a public health entity that will also serve York Region. From this communication it is also Dr. Gardner's understanding that the provincial government is willing to consider feedback on these boundary changes. The Board appreciates having the opportunity to recommend that all of the territory served by SMDHU be combined with that of York Region in a new regional public health entity.

The Board and staff have worked very hard since the inception of SMDHU (the result of a merger prompted by the province in 2005) in order to create a cohesive public health agency that is highly successful in fulfilling its mandate. The District of Muskoka benefits from public health services provided in partnership with Simcoe County. The division of our Muskoka and Simcoe operations would disrupt and undermine program delivery.

The geographic area of the proposed *northeastern regional public health entity* is extremely large (over 400,000 kilometers, extending to James Bay). Providing public health services over such a large and low density area will be very challenging, and it will be very difficult for the governance and management of such a regional public health entity to provide attention to local service provision. The provision of public health services in the District of Muskoka would be more challenging within this very large public health entity than they would be if Muskoka were to join Simcoe County in a regional public health entity with York Region. The provision of public health services for the remaining communities in the proposed *northeastern regional public health entity* would also be further challenged with the addition of Muskoka to their territory.

The inclusion of the District of Muskoka with Simcoe County and York Region in a single public health entity would also be consistent with the observation that in general, the community and health care service referral patterns in Muskoka are directed to facilities in Simcoe County (Barrie and Orillia), and to communities further south (including in York Region).

Barrie:
15 Sperling Drive
Barrie, ON
L4M 6K9
705-721-7520
FAX: 705-721-1495

Collingwood:
280 Pretty River Pkwy.
Collingwood, ON
L9Y 4J5
705-445-0804
FAX: 705-445-6498

Cookstown:
2-25 King Street S.
Cookstown, ON
L0L 1L0
705-458-1103
FAX: 705-458-0105

Gravenhurst:
2-5 Pineridge Gate
Gravenhurst, ON
P1P 1Z3
705-684-9090
FAX: 705-684-9887

Huntsville:
34 Chaffey St.
Huntsville, ON
P1H 1K1
705-789-8813
FAX: 705-789-7245

Midland:
B-865 Hugel Ave.
Midland, ON
L4R 1X8
705-526-9324
FAX: 705-526-1513

Orillia:
120-169 Front St. S.
Orillia, ON
L3V 4S8
705-325-9565
FAX: 705-325-2091

Finally, of great concern to the Board is the reality that the division of Muskoka from Simcoe would greatly increase the complexity, cost and duration of time required for the creation of the new public health entities, compared with having Muskoka and Simcoe join together with the public health services in York Region. A merger between SMDHU and York Region would be complex on its own, however the splitting of our operations between Simcoe and Muskoka at the same time as mergers both with York, and with six other health units to the north would be overwhelming in its complexity.

Given the inherent and substantial disadvantages of dividing Simcoe and Muskoka, the Board recommends that SMDHU join in its entirety with York Region in the modernization of public health.

Thank you for considering our recommendation.

Sincerely,

ORIGINAL Signed By:

Anita Dubeau
Chair, Board of Health

CG:cm

cc. Mayor and Council of Simcoe and Muskoka
Members of Provincial Parliament for Simcoe and Muskoka
Boards of Health for York Region, Sudbury, North Bay, Parry Sound, Algoma, Porcupine,
Timiskaming, and Renfrew
Loretta Ryan, Executive Director, Association of Local Public Health Agencies
Dr. David Williams, Chief Medical Officer of Health
Central Local Health Integration Network
North Simcoe Muskoka Local Health Integration Network

**Motion passed by the Simcoe Muskoka District Health Unit Board of Health on
May 15, 2019**

IT IS RECOMMENDED THAT the Board of Health communicate with the Ontario Minister of Health, recommending that the full territory of the Simcoe Muskoka District Health Unit remain intact and join with York Region to form a new regional public health entity on April 1, 2020;

AND FURTHERMORE THAT the municipalities, the MPPs and Local Health Integration Networks of Simcoe Muskoka, as well as the Boards of Health for York Region, Sudbury, North Bay, Parry Sound, Algoma, Porcupine, Timiskaming, and Renfrew, the Association of Local Public Health Agency and the Chief Medical Officer of Health receive a copy of this communication.

Dr. Charles Gardner, MD, CCFP, MHSc, FRCPC

Medical Officer of Health and Chief Executive Officer

t: 705-721-7520 or 1-877-721-7520 x: 7219

e: Charles.Gardner@smdhu.org

Simcoe Muskoka District Health Unit, 15 Sperling Dr, Barrie ON L4M 6K9

NORTH EAST PUBLIC HEALTH REGIONAL BOUNDARIES – MODERNIZATION OF THE ONTARIO PUBLIC HEALTH SYSTEM

MOTION:

WHEREAS the Health Protection and Promotion Act amendment effective April 1, 2005, enabled the merger of the Muskoka-Parry Sound Health Unit with the Simcoe County District Health Unit and with the North Bay & District Health Unit; and

WHEREAS North Bay Parry Sound District Health Unit and Simcoe Muskoka District Health Unit (SMDHU) have invested greatly since that time to successfully transition to their respective new agencies; and

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