

RENFREW COUNTY AND DISTRICT BOARD OF HEALTH

Regular Board of Health Meeting

Tuesday, November 29, 2016

The meeting of the Regular Board of Health of Renfrew County and District Board of Health was held in the Classroom, at 7 International Drive, Pembroke, ON.

Present:

Mayor Janice Visneskie Moore	Chair
Ms. Carolyn Watt	Vice-Chair
Mayor Michael Donohue	Member
Warden Peter Emon	Member
Mayor John Reinwald	Member
Councilor Christine Reavie	Member

Mr. Wilmer Matthews	Member (joined via Skype)
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Staff:

Dr. Kathryn Reducka	Acting Medical Officer of Health/Chief Executive Officer
Ms. Heather Daly	Director, Corporate Services
Ms. Marilyn Halko	Executive Assistant to MOH

Regrets:

Mr. Michael du Manoir	Member
Mayor Jane Dumas	Member

Guests:

Eric Hanna	President and CEO, Arnprior Regional Health, Rural Health Hub
Merryn Douglas	Student, University of Ottawa, Masters of Health Administration

1. Call to Order

The meeting was called to order by J. Visneskie Moore at 10:00 a.m.

2. Agenda Approval

A motion by M. Donohue; seconded by J. Reinwald; to approve the agenda as amended.

Carried

- Item 6 was advanced to item 4, and then all items were subsequently renumbered.
- Recruiting Committee has personnel item to discuss in-camera for Board resolution today.

3. Declarations of Conflict of Interest

No conflicts of interest were declared.

4. **Delegations**

Eric Hanna and Merryn Douglas represented the Arnprior and Area Rural Health Hub as a delegation at the meeting.

Eric Hanna, President and CEO of Arnprior Regional Health, introduced Merryn Douglas, a student enrolled in the Masters of Health Administration at the University of Ottawa. She gave a 15-minute slide presentation, ***Five Working as One***, to the Board. The slide deck is attached to the minutes. There was a question and answer session after the presentation.

The two key starting points for the project were Diabetes (birth to death) and Chronic Obstructive Pulmonary Disease (COPD). Next year another health issue prevalent in the area will be added.

The Hub is a locally driven collaborative project with the following agencies:

- Renfrew County and District Health Unit
- Champlain Community Care Access Centre
- Arnprior Family Health Team
- Arnprior Regional Health
- Arnprior-Braeside-McNab Seniors at Home Inc.

Other members of the working committee include two primary care physicians, patients with diabetes, and patients with COPD.

Public health is critical for the success of the project because it brings the knowledge and expertise in measuring and evaluating impact in these areas: population health assessment; health promotion; chronic disease prevention; public awareness; advice and information. It can fit with the mandate of RCDHU by using health promoters to train someone in community to address issues with clients and patients. Peggy Patterson represents the RCDHU senior management team on the Hub.

The Hub receives funding from the Ministry of Health.

5. **Minutes of Previous Meetings**

- i) Minutes of the October 25, 2016 meeting

A motion by M. Donohue; seconded by P. Emon; to approve the minutes.

Carried

M. Donohue commented that there was no standing by-law for W. Matthews to join the meeting via Skype, as the procedural by-law has not yet been amended, that allows a member to participate in this manner. It was recommended that a resolution for special dispensation would allow W. Matthews to join the meeting via Skype.

A motion by C. Reavie; seconded by J. Reinwald; that special dispensation be given for W. Matthews to join today's meeting via Skype.

Carried

M. Donohue recommended that the following changes be made to the October

25, 2016 Regular Board Meeting minutes to provide more clarity and to better convey the message in the amendments for the Regular Board Meeting minutes of September 27, 2016, with the use of bulleted points and numbering of separate paragraphs:

- page 1 - the resolution appointing the Acting MOH should indicate the term end of February 27, 2017, instead of February 27, 2016
- page 2 - Staff Reports - Dr. Reducka indicated that HAST requirements are shifting and the minutes should reflect a full record of discussion regarding budget and finance. The current requirement is that minutes be a full record of discussion similar to Hansard, rather than recorded typically without comment.
- Dr. Reducka will share chain of emails from HAST with Chair of Governance Committee.
- Page 4 – Item 8 ii) Resources Committee

A motion by M. Donohue; seconded by W. Matthews; to remove the second and fourth bullets in the Resources Committee Report, under item 8 ii.

Carried

- page 3 – Item 7 ii) Correspondence

Correspondence received regarding the process for reappointment, from PAS, for Mr. Michael du Manoir to the Board of Health.

A motion by M. Donohue; seconded by C. Reavie; to approve the amended minutes.

Carried

6. Staff Reports

i) Report from Medical Officer of Health (MOH)

- Dr. Reducka shared her recent media contacts and press releases regarding the drug, Fentanyl. It is a timely issue, experiencing a crisis proportion in British Columbia.
 - <http://ottawacitizen.com/storyline/egan-small-town-ontario-fears-an-overdose-fentanyl-wave>
 - <http://m.torontosun.com/2016/11/16/egan-small-town-ontario-fears-an-overdose-fentanyl-wave>
 - <http://www.thedailyobserver.ca/2016/11/18/small-town-ontario-fears-a-fentanyl-overdose-wave>
 - http://www.pembroketoday.ca/default.asp?pid=9153463&wireid=02588_RA_P_Fentanyl_drug_crisis1web_080823
- An multi- pronged strategy to prevent opioid addiction and overdose was recently announced by CMOH. It includes Fentanyl patch for a patch program and wider access to Naloxone Also the topic was discussed at the recent alPHa and COMOH meetings.
- Discussion followed:
 - W. Matthews suggested that public health nurses while attending clinics

in area high schools have an opportunity to discuss with students what they have heard in the media about the drug.

- P. Emon proposed that when we receive preliminary warnings we should be proactive. Advise the population to talk to their doctor or personal care provider if they have concerns.
- Dr. Reducka shared that Health Unit media releases are faxed to all doctors' offices in the County.
- The Ontario Medical Association and the Canadian Medical Association have produced statements regarding opioid prescribing and the 'Opioid Crisis' in Canada. A national Opioid Summit on was held in Ottawa on November 19, 2016
- <https://www.canada.ca/en/health-canada/services/substance-abuse/opioid-conference/joint-statement-action-address-opioid-crisis.html>
- The alPHa 2016 Fall Workshop was titled Cultural Competencies to Support Indigenous Truth and Reconciliation at alPHa conference. According to Renfrew County has a 2% indigenous population. Need to continue to build on the relationships we currently have with Pikwakanagan, in Golden Lake.
- J. Visneskie Moore shared information from the alPHa Conference that she attended in Toronto. Board members can request copies of her documents by contacting M. Halko.
- Some of the topics covered in this year's conference included:
 - OPHS standards and modernization
 - HIV Road Safety
 - Electronic Records
 - Basic Income Guarantee
 - Immunization in 2017
- alPHa is currently assisting membership in many ways. They provide new on-line training that includes e-learning modules, risk management tools, and they are updating Public Health Standards.
- Minutes of Board of Health meetings will be posted on the new website and should be friendlier for the public to read. Discussions and resolutions should be reviewed before they are posted. In advance of meetings, packages are sent out as drafts for the Board members to review and make comments.
- There has been a long standing process regarding approval of minutes. In 2017, the Board needs to arrive at a process that makes Board minutes informative and accurate. This will insure that complete minutes will provide information and history to new Board members.
- Reports to the Board be written including Governance and Resources Committee reports as part of the public health record. Getting reports and agendas out in time is fulfilling the required obligations and deadlines.

- HAST audit is ongoing and due for a response by March 31, 2017. Items are being addressed through the Governance and Resources Committee and a Workplan for HAST audit will be developed. The Workplan will identify what has been completed and what is outstanding. It was suggested that the same format used by Dr. Carew will be used to review what the work to date.

A motion by M Donohue; seconded by C. Watt; to accept Dr. Reducka's report.
Carried

A motion by P. Emon; seconded by J. Reinwald; that staff initiate proactive messaging and actions to inform the public when preliminary health warnings are issued.

Carried

A motion by M. Donohue; seconded by C. Reavie; that the Board revisit the need for transparency in reporting, in 2017.

Carried

7. Correspondence

- A letter from Sylvia Jones, MPP Dufferin-Caledon re: Bill 5 – the *Greater Access to Hepatitis C Treatment Act, 2016*

The cost of treatment for hepatitis C is high but has a 95% effective rate of success. If an individual doesn't have a drug plan they may not be able to afford the treatment. Insurers may not cover treatment because it may be deemed as a pre-existing health matter.

Ms. Jones, MPP, is requesting that the Board write a letter of support to the Minister of Health supporting her private member's bill.

Although the Board is in favour of access to hepatitis C treatment, in theory, they will send a letter to the Minister that is silent on Ms. Jones' request but supports access to treatment for hepatitis C.

A motion by P. Emon; seconded by M. Donohue; to send a letter to Minister Eric Hoskins in favour of access to hepatitis C treatment.

Carried

8. Board Committee Reports

- Governance Committee**

W. Matthews presented the Governance Committee Board Report. The written report is appended to the minutes.

After the Governance Committee meeting on December 5, 2016 revisions to the Procedural By-Laws will be presented as recommendations to the Board.

A follow-up to the retreat/workshop "**Governance as Leadership**" will be held on Friday, December 2, 2016.

A motion by C Watt; seconded by C. Reavie; recommending that the Board

adopt Board Orientation and Board mentorship for new members.

Carried

A motion by P. Emon; seconded C. Reavie; recommending that the MOH prepare an Action Plan for outstanding HAST audit issues and update Board with monthly reports for items that must be completed by March 31, 2017.

Carried

A motion by C. Watt; seconded by M. Donohue; recommending that the Board of Health Member Assessment results be approved and covered in the workshop on December 2, 2016.

Carried

- A formal numbering system for resolutions will enable a reference to resolution and will be started in 2017. Add as discussion item to Governance Committee meeting.
- At the first retreat/workshop a question was raised for the need of a mission and principal statement for the Board. This is a task for the Governance Committee to develop and bring forward for Board approval.
- There is a need for Board Workplan separate from each Committee Workplan. A direction for an action plan will come out of the retreat/workshop follow-up.

A motion by C. Watt; seconded by M. Donohue; to accept the Governance Committee Report.

Carried

ii) **Resources Committee**

M. Donohue presented the Resources Committee Board Report. The written report is appended to the minutes.

- Human Resources RFP was sent to 6 consulting firms. 4 RFPs were received at an average cost below \$10,000. H. Daly will score and engage successful consultant. .

A motion by M. Donohue; seconded by J. Reinwald; that Item 2 be severed and addressed separately.

Carried

- In the past, reports were difficult to comprehend H. Daly has reworked several different reports to make them more understandable.
- The Board commends H. Daly for going above and beyond to prepare the report for the provincial budget. With overly aggressive timelines and a unique set of circumstances the report was submitted.
- There is a recruit effort underway for Corporate Services Administration Assistant.
- The October resolution for the head office lease is not off the table and is

open for discussion. A motion was tabled until today's meeting for approval of the resolution regarding the lease, recommending that the Board approve the lease of head office space for a five year term.

- Budget information was received in preparation for the December 9, 2016 budget meeting. Forecasting for 2017 was presented in three different budgets, reflecting program areas to provide information to arrive at RCDHU's estimated funding requirement.
- The Governance Committee budget request for \$20,000 will be addressed during budget discussions.

A motion by M. Donohue; seconded by J. Reinwald; to accept the Resources Committee Report with item 2 separated.

Carried

Item 2 - Amending Agreement No. 3

The Amending Agreement is the framework by which the Ministry flows funds to RCDHU. A resolution is needed to bind the Board to the Amending Agreement. This agreement was not approved by the Board in 2014 or 2015. There is no action or record stating that it was approved by Board, in those years.

It is proposed that the Board be prepared for the 2017 Amending Agreement by referring to the previous year's Agreement. If there are no major changes then bring to the Board meeting in June to pass a motion that the Chair and MOH can sign it. If there is a substantial change it will be necessary to hold a special meeting to address the differences.

A motion by M. Donohue; seconded by C. Reavie; that the Board accept the signed Amending Agreement No. 3, with a view to establishing a process to allow some time for review in June 2017.

Carried

A motion by M. Donohue; seconded by C. Reavie; to refer the matter to the Resources Committee with respect to bringing to alPHa AGM for June 2017 agreement.

Carried

iii) Strategic Planning and Stakeholder Communication Committee

The redesigned RCDHU website is expected to go live at the end of 2016.

9. By-Laws

None

10. Business Arising

Governance Committee suggested the following disclaimer on the agenda:
Any submissions received from the public, either orally or in writing may become part of the public record or package.

11. New Business

i) Accounts Payable

A motion by M. Donohue; seconded by J. Reinwald; that the schedule of accounts payable for Renfrew County and District Health Unit operations for the period from October 27, 2016 to November 24, 2016 be approved for payment in the amount of **\$826,154.98**.

Carried

12. Committee of the Whole

A motion by C. Reavie; seconded by J. Reinwald; to move to Committee of the Whole.

Carried

A motion by C. Reavie; seconded by J. Reinwald; to move to in-camera session regarding the matter of an identifiable individual.

Carried

J. Visneskie Moore rose and reported that a labour relations issue was discussed regarding an identifiable individual.

13. Date of Next Meeting

The next meeting of the Board of Health will be held on Friday, December 9, 2016, at 10:00 a.m., RCDHU Classroom, at 7 International Drive, Pembroke.

14. Confirmatory By-Law

None

15. Adjournment

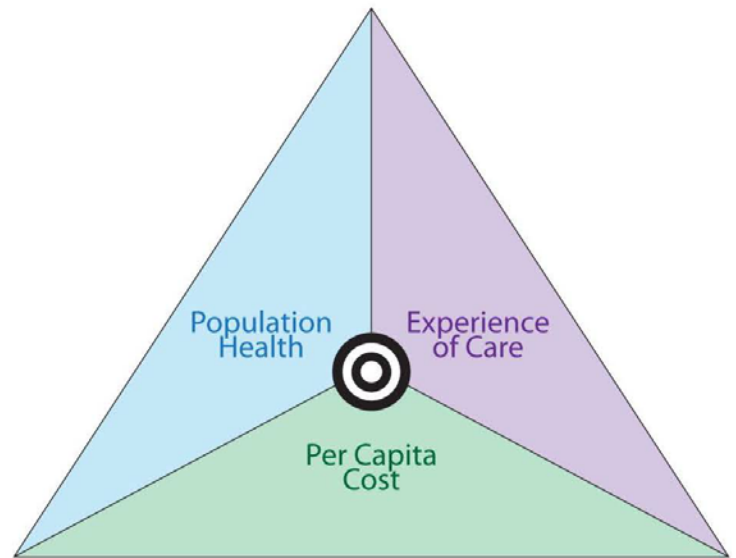
A motion by P. Emon; seconded by C. Reavie; to adjourn the meeting at 2:05 p.m.

Carried



Why

- To make the Arnprior community healthier
- To establish local chronic disease prevention and care that is tailored to the needs of the patients
- To build sustainable partnerships and find efficiencies in how we deliver care

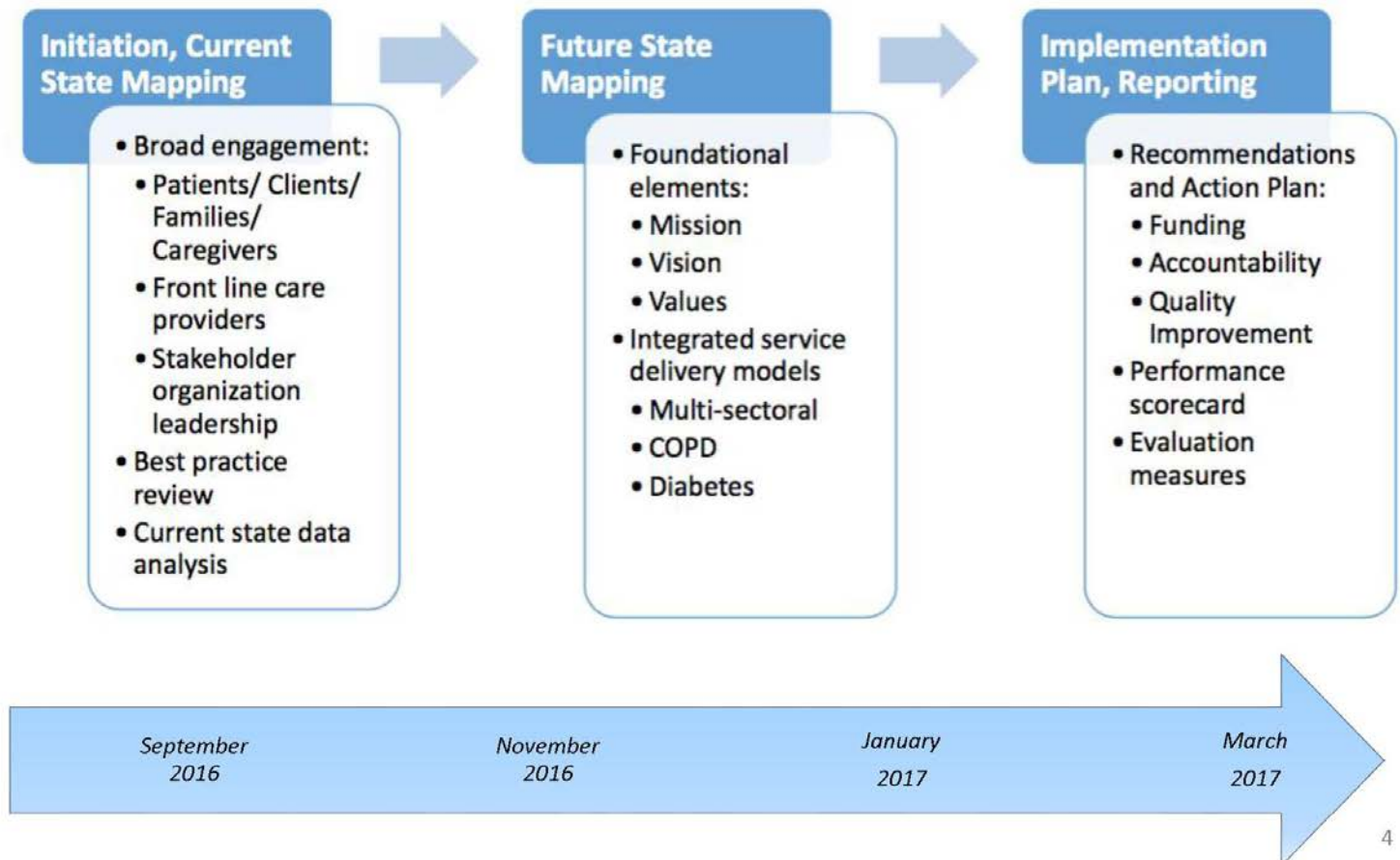


IHI Triple Aim Framework

What

- Design an innovative, patient-centered, multi-sectoral health service delivery model for
 - Diabetes
 - Chronic Obstructive Pulmonary Disease (COPD)
- Build a sustainable foundation to expand upon, eventually including more chronic diseases

How

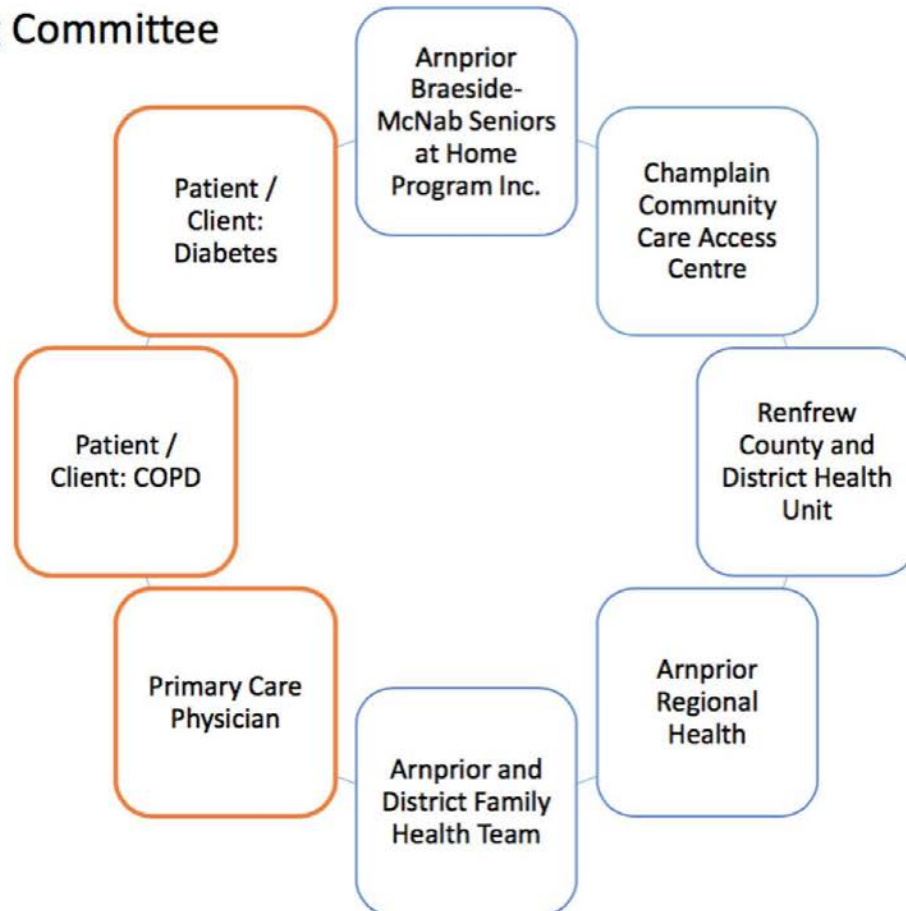


What is Different about the AARHH?

- “Five Working as One”
 - Public Health
- Focus on upstream opportunities and population health
 - Start with COPD, Diabetes
- Partnership and co-design: patients and families, care providers, and local organizations
 - Steering Committee membership
 - Design process

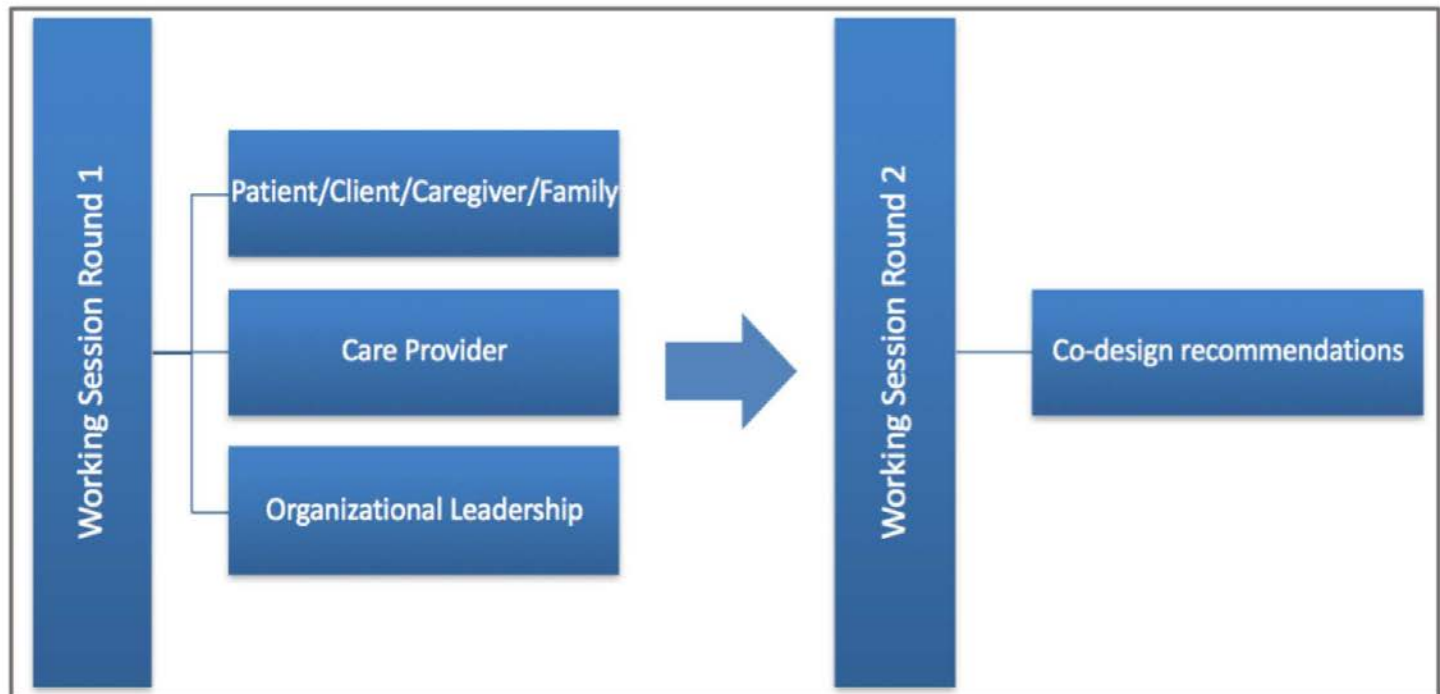
Partnerships in the AARHH

Steering Committee



Partnerships in the AARHH

Design process: current state to recommendations

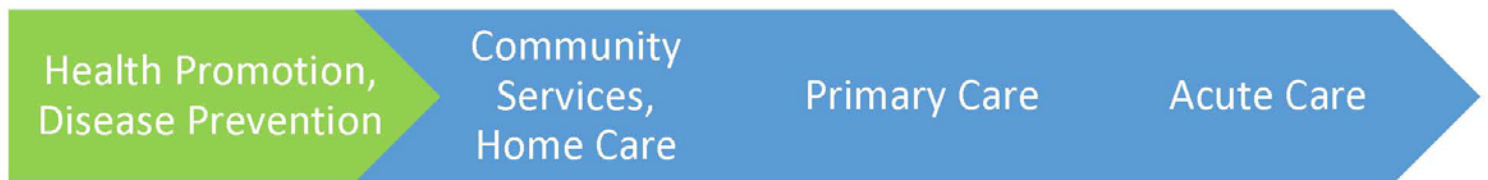


Why Public Health is a Critical for Success

Optimal health for all: Complete view of the health journey

Public Health is unique:

- Knowledge and expertise
 - Population health assessment
 - Health promotion, chronic disease prevention
 - Public awareness, advice and information



A Vision for Success

Partnership:

- Work with community partners to achieve shared goals
- Strengthen health sector capacity
- Community is thrilled to collaborate with RCPHU

Knowledge:

- Subject matter expertise

Alignment:

- *Optimal health for all*
- Reduce preventable diseases



GOVERNANCE COMMITTEE BOARD REPORT**November 7, 2016****INFORMATION*****FIDUCIARY*****1. Procedural By-Law 16-02**

By-Law will be revised to reflect all suggestions to date, as a draft for discussion at the December Governance Committee meeting, with recommendation at the December Board Meeting.

Draft Conflict of Interest (COI) Policy and COI Forms (2) will be reviewed by Legal Counsel.

2. Board Education

(a) **Risk Management Training**—MOH to address as part of Audit Action plan.

(b) **Board Training—“*Governance as Leadership.*”**
Follow-up workshop with J. Nininger will be December 2, 2016. Agenda will follow.

3. Board Recruitment

PAS - in progress.

4. Board Orientation Program

An electronic package based on the Simcoe-Muskoka model was reviewed.

5. Confirmatory By-Law

A draft is being reviewed by Legal Counsel.

6. Auditor’s Report & Action Plan

MOH will prepare an Action Plan to address the outstanding items for the December Governance and Board meetings.

7. MOH/CEO Recruitment

Preliminary interview was conducted with a potential candidate on October 27, 2017.

8. Board Governance Manual

An electronic version from the Eastern Ontario Public Health has been received. A draft that may suit our needs is being prepared for the December Governance Committee meeting.

9. Statement of Governance Philosophy/Board Work Plan

Will be addressed at the December 2, 2016 workshop with Jim Nininger.

10. Board of Health Assessment

Assessment results were reviewed, and shared with Jim Nininger for possible inclusion as part of the December workshop. Other action, if required, will be addressed at a Governance Committee meeting, possibly in December.

STRATEGIC

1. Patients First - Bill 41

Meeting with LHIN Board Chair to be convened after Bill 41 is passed.

GENERATIVE

Action: TBD in 2017

RESOLUTIONS

1. TOPIC—Board Orientation Manual

Moved by: Chair

Seconded by: Committee

That the Board adopt the Board Orientation Manual and Mentor program as presented.

Background

The Board did not have an Orientation Manual to assist new members in being oriented to the RCDHU. A mentor(s) will support new members in the orientation process.

2. TOPIC—Audit Report Action Plan

Moved by: Chair

Seconded by: Committee

That the Board approve the recommendation that the MOH prepare an Action Plan to address all outstanding issues and, as part of the monthly MOH Report to the Board,

update the Board on progress being made on all items. This plan is to be completed by March as required by the Audit Review team.

Background

In its stewardship role the Board needs to be aware of all outstanding items, and track progress in addressing them.

3. **TOPIC—Board Member Assessment Results**

Moved by: Chair

Seconded by: Committee

That the Board approve the recommendation that the summary results be addressed as part of the “Governance as Leadership” Workshop on December 2, 2016.

Background

The summary augments the survey results of the first workshop, and provides further material for developing an action plan to facilitate on-going Board growth and development.



Renfrew County and District Health Unit Board of Health Orientation

Congratulations!

You are now a member of the Renfrew County and District Health Unit Board of Health. Please accept a warm welcome from everyone at Renfrew County and District Health Unit (RCDHU).

You probably have some questions, and we are here to help you answer them, with further reading available at your convenience. We hope the resources in the links below will help answer your questions and increase your understanding of public health, the Board of Health, your role as a board member, and how public health impacts the health of our communities.

Public Health in Ontario

- [alPHA Board of Health Governance Toolkit](#)
The Association of Local Public Health Agencies (alPHA) represents Ontario's public health units and their boards of health. alPHA is committed to helping those who sit on provincial boards of health better understand their roles and responsibilities as public health officials and keeping them updated on the latest public health initiatives. This toolkit is an effort to support board of health members and the important work they do.
- [alPHA Orientation Manual for Boards of Health](#)
This is the 2015 edition of the Orientation Manual for Boards of Health published by the Association of Local Public Health Agencies (alPHA). The manual brings together in one place key information for board of health (BOH) members. It includes information about public health and public health units; the structures, roles and responsibilities of boards of health; and relevant legislation.
- [Ontario's Public Health Sectors Strategic Plan 2014 - 2019](#)
For the first time, the public health sector – the organizations responsible for protecting and promoting Ontarians' health – have come together to develop a joint plan. This plan lays out the 15 to 20 year vision, mission, values and strategic goals for the public health sector, as well as our collective areas of focus for the next three to five years. Also check out the [Plan's Framework](#).
- [Health Protection and Promotion Act](#)
The purpose of this Act is to provide for the organization and delivery of public health programs and services, the prevention of the spread of disease and the promotion and protection of the health of the people of Ontario.
- [Ontario Public Health Standards](#)
The Ontario Public Health Standards and Protocols establish the minimum requirements for fundamental public health programs and services to be delivered by Ontario's 36 boards of health, which include assessment and surveillance, health promotion and policy development, disease and injury prevention, and health protection.

- [Ontario Public Health Organizational Standards](#)
This document specifies requirements that all boards of health are required to implement throughout their organizations. This document contains both new requirements for boards of health as well as requirements related to governance and management from existing sources. The existing obligations within the Health Protection and Promotion Act (HPPA)² and its Regulations have been included here so as to provide a single compiled set of governance and management requirements that boards of health are obligated to meet as a board of health.
- [Board of Health e-learning Module on eHealth PORTAL](#)
This online module includes comprehensive information on boards of health members' roles and responsibilities with respect to the governance and oversight of public health units and the delivery of mandatory public health programs and services in Ontario. Here is the module in [PDF format](#).

[Public Health: A Return on Investment](#)

[La Santé Publique: un excellent retour sur investissement](#)

[An Introduction to Your Health Unit](#)

[RCDHU Strategic Plan](#)

[Programs and Services Overview](#)

Annual Reports

[2015 Annual Report](#)

[2014 Annual Report](#)

[2013 Annual Report](#)

[2012 Annual Report](#)

[2011 Annual Report](#)

[2010 Annual Report](#)

Board and Management Assessment Scores

Scores below 3.5 out of 5

Item #		Board Score (n=6)	Management Score (n=4)
Fiduciary Mode			
2.	Fiduciary Accountabilities	3.0	3.2
4.	Quality Management	4.0	3.2
5.	Management Performance	3.0	2.5
6.	Risk Management Performance	2.8	1.8
7.	Board Performance	3.5	3.2
8.	Stakeholder Relations Performance	2.5	3.0
9.	Fiduciary Roles	3.0	3.2
10.	Structural Considerations	3.6	3.2
12.	Final Points	3.0	2.0
Strategic Mode			
3.	Organizational Strategies	4.2	2.5
4.	Implementation	4.0	2.0
Generative Mode			
		1.3	2.0
Arms of the Triangle			
		3.0	3.6

RENFREW COUNTY AND DISTRICT BOARD OF HEALTH

Board of Health Resources Committee

Tuesday, November 29, 2016

INFORMATION

1. Human Resource RFP

Board will recall the Director of Corporate Services, Ms. Heather Daly, was directed to issue an RFP in October for Human Resource Professionals to review and update the HR Policy Manual and job descriptions. The RFP elicited 4 responses which Ms. Daly has yet to review and score, but indicate a cost in the range of \$10,000. If approved in the Draft 2017 budget, this is within staff spending authority and the successful firm will be engaged in January.

2. Accountability Agreement

The final signed copy of Amending Agreement No. 3, attached as Appendix A has been received from the Ministry of Health and Long Term Care (MOHLTC) and no further action is required of the Health Unit. Funds based on the new agreement are to be released at the end of November 2016.

3. One Time Funding Applications

The Ministry of Health issued the annual request for one time funding applications. RCDHU has not experienced any significant pressures on any programs funded in 2016, therefore no application was submitted.

4. MOHLTC 2015 Reconciliation and Settlement

MOHLTC annually recovers funds that were flowed but unspent by RCDHU. The Ministry completed their reconciliation of Fiscal 2015 cash flows, which was reviewed in June by Karen Black of Scott, Rosien and Dempsey, auditors for RCDHU. The auditors and Ms. Daly are in agreement with the reconciliation amount of \$101,658. The reconciliation letter and report are attached as Appendix B.

It must be kept in mind by Board that Provincial funds are disbursed to RCDHU over the Provincial fiscal year ending March 31st. As a result, \$37,914 of the above amount was flowed to RCDHU for Fiscal 2014 programs ended March 31st, 2015, the largest component of which is one time funding for Panorama, the immunization database.

A further reconciliation recovery for Fiscal 2015 programs ended March 31st, 2016 has been identified for one time funding of \$45,745 again for Panorama and \$17,999 for enforcement of the E-Cigarettes Act. As these figures have not been subject to audit, they will not be recovered until the 2016 Settlement, completed in 2017.

While the reconciliation requires no Board action, it did initiate a discussion between Committee and staff regarding how to address a recurring issue of under utilization of allocated resources. While no formal direction to staff was made, Dr. Reducka and Ms. Daly will initiate a process in 2017 with senior management to identify where programs may be enhanced or initiated to more fully exploit available resources and improve the health and well-being of the RCDHU population.

5. Resources Committee Work Plan

Staff informed Committee that illness and bereavement leave, in addition to an atypical records management system presented significant challenges within the Department in November. Committee thanked and commended Ms. Daly for the resilience demonstrated in meeting the challenge of day to day administrative duties in addition to November's financial reporting obligation to Board.

Ms. Daly informed Committee the circumstances were unique, not attributable to an onerous work plan, but she would be reviewing Departmental resources to identify possible contingencies. This process will begin with the recruitment now underway to replace the retiring Corporate Services Assistant. Mr. Emon commented that Algonquin College's Cooperative Business program could be a valuable resource for the Corporate Service Department and recommended Ms. Daly make contact.

RESOLUTIONS

6. RCDHU Head Office Lease Resolution # RES-16-10-01

Moved by Chair

Seconded by Committee

That the Board approve Lease of office space at 7 International Drive with the County of Renfrew commencing March 1, 2017 for a term of 5 years with an option to renew for a further 5 year term.

Background

Tabled October 25th to the November Board Meeting, a copy of the lease was distributed to Board by email October 26th.

**7. 3rd Quarter Financial Report
Resolution # RES-16-11-01**

Moved by Chair
Seconded by Committee

That Board approve the 2016 Program-Based Grants 3rd Quarter Financial Report and the Healthy Babies Healthy Children 3rd Quarter 2016 Financial Report.

Background

Attached as Appendix C is the Q3 2016 PBG Financial Report. Owing to the staffing issue identified in item 5 above, RCDHU was granted a 2 week extension, and a copy of this report was submitted to MOHLTC November 14th. The Q3 HBHC report attached as Appendix D was submitted to the Ministry of Children and Youth Services.

Board will recall staff was directed to design reports that would better convey information than the quarterly financial reporting templates required of the MOHLTC. These are attached as Appendices E, F and G

Appendix E is a **Comparative Funding Changes Report**, providing detailed information about provincial funding.

Projected funding is down 3.7% or \$256,413 over 2015 primarily due to a program model redesign of Healthy Smiles Ontario which eliminated CINOT (Children in Need of Treatment) and the third party claims program. This funding reduction would have been more but for the unexpected announcement in September of a further \$67,000 one-time Panorama funding through to March 31st, 2017. Of additional note, the E Cigarettes program which had been a onetime allocation in 2015 became a 100% funded program for 2016.

Appendix F is a **Projected Expenditures by Program Report** providing detailed forecast information through December 31st, 2016. It is anticipated that RCDHU will spend 96% of Provincial funding, representing an additional \$827,900 over 2015 actual.

Appendix G is a **Projected Expenditures by Category Report** providing detailed information on expenses incurred through September 30th, with comparison to Q3 2015 showing an increase of 3%. The report also includes a projection through December 31st and comparison to budget. Based on input from Senior Management, expectations are that 90% of total budget will be expended.

**8. Draft 2017 Budget
Resolution # RES-16-11-02**

Moved by Chair
Seconded by Committee

That Board receives the attached Preliminary Draft 2017 Budget for review at the December 9th meeting.

Background

Attached as Appendix H is the Preliminary Draft 2017 Budget.

Board was informed in 2015 of the regulatory requirement to inform the three obligated municipalities – City of Pembroke, Township of South Algonquin and County of Renfrew – of their funding requirement for the following year. In previous years this was approved by Board in the absence of any budget presentation. Acknowledging that a final budget would not be adopted until after the Auditor's Report in February, and that it would then only be considered an estimate until confirmation of Provincial funding was received in the third quarter, the Board deemed it desirable to provide input to the process prior to delivering the Estimated Funding Requirements to the municipalities.

To that end at the December 18th 2015 Special Board meeting, Board reviewed the Draft Budget, making several revisions before adopting by resolution the notices of Estimated Funding Requirements to be sent to the obligated municipalities. Board also endorsed this process for future years.

Submitted by Resources Committee

Chair	Michael Donohue
Members	J. Visneskie Moore, P. Emon and J. Reinwald

Amending Agreement No. 3

This Amending Agreement No. 3, effective as of January 1, 2016.

Between:

**Her Majesty the Queen
in right of Ontario
as represented by
the Minister of Health and Long-Term Care**

(the "Province")

- and -

Board of Health for the Renfrew County & District Health Unit

(the "Board of Health")

WHEREAS the Province and the Board of Health entered into a Public Health Funding and Accountability Agreement effective as of the first day of January, 2014 (the "**Accountability Agreement**"); and,

AND WHEREAS the Parties wish to amend the Accountability Agreement;

NOW THEREFORE IN CONSIDERATION of the mutual covenants and agreements contained in this Amending Agreement No. 3, and for other good and valuable consideration, the receipt and sufficiency of which are hereby acknowledged, the Parties hereto agree as follows:

1. This amending agreement ("Amending Agreement No. 3") shall be effective as of the first date written above.
2. Except for the amendments provided for in this Amending Agreement No. 3, all provisions in the Accountability Agreement shall remain in full force and effect.
3. Capitalized terms used but not defined in this Amending Agreement No. 3 have the meanings ascribed to them in the Accountability Agreement.
4. The Accountability Agreement is amended by:
 - (a) Deleting Schedule A-3 (Program-Based Grants) and substituting Schedule A-4 (Program-Based Grants), attached to this Amending Agreement No. 3.
 - (b) Deleting Schedule B-3 (Related Program Policies and Guidelines) and substituting Schedule B-4 (Related Program Policies and Guidelines), attached to this Amending Agreement No. 3.

- (c) Deleting Schedule C-3 (Reporting Requirements) and substituting Schedule C-4 (Reporting Requirements), attached to this Amending Agreement No. 3.
- (d) Deleting Schedule D-2 (Performance Obligations) and substituting Schedule D-3 (Performance Obligations), attached to this Amending Agreement No. 3.
- (e) Deleting Schedule E-1 (Board of Health Financial Controls) and substituting Schedule E-2, attached to this Amending Agreement No. 3.

The Parties have executed the Amending Agreement No. 3 as of the date last written below.

**Her Majesty the Queen in the right of Ontario as represented
by the Minister of Health and Long-Term Care**

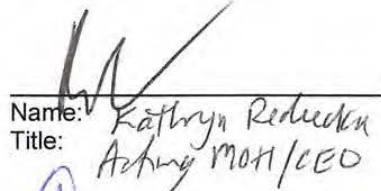


Name: Roselle Martino
Title: Assistant Deputy Minister,
Population and Public Health Division

Nov 9/16
Date

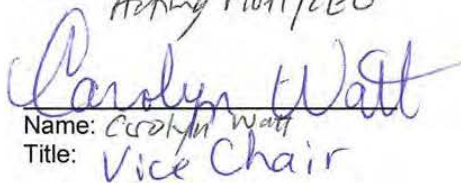
Board of Health for the Renfrew County & District Health Unit

I/We have authority to bind the Board of Health.



Name: Kathryn Redueck
Title: Acting MCH/CEO

2016-10-19
Date



Name: Carolyn Watt
Title: Vice Chair

Oct 17, 2016
Date