



PUBLIC SESSION – MINUTES
MIDDLESEX-LONDON BOARD OF HEALTH

Thursday, June 20, 2024, 7 p.m.
Microsoft Teams (Virtual)

- MEMBERS PRESENT:** Matthew Newton-Reid (Chair)
Michael Steele (Vice-Chair)
Michelle Smibert
Michael McGuire
Howard Shears
Dr. Alexander Summers, Medical Officer of Health (ex-officio)
Emily Williams, Chief Executive Officer (ex-officio)
- REGRETS:** Aina DeViet
Selomon Menghsha
Skylar Franke
Peter Cuddy
- OTHERS PRESENT:** Stephanie Egelton, Executive Assistant to the Board of Health (recorder)
Dr. Joanne Kearon, Associate Medical Officer of Health
Sarah Maaten, Director, Public Health Foundations
Mary Lou Albanese, Director, Environmental Health, Infectious Diseases and Clinical Services
Ryan Fawcett, Manager, Privacy, Risk and Client Relations
David Jansseune, Associate Director, Finance and Operations/Chief Financial Officer
Marc Resendes, Acting Manager, Strategy, Planning and Performance
Tara MacDaniel, Strategic Advisor, Emergency Management
Cynthia Bos, Associate Director, Human Resources and Labour Relations
Parthiv Panchal, End User Support Analyst, Information Technology
Angela Armstrong, Program Assistant, Communications
Jason Micallef, Marketing Coordinator, Communications
Carolynne Gabriel, Executive Assistant to the Medical Officer of Health

Chair Matthew Newton-Reid called the meeting to order at **7:01 p.m.**

DISCLOSURE OF CONFLICT OF INTEREST

Chair Newton-Reid inquired if there were any disclosures of conflicts of interest. None were declared.

APPROVAL OF AGENDA

It was moved by **M. Steele, seconded by M. Smibert**, that the *AGENDA* for the June 20, 2024 Board of Health meeting be approved.

Carried

APPROVAL OF MINUTES

It was moved by **M. Smibert, seconded by M. McGuire**, that the *MINUTES* of the May 16, 2024 Board of Health meeting be approved.

Carried

It was moved by **M. Smibert, seconded by M. McGuire**, that the *MINUTES of the May 16, 2024 Finance and Facilities Committee meeting* be received.

Carried

NEW BUSINESS

2023 Annual Report and Attestation (Report No. 42-24)

Dr. Alexander Summers, Medical Officer of Health provided background information on the 2023 Annual Report and Attestation.

Dr. Summers explained that each year, the Ministry of Health requires public health units (through Board of Health approval) to attest to what work was completed in the year. The Health Unit provides an overview of various narratives and metrics on the delivery of programs, fiduciary requirements, good governance and management principles, as well as public health practice.

Dr. Summers highlighted that within the 2023 Annual Report and Attestation, the Health Unit has had to note that certain work and programming has not occurred in 2023 due to insufficient resources. Dr. Summers noted that during recovery efforts from the COVID-19 pandemic, the Health Unit was prevented from fully operationalizing and meeting all the program and service delivery requirements of the Ontario Public Health Standards. Further, the Health Unit was not able to attest to the Ministry of Health that all program and service delivery requirements have been met.

Dr. Summers emphasized that the Health Unit's inability to achieve the fulsome completion of the Ontario Public Health Standards is not a result of a lack of staff or leadership commitment, but is the result of the ongoing deficits that the Health Unit has faced. This will be an ongoing challenge for the Health Unit unless further funding is received. The Ministry of Health is aware that the Health Unit continues to not be able to fulsomely meet all the expectations of the standards currently.

Dr. Summers concluded that the organization is proud that it is being transparent that it has not been able to achieve objectives for reasons noted, and emphasized that it is critical to note what activities have been conducted to the public and Board of Health.

Emily Williams, Chief Executive Officer noted that the Health Unit did fulfil the fiduciary, good governance and management requirements. E. Williams concluded that financial information provided in the report is aligned to the Board approved 2023 audited financial statements.

Chair Newton-Reid noted that this may be the first time the Health Unit has explicitly said that they have not met all the requirements and emphasized that this is not a reflection of the hard work that's happening at the Health Unit. Chair Newton-Reid thanked staff for being transparent about the challenges.

It was moved by **M. McGuire, seconded by H. Shears**, that the *Board of Health*:

- 1) *Receive Report No. 42-24 re: "2023 Annual Report and Attestation" for information; and*
- 2) *Approve the Middlesex-London Health Unit 2023 Annual Report and Attestation.*

Carried

MLHU 2024 Emergency Response Plan Revisions (Report No. 43-24)

Sarah Maaten, Director, Public Health Foundations introduced Tara MacDaniel, Strategic Advisor, Emergency Management to provide information to the Board of Health on the Health Unit's 2024 Emergency Response Plan Revisions.

T. MacDaniel summarized the reasons for needing an Emergency Response Plan. Emergency Management is a foundational standard within the Ontario Public Health Standards, with the goal to ensure consistent and effective management of emergency situations. The Emergency Management Guide also notes the requirement of meeting requirements to ensure a 24/7 timely, integrated, safe, and effective response to, and recovery from emergencies with public health impacts. Health units are also required under the *Emergency Management and Civil Protection Act (EMCPA)* and Order in Council 1739/2022 to establish emergency management programs that include emergency plans, training and exercise opportunities, and education. Emergency Management initiatives are also identified within the Health Unit's 2023-2025 Provisional Plan.

The Board of Health approved the last Emergency Response Plan in 2012. T. MacDaniel noted that an updated Emergency Response Plan was brought to Senior Leadership for approval, and permission to proceed with external consultations and implementation. Guidance on the prioritization of several team level sub-plans to be developed for emergency preparedness was also sought.

Updating the Emergency Response Plan commenced in 2023 and the following principles were applied:

- An “all hazard” approach to respond to various types of risks identified in the community and which supports the development of other internal and external plans
- A collaborative process to engages key partners in the Emergency Response Plan development, i.e., municipal and health care sector partners
- A living document to continue to be updated to represent the most up to date content toward optimal emergency preparedness
- A detailed planning process for emergency preparedness will be maintained by the Emergency Management team

T. MacDaniel highlighted in summary changes to the Emergency Response Plan:

- Risk disaster approach
- Incident Management Team (IMT) established
- Clarity on the IMT governance and IMS structure
- More direction on criteria for declaring emergencies
- Commitment to a continuum approach model
- Alignment with external partner Emergency Response Plans
- Enhancement for annual exercising of the Emergency Response Plan

T. MacDaniel noted that the next steps of the plan include posting the plan on the Health Unit's website, developing the Emergency Management Policy and developing the following appendices/supplementary plans:

- Continuity of Operations Plan
- Labour Disruption Plan
- Facility/Infrastructure Failure Plan
- Respiratory Season Plan
- Pandemic Plan
- Mass Vaccination Plan

Chair Newton-Reid inquired if this plan was updated for the first time in ten years. T. MacDaniel confirmed that to her knowledge that this was correct.

It was moved by **M. Steele**, seconded by **M. Smibert**, that the Board of Health receive Report No. 43-24 re: “MLHU 2024 Emergency Response Plan Revisions” for information.

Carried

Introduction to the MLHU Management Operating System (Report No. 44-24)

Dr. Summers and E. Williams provided an overview of the Health Unit's Management Operating System.

Dr. Summers explained that a management operating system is a framework that describes how the Health Unit as an organization operates and how work is completed. A management operating system is critical for an organization because it helps ensure that the organization is conducting work that they are supposed to be doing and doing it appropriately. Dr. Summers explained that the framework ensures consistent quality in meeting organizational goals and foundational aspects including:

- Defined accountabilities and decision-making authorities
- Organizational and programmatic structure and design including definitions and documentation of the work (interventions), and the diseases, topics, or populations on or with which the Health Unit works with (programs)

Dr. Summers provided background on the development of the Health Unit's management operating system. The process started in the summer of 2023, with discussions about Health Unit management processes, which were recognized to be largely organic knowledge, embedded within the organization in individuals, but not necessarily understood or documented. The Health Unit went through an organizational restructuring process in late 2023, which would assist in grounding how the Health Unit would organize themselves under the management operating system. Throughout the winter, the Health Unit further defined the management operating system, which includes four (4) core processes. The Board of Health will receive quarterly updates on this, with the first update at the July Board of Health meeting.

The four (4) core processes included in the Management Operating System are:

- Strategic Planning
- Operational Planning and Implementation
- Risk Management
- Organizational Performance Management

These core processes are further described within the management operating system policy, which also describes how the organizational structure was designed through the grouping of public health interventions. Further, Dr. Summers noted that there are key governance aspects which share administrative or operational functions that are described in the management operating system policy, for example, strategic planning.

Dr. Summers noted that the operational planning and implementation process needs further work, and this area will be developed through 2025.

E. Williams provided an overview of organizational performance management within the management operating system. Organizational performance management provides the opportunity for staff to systematically talk about the work that is conducted every day in a meaningful way that can be measured. E. Williams explained that this also includes enabling teams to be successful and identifying challenges and barriers for when they find it difficult to achieve results. The process of reviewing the work also helps to identify any risks as well as a method to propose solutions. E. Williams added that the process starts with managers discussing with their directors on the results and findings, which the directors then communicate to the Medical Officer of Health and Chief Executive Officer, who role up the reports to the Board of Health.

E. Williams noted that the next steps regarding implementation of the performance management system (within the management operating system) involve learning and embracing the process. E. Williams noted that reporting is being kept flexible and narrative at this point, with limited indicator reporting as some are still being developed.

E. Williams reiterated that the Board of Health would be reviewing the first quarterly report of the management operating system's organizational performance management results at the July Board of Health.

Chair Newton-Reid noted that this work is an important step to build on very strategic work that will help move the organization forward.

It was moved by **M. McGuire, seconded by H. Shears**, that the Board of Health receive Report No. 44-24 re: "Introduction to the MLHU Management Operating System" for information.

Carried

Current Public Health Issues (Verbal)

Dr. Summers provided a verbal update on current public health issues within the region.

Association of Local Public Health Agencies – 2024 Annual General Meeting and Conference

From June 5-7, representatives from the Middlesex-London Board of Health and leadership attended the Association of Local Public Health Agencies (alPHA) Annual General Meeting and Conference in Toronto.

Topics at the conference included:

- Strengthening Public Health
- Proposed voluntary public health unit mergers
- Updates from Queen's Park

The Board of Health's supported resolution from the April Board Meeting on Permitting Applications for Automatic Prohibition Orders under the Smoke Free Ontario Act, 2017 for Vapour Product Sales Offences was supported by the alPHA delegates.

Ontario Public Health Standards Review

The Ontario Public Health Standards will be released effective January 1, 2025. These standards dictate what work public health must conduct. The new standards are intended to refine, refocus and re-level roles and responsibilities and to clarify and strengthen the role of local public health agencies.

The Health Unit was invited to provide a response during the consultation process (by the Ministry of Health). The current standards consist of seven (7) foundational standards and nine (9) program standards. The new standards propose four (4) foundational standards and eight (8) program standards, with protocols decreasing from 43 to 32 (noting that not all protocols are being reviewed at this time). At this time, there is no information on changes regarding accountability of boards of health, and if there are, the Board of Health will be engaged. The implications of any proposed changes to the standards on Health Unit operations remain unknown at this time, particularly given that local public health is currently only at the consultation stage. Dr. Summers further noted that these standards are draft and could change at any time before the fall.

Public health units were given an opportunity to provide feedback on the draft standards, which was submitted on June 20 to the Ministry of Health. Leaders across the Health Unit contributed to the consultation. The Chair and Vice-Chair of the Board of Health also reviewed and there were no significant governance issues to identify at this time.

Dr. Summers provided an executive summary of the submission to the Ministry of Health:

- If the objective is to ensure clarity and standardization on the role of public health units (PHU), further work is required to clearly define and describe the services that PHUs provide to their community. This is particularly true in the health promotion domains. It might help to frame the objectives of the standards as trying to answer the question – what can every Ontarian, regardless of where they live, expect from their local PHU? This means describing health promotion work through the lens of service delivery; what are the services provided to community partners, municipalities, and our public?
- The Health Unit is very encouraged by the shift to a Comprehensive Health Promotion standard; some aspects of the other standards could be rolled into that standard as well.
- Further standardization of language and clarity of definitions is required.
- There is no data available to stratify our population by social and structural determinants of health, making it difficult to confidently identify priority populations.

Ontario Seniors Dental Care Program Eligibility Update

On August 1, the annual income eligibility thresholds for the Ontario Seniors' Dental Care Program will increase:

- \$22,200 to \$25,000 (single Ontarians aged 65+)
- \$37,100 to \$41,500 (couples)

Those eligible under new thresholds can start applying July 1.

As of June 19, the wait list for the Ontario Seniors Dental Care Program in Middlesex-London is 455 individuals. The Health Unit currently has four (4) dental operatories in Strathroy and two (2) in London (Citi Plaza). Construction is currently in progress to add two (2) additional operatories in London to expand capacity with an expected opening date of July 8.

Wastewater Surveillance Update

The Provincial Government is ending the Ontario wastewater surveillance program for COVID-19 and infectious diseases on July 31. The program was launched in 2021 and sampled wastewater for COVID-19 levels and was expanding into different infectious diseases. The Federal Government is launching their own program, with it being unknown at this time if Middlesex-London will be included. The Health Unit will continue to provide updates throughout the summer on COVID-19 risks until surveillance reporting resumes in the fall. The Health Unit is in contact with Western University researchers regarding ongoing local work with wastewater surveillance.

Dr. Summers noted that the loss of the wastewater surveillance system was not ideal, as it assisted in helping to provide relevant updates to the population, especially those at high risk. Dr. Summers emphasized that even though respiratory season is over, it remains important to ensure the community is vaccinated if eligible, wearing a mask in crowded areas, and staying home if unwell.

Alcohol Sales Expansion

The Provincial Government made an announcement on May 24 to expand the alcohol beverage marketplace earlier than originally announced:

- August 1 – up to 450 grocery stores currently selling beer, cider and wine to sell ready-to-drink beverages and larger pack sizes
- After September 5 – all eligible convenience stores can sell beer, cider, wine and ready-to-drink alcoholic beverages
- After October 31 – all eligible grocery and big-box stores can sell beer, cider, wine and ready-to-drink beverages, including larger pack sizes

Staff will provide the Board of Health with an overview of the public health implications at the July meeting.

School Vaccination “No Info” Letter Update

The *Immunization of School Pupils Act* (ISPA) requires students to have certain vaccinations or a documented exemption. The Vaccine Preventable Diseases (VPD) team screens student vaccination records and provides letters to parents/students identifying missing vaccinations as well as information on how to provide proof of vaccination and/or receive the vaccine. “No Info” letters are those sent to students for which the Health Unit has no vaccination records on file. Dr. Summers noted that this legislation is not mandatory vaccination, but mandatory reporting.

The Health Unit has seen a major reduction from 6471 pupils with no info on vaccination to 1039, which is an 84% decrease.

MLHU in the News

The Health Unit has been in the news regarding Lyme disease, opioids, measles and wastewater testing.

Dr. Summers noted in conclusion that a Health Unit employee unexpectedly passed away in the past week, and teams are grieving the loss of this employee. The Health Unit is grateful for the Board of Health’s support and that leaders have been courageous in supporting staff. He noted that staff have been tremendous in supporting each other during this challenging time.

It was moved by **M. McGuire, seconded by M. Smibert**, *that the Board of Health receive the verbal report re: Current Public Health Issues for information.*

Carried

Medical Officer of Health Activity Report for May (Report No. 45-24)

Dr. Summers presented his activity report for May.

There were no questions or discussion.

It was moved by **M. Steele, seconded by M. McGuire**, *that the Board of Health receive Report No. 45-24 re: “Medical Officer of Health Activity Report for May” for information.*

Carried

Chief Executive Officer Activity Report for April and May (Report No. 46-24)

E. Williams presented her activity report for April and May.

There were no questions or discussion.

It was moved by **M. McGuire, seconded by H. Shears**, *that the Board of Health receive Report No. 46-24 re: “Chief Executive Officer Activity Report for April and May” for information.*

Carried

CORRESPONDENCE

Dr. Summers highlighted correspondence a) from the Township of Lucan-Biddulph to the Board of Health. Dr. Summers noted that staff would be bringing a report forward at the next Board meeting to provide more information on the impacts of the Ministry of Health ceasing well water testing.

It was moved by **M. Smibert, seconded by M. McGuire**, *that the Board of Health receive items a) through c) for information:*

- a) *Township of Lucan-Biddulph re: Recommended Phase Out of Free Water Well Testing in the 2023 Auditor General's Report*
- b) *Public Health Sudbury & Districts re: Support for Bill C-322 National Framework for a School Food Program Act*
- c) *Middlesex-London Board of Health External Landscape for June 2024*

Carried

OTHER BUSINESS

The next meeting of the Middlesex-London Board of Health is Thursday, July 18, 2024 at 7 p.m.

CLOSED SESSION

At **7:49 p.m.** it was moved by **M. Steele, seconded by H. Shears**, *that the Board of Health will move into a closed session to consider matters regarding personal matters about an identifiable individual, including municipal or local board employees, labour relations or employee negotiations and to approve previous closed session Board of Health minutes.*

Carried

At **8:24 p.m.**, it was moved by **M. Smibert, seconded by M. McGuire**, *that the Board of Health return to public session from closed session.*

Carried

ADJOURNMENT

At **8:24 p.m.**, it was moved by **M. McGuire, seconded by M. Smibert**, *that the meeting be adjourned.*

Carried

MATTHEW NEWTON-REID
Chair

EMILY WILLIAMS
Secretary