

CITY OF HAMILTON

PUBLIC HEALTH SERVICES
Office of the Medical Officer of Health

TO: Mayor and Members Board of Health	WARD(S) AFFECTED: CITY WIDE
COMMITTEE DATE: October 24, 2011	
SUBJECT/REPORT NO: Public Health Accountability Agreement (BOH11038) (City Wide)	
SUBMITTED BY: Elizabeth Richardson, MD, MHSc, FRCPC Medical Officer of Health Public Health Services Department	PREPARED BY: Dr. Elizabeth Richardson 905-546-2424 ext. 3502
SIGNATURE:	

RECOMMENDATION

- a) That the Medical Officer of Health be authorized and directed to execute the attached Public Health Accountability Agreement (AA) and any ancillary or related agreements including any related documents and reports required to give effect to the agreement or required by the agreement;
- b) That the Medical Officer of Health be authorized and directed to negotiate, in a form satisfactory to the City Solicitor, any required amending, ancillary or related agreements, including funding agreements, that do not substantively change the Agreement, during its term, and to execute any amending, ancillary or related agreements, including any related documents and reports required to give effect thereto or required by the Agreement.

EXECUTIVE SUMMARY

The need to strengthen Ontario's Public Health System was identified following the 2003 SARS outbreak. Creation of Accountability Agreements between local Boards of Health and the Province were one of the recommendations that flowed from the work of

the Public Health Capacity Review Committee which examined the organization and capacity of Ontario health units. The changes taking place in the public health system are designed to ensure all public health programs are evidence based, effectively governed, accountable to the public and the Province, continually improving and equitable across Ontario while at the same time being responsive to local needs, delivered in partnership with communities and other agencies within and beyond the health care system and delivered by the appropriate number and mix of public health professionals.

The Accountability Agreement (see appendix A) replaces the current Program-Based Grants Terms and Conditions, which have been the legal framework under which boards of health have received provincial funding to carry out the Ontario Public Health Standards and related programs. The AA is retroactive to January 1, 2011 and covers a three year period to December 31, 2013, with funding allocations as outlined in Schedule A of the AA for 2011, and to be further detailed in 2012 and 2013. At this time, funding is not tied to performance on the indicators outlined in the AA, but is envisioned that this will be the case in the future.

A further report on the new Organizational Standard will be brought forward to the Board of Health in November of this year. The report will provide a high level overview of the standard, the current level of compliance with the standard and plans for addressing any gaps.

Alternatives for Consideration – Not Applicable

FINANCIAL / STAFFING / LEGAL IMPLICATIONS (for Recommendation(s) only)

Financial: As outlined in the AA, the province has approved base funding for 2011 of \$26,047,986, as well as \$440,897 in one time funds which are directed to specific program initiatives related to Small Drinking Water Systems, Health Smiles Ontario, Bed Bugs and the Smoke-Free Recreation Areas By-Law. These amounts are consistent with the amounts requested by the City. This report provides the delegated authority to the Medical Officer of Health to execute the agreement and negotiate and execute amending agreements or funding agreements where the province is providing additional funds to supplement existing public health programs and services. If new funds are provided or changes made, the Board of Health and Council will be made aware of these through information reports or updates. They will also be included each year in the budget reports.

Staffing: No new staffing is being proposed at this time.

Legal: Legal Services has reviewed the Accountability Agreement and negotiated changes which are reflected in the agreement found in Appendix A. The AA does include provisions for reporting of and remedies for non-performance, as well as conditions for termination of any programs under the agreement or the agreement itself.

HISTORICAL BACKGROUND (Chronology of events)

The evolution of the Ontario Public Health System has been further detailed in report BOH09004 and is summarized in the April 26, 2010 presentation to the Board of Health on the Ontario Public Health Performance Management System and Organizational Standards.

POLICY IMPLICATIONS

Public Health Services policies and procedures are reviewed annually to ensure compliance with the OPHS, and are in the process of review to ensure compliance with the Accountability Agreement.

RELEVANT CONSULTATION

Legal Services has reviewed the AA, and negotiated changes to the agreement as outlined above.

ANALYSIS / RATIONALE FOR RECOMMENDATION

(include Performance Measurement/Benchmarking Data, if applicable)

Accountability Agreements are one component of a system for ensuring public health programs are designed, managed and governed in a progressive and effective manner. The Agreement builds upon the Terms and Conditions of funding which have been in place between the City and the Province for a number of years, and introduces program metrics about the effectiveness of local public health programs and services. This agreement aligns with the Public Health Services plan to develop an OPHS monitoring system that provides performance measurement data.

During this first year of the agreement, the goal is to establish baseline measures for the indicators included in Schedule D of the AA. Once BOH Baselines are established, the province and the Board of Health will develop Performance Targets for 2012 and 2013

for these indicators and collaborate on “Developmental Indicators” for areas of mutual interest including, but not limited to:

- (i) physical activity;
- (ii) healthy eating and nutrition;
- (iii) child and reproductive health;
- (iv) comprehensive tobacco control; and
- (v) equity.

The province also frequently provides additional one-time and/or on-going funding to local boards of health, and these often have short turn-around times for sign-off. The delegated authority will allow programs and services to more quickly access these funds while continuing to inform the Board of Health of the changes.

ALTERNATIVES FOR CONSIDERATION

(include Financial, Staffing, Legal and Policy Implications and pros and cons for each alternative)

As the Accountability Agreement is a requirement for City Council to continue to act as the Board of Health for the City of Hamilton, no alternatives have been provided.

CORPORATE STRATEGIC PLAN (Linkage to Desired End Results)

As the OPHS, including the Organizational Standard are designed to create an accountable, continuously improving organization with excellence in both program delivery and governance, executing the Accountability Agreement is a commitment to many of the Corporate Strategic Plan goals, including:

Skilled, Innovative & Respectful Organization – the standards help establish a culture of excellence, develop a skilled, adaptive and diverse workforce, promote more innovation, greater teamwork, better client focus, a respectful culture, and effective communication

Financial Sustainability – the agreement aims to set out a framework for financially sustainable, cost-effective public health programs and services, and effective management of capital assets

Effective Inter-governmental Relations – the agreement, once funding is linked to indicators and performance may allow Hamilton to acquire a greater share of Provincial and Federal grants (including those that meet specific needs). The AA also sets out

standards for Service Level Agreements for any portion of the OPHS the Board contracts with other public agencies

Healthy Community - the AA is implemented in part to ensure that all Ontarians have equitable access to public health programs and services without barriers or stigma

APPENDICES / SCHEDULES

Appendix A: Accountability Agreement

THIS Public Health ACCOUNTABILITY AGREEMENT effective as of the first day of January, 2011

B E T W E E N :

**HER MAJESTY THE QUEEN IN RIGHT OF
ONTARIO**
as represented by the Minister of Health and
Long-Term Care and the Minister of Health
Promotion and Sport

(the "Province")

- and -

City of Hamilton

(the "City or Board of Health")

Background:

The Province provides grants to boards of health under the *Health Protection and Promotion Act (Act)* pursuant to section 76 of that Act.

By receiving the grant provided to boards of health under section 76 of the *Act*, each board of health is expected to deliver programs and services that meet the Ontario Public Health Standards and other requirements of the *Act*.

It is acknowledged that boards of health may provide additional programs and services in response to local needs as indicated in the Ontario Public Health Standards published under section 7 of the *Act* and in section 9 of the *Act*. Provincial funding, however, is intended to support those programs that all boards of health are required to provide under the *Act* (and other programs only if specifically authorized by the Ontario Government) and is not intended to cover the potential total scope of public health programming.

Under section 81.2 of the *Act*, the Minister of Health and Long-Term Care may enter into an agreement with the board of health of any health unit for the purpose of setting out requirements for the accountability of the board of health and the management of the health unit.

Consideration:

In consideration of the mutual covenants and agreements contained herein and for other good and valuable consideration, the receipt and sufficiency of which are expressly acknowledged, the Parties agree as follows:

ARTICLE 1 INTERPRETATION AND DEFINITIONS

- 1.1 **Interpretation.** For the purposes of interpretation:
- (a) words in the singular include the plural and vice-versa;
 - (b) words in one gender include all genders;
 - (c) the background and the headings do not form part of the Agreement; they are for reference only and shall not affect the interpretation of the Agreement;
 - (d) any reference to dollars or currency shall be to Canadian dollars and currency; and
 - (e) “include”, “includes” and “including” shall not denote an exhaustive list.

- 1.2 **Definitions.** In this Agreement, the following terms shall have the following meanings:

“**Act**” means the *Health Protection and Promotion Act*.

“**Admissible Expenditures**” are those considered by the Ministries to be reasonable and necessary for boards of health to achieve and/or maintain compliance with the Ontario Public Health Standards, the Organizational Standards, this Agreement, and other requirements of the Act and, as such, are eligible for reimbursement by the Ministries. These expenditures must be authorized in accordance with the policies of the Board of Health, consistent with government policies, and related to the implementation of Organizational Standards and the delivery of mandatory and related programs.

“**Agreement**” means this agreement entered into between the Province and the Board of Health and includes all of the schedules to the agreement listed in section 25.1.

“**Effective Date**” means the date set out at the top of the Agreement.

“**Event of Default**” has the meaning ascribed to it in section 14.1.

“**Funding Year**” means:

- (a) in the case of the first Funding Year, the period commencing on the Effective Date and ending on the following December 31st; and
- (b) in the case of Funding Years subsequent to the first Funding Year, the period commencing on January 1 following the end of the previous Funding Year and ending on the following December 31st.

“**Grant**” means the grant provided to the Board of Health by the Province pursuant to section 76 of the Act and this Accountability Agreement.

“Indemnified Parties” means her Majesty the Queen in right of Ontario, her ministers, agents, appointees and employees.

“Ministers” means Her Majesty the Queen in Right of Ontario as represented by the Minister of Health and Long-Term Care and the Minister of Health Promotion and Sport, and **“Ministries”** shall refer to both ministries. Where necessary in the Schedules to this Agreement to differentiate Programs under the responsibility of each Ministry, MOHLTC is used to describe the Ministry of Health and Long-Term Care, and MHPS is used to describe the Ministry of Health Promotion and Sport.

“Negative Performance Variant” means any of: a) the inability to achieve a result within the range of results for a Performance Indicator as set out in Schedule D; b) any matter that could significantly affect the Board of Health’s ability to achieve a Performance Target as set out in Schedule D; c) non-compliance with any other aspect of the Act, the regulations, the Ontario Public Health Standards, or the Organizational Standards; d) non-compliance with the budget approval and financial reporting processes; or e) any other matter that could significantly affect the Board of Health’s ability to perform its obligations under this Agreement.

“Non-Admissible Expenditures” are those considered by the Ministries to be unrelated to the provision of mandatory and related programs, the Organizational Standards, the requirements of this Agreement, and other requirements of the Act. Examples of expenditures that are not admissible include: sick time and vacation accruals, donations to individuals or organizations, capital fund reserves, and depreciation on capital assets/amortization.

“Notice” means any communication given or required to be given under Agreement, as described in Article 16.

“Notice Period” means the period of time within which the Board of Health is required to remedy an Event of Default, and includes any such period or periods of time by which the Province considers it reasonable to extend that time.

“Ontario Public Health Standards” means the Ontario Public Health Standards published by the Minister of Health and Long-Term Care pursuant to section 7 of the Act.

“Organizational Standards” means the Ontario Public Health Organizational Standards as released by the Ministries on February 18, 2011 or as updated and as provided to the Board of Health.

“Parties” means the Province and the Board of Health.

“Party” means either the Province or the Board of Health.

“Performance Corridor” means the calculated range of results respecting a Performance Target for a Performance Indicator based on the technical variance of the data and other contextual factors.

“Performance Indicator” means a measure of board of health performance for which a Performance Target is set, and to which the Board of Health will be held accountable for achieving results under the terms of this Agreement.

“Performance Target” means a planned result for a Performance Indicator against which actual results can be compared (as further specified in Table A of Schedule D.)

“Positive Performance Variant” means a successful achievement beyond the range of results for a Performance Indicator as set out in Schedule D.

“Program(s)” means:

- a) **Mandatory Program(s):** the health programs and services boards of health must provide to their local communities in accordance with section 5 of the Act and the Ontario Public Health Standards.
- b) **Related Program(s):** the programs described in Schedule “B”.

“Reports” means the reports described in Schedule “C”.

“Tangible Capital Asset” is a physical asset (e.g., building and land, information technology and telecommunications equipment, vehicles, furniture and other equipment) that has a useful life of more than one year and is used on a continuing basis for the delivery of mandatory and related programs.

“Wind-Down Amount” means the amount the Province sets if the Agreement is terminated under sections 12.3(c) or 13.2(c).

ARTICLE 2 REPRESENTATIONS, WARRANTIES AND COVENANTS

2.1 **General.** The Board of Health represents, warrants and covenants that:

- (a) it is, and shall continue to be for the term of the Agreement, a validly existing legal entity with full power to fulfill its obligations under the Agreement;
- (b) unless otherwise provided for in this Agreement, any information the Board of Health provided to the Province in support of its requests for a Grant (including information relating to any eligibility requirements) was true and complete at the time the Board of Health provided it and shall continue to be true and complete for the term of this Agreement, unless otherwise reported in writing by the Board of Health to the Province.

2.2 **Execution of Agreement.** The Board of Health represents and warrants that:

- (a) it has the full power and authority to enter into the Agreement;

- (b) it will fulfill the obligations set out in the Schedules to this Agreement in accordance with their terms;
- (c) it will deliver Programs and services that meet the Ontario Public Health Standards published under section 7 of the Act, and will comply with the Organizational Standards;
- (d) it has taken all necessary actions to authorize the execution of the Agreement including, where required, passing a board resolution or municipal by-law authorizing the Board of Health to enter into the Agreement with the Province.

2.3 **Governance.** The Board of Health represents, warrants and covenants that it has, and shall maintain, in writing, for the period during which the Agreement is in effect:

- (a) procedures to ensure compliance with the Organizational Standards;
- (b) a code of conduct and ethical responsibilities for all persons at all levels of the Board of Health's organization;
- (c) procedures to ensure the ongoing effective functioning of the Board of Health;
- (d) decision-making mechanisms;
- (e) procedures to provide for the prudent and effective management of the Grant;
- (f) procedures to enable the successful completion of the obligations set out in the Schedules to this Agreement;
- (g) procedures to enable the timely identification of risks to the Board of Health's ability to perform its obligations under this Agreement and strategies to address the identified risks;
- (h) procedures to enable the preparation and delivery of all Reports required pursuant to Article 8; and,
- (i) procedures to deal with such other matters as the Board of Health considers necessary to ensure that the Board of Health carries out its obligations under the Agreement.

2.4 **Supporting Documentation.** Upon request, the Board of Health shall provide the Province with proof of the matters referred to in this Article 2.

ARTICLE 3 TERM OF THE AGREEMENT

- 3.1 **Term.** The term of the Agreement shall commence on the Effective Date and shall, subject to section 3.2, expire on **December 31st, 2013** unless terminated earlier pursuant to Article 12, Article 13 or Article 14.
- 3.2 **Agreement to Continue.** The Parties shall negotiate a new, successor agreement to this Agreement to be effective January 1, 2014. Despite section 3.1, this Agreement shall continue according to its terms until such time as a new agreement is agreed to between the Parties, unless terminated earlier pursuant to Article 12, Article 13, or Article 14.
- 3.3 **Application of Schedules during Term.** A schedule, or parts of a schedule, may apply for only part of the Term of this Agreement. Where a schedule, or part of a schedule, applies for only part of the Term of this Agreement, it shall be so indicated in the schedule.
- 3.4 **Amendments to Schedules during Term.** The Parties agree that amendments to the Schedules may be made, on the written consent of both parties, during the Term of this Agreement. Without limiting the generality of the foregoing, the Schedules may be amended to reflect:
- (a) Updated allocations in Schedule A;
 - (b) New policies and guidelines in Schedule B;
 - (c) New reporting requirements in Schedule C; and
 - (d) Updated Performance indicators, baselines, and targets in Schedule D.
- 3.5 **Annual Review of Schedules.** The Parties agree to review the schedules to this Agreement on an annual basis, at the end of each Funding Year, to determine if amendments are appropriate.
- 3.6 **Additional Schedules during Term.** The Parties agree that additional Schedules may be added to this Agreement on the written consent of both parties during the Term of this Agreement.

ARTICLE 4 GRANT

- 4.1 **Grant Provided.** The Province shall:
- (a) provide the Board of Health a Grant for the purpose of carrying out the obligations set out in the Act, the regulations under the Act, the Ontario Public Health Standards, the Organizational Standards, and this Agreement including the Schedules to this Agreement;

- (b) deposit the Grant into an account designated by the Board of Health provided that the account resides at a Canadian financial institution.

4.2 Limitation on Payment of the Grant. Despite section 4.1, the Province:

- (a) is not obligated to provide any Grant to the Board of Health until the Board of Health provides a valid certificate of insurance or other proof as provided for in section 11.2;
- (b) is not obligated to provide instalments of the Grant until it is satisfied with the progress of the obligations set out in this Agreement and the Schedules;
- (c) may adjust the amount of the Grant it provides to the Board of Health in any Funding Year based upon the Province's assessment of the information provided by the Board of Health pursuant to section 8.1;
- (d) if, pursuant to the provisions of the *Financial Administration Act* (Ontario), the Province does not receive the necessary appropriation from the Ontario Legislature for payment under the Agreement, the Province shall not be obligated to make any such payment, and, as a consequence, the Province may:
 - (i) reduce the amount of the Grant; or
 - (ii) terminate the Agreement pursuant to section 13.1 and cease providing Grant funding for a period or periods specified by the Province; and
- (e) may withhold 1% of the bi-weekly Grant payments from the Board of Health which are specified in Schedule A if the Board of Health's complete settlement reports (consisting of Audited Financial Statements, Auditor's Questionnaire with Auditor's Report, and a Certificate of Settlement) are not submitted by the deadline of June 30th of any Funding Year, or such other deadline as the Province specifies in writing, until such time as all the settlement reports are provided.

4.3 Use of Grant Funding. The Board of Health shall:

- (a) use the Grant only for the purposes of the Act and to provide or to ensure the provision of the health programs and services in accordance with sections 4, 5, 6, and 7 of the Act and for the purposes of carrying out the obligations in the Schedules.
- (b) use the Grant only for the provision of the Programs described in this Agreement and the schedules.
- (c) carry out the obligations in the Schedules:
 - (i) in accordance with the terms and conditions of the Agreement; and

- (ii) in compliance with all federal and provincial laws and regulations, all municipal by-laws, and any other orders, rules and by-laws related to any aspect of the Programs.
- (d) Spend the Grant only on Admissible Expenditures.
- 4.4 **User Fees.** As the Province provides Grants for the delivery of public health programs and services, the Board of Health agrees that the Province is eligible to receive its current cost-share percentage of the net revenue from any user fees charged by the Board of Health.
- 4.5 **No Changes.** The Board of Health shall not make any changes to Schedules, the timelines and/or the use of the Grant without the prior written consent of the Province.
- 4.6 **Interest Bearing Account.** If the Province provides the Grant to the Board of Health prior to the Board of Health's immediate need for the Grant, the Board of Health shall place the Grant in an interest bearing account in the name of the Board of Health at a Canadian financial institution.
- 4.7 **Interest.** If the Board of Health earns any interest on the Grant, it must be reported. If interest income is not reported in the manner specified by the Province, 1% of the Board of Health's cash flow may be withheld through future payments.
- 4.8 **No Interest Payable by Province.** The Board of Health agrees that the Province shall not pay interest on any amount to which the Board of Health may otherwise be entitled under this Agreement.
- 4.9 **Rebates, Credits and the Grant.** The Board of Health shall not use the Grant for any costs, including taxes, for which it has received, will receive, or is eligible to receive, a rebate, credit or refund.

ARTICLE 5 PERFORMANCE IMPROVEMENT

- 5.1 **Performance Improvement.** The Parties agree to adopt a proactive and responsive approach to performance improvement ("Performance Improvement Process"), based on the following principles:
 - (a) a commitment to continuous quality improvement;
 - (b) a culture of information sharing and understanding; and
 - (c) a focus on risk-management.

- 5.2 **Performance Obligations.** The Board of Health shall use best efforts to achieve agreed upon Performance Targets within the established Performance Corridors for the Performance Indicators specified in Schedule “D”.
- 5.3 **Elements of Performance Improvement Process.** The Board of Health’s Performance Improvement Process shall include, but is not limited to:
- (a) Measuring the Board of Health’s performance according to Performance Indicators set out in Schedule D; and
 - (b) The use of continuous quality improvement tools including, but not limited to those specified in sections 5.4, 5.5, and 5.6.
- 5.4 **Negative Performance Variant Reports.** If a Negative Performance Variant is identified by either the Province or Board of Health, the Board of Health shall immediately submit in writing a Negative Performance Variant Report to the Province which shall include:
- (a) a description of the Negative Performance Variant;
 - (b) the cause of the Negative Performance Variant;
 - (c) an assessment of the impact of the Negative Performance Variant on achieving the obligations set out in this Agreement; and
 - (d) a description of how the Board of Health plans to resolve the Negative Performance Variant and the timeline within which the Board of Health expects to resolve it.
- 5.5 **Positive Performance Variant Reports.** If a Positive Performance Variant is identified by either the Province or Board of Health, the Board of Health may be asked to submit in writing a Positive Performance Variant Report to the Province which shall include:
- (a) a description of the Positive Performance Variant and contributing success factor(s);
 - (b) an assessment of the lessons learned; and
 - (c) a description of how the Board of Health plans to maintain or enhance success.
- 5.6 **Action Plan.** The Province may request in writing, either before or after a Negative Performance Variant Report(s) specified in section 5.4, that the Board of Health submit an Action Plan to address the Negative Performance Variant. The Action Plan shall describe:
- (a) the remedial actions undertaken (or planned to be undertaken) by the Board of Health;
 - (b) the time frame when the remedial action are expected to be completed;

- 5.7 **Approval of Action Plan.** The Action Plan must be approved by both the Province and the Board of Health prior to its implementation. Any revisions to the Action Plan also require the approval of both the Province and the Board of Health.
- 5.8 **Province Right to Request Information.** The Province may request additional data or information, or may request meetings with the Board of Health to support performance improvement as specified in this Article.

ARTICLE 6 ACQUISITION OF GOODS AND SERVICES, AND DISPOSAL OF ASSETS

- 6.1 **Acquisition.** If the Board of Health acquires supplies, equipment or services with the Grant, it shall do so through a process that promotes the best value for money. All procurement of goods and services should be consistent with the Organizational Standards, good procurement practices, and applicable government directives.
- 6.2 **Asset Management.** The Board of Health shall maintain an inventory of all Tangible Capital Assets developed or acquired with a value exceeding \$5,000 or a value determined locally that is appropriate under the circumstances.
- 6.3 **Disposal.** The Board of Health shall not, without the Province's prior written consent, sell, lease or otherwise dispose of any asset purchased with the Grant or for which the Grant was provided, the cost of which exceeded \$100,000 at the time of purchase.

ARTICLE 7 CONFLICT OF INTEREST

- 7.1 **No Conflict of Interest with use of the Grant.** The Board of Health shall carry out the obligations set out in this Agreement and use the Grant without an actual, potential or perceived conflict of interest. Note: nothing in this agreement applies to any other local or municipal conflict of interest not dealing with the use of the Grant.
- 7.2 **Conflict of Interest Includes.** For the purposes of this Article, a conflict of interest includes any circumstances where:
- (a) the Board of Health; or
 - (b) any person who has the capacity to influence the Board of Health's decisions,

has outside commitments, relationships or financial interests that could, or could be seen to, interfere with the Board of Health's objective, unbiased and impartial

judgment relating to its obligations under this Agreement and the use of the Grant.

7.3 Disclosure to Province. The Board of Health shall:

- (a) disclose to the Province, without delay, any situation that a reasonable person would interpret as either an actual, potential or perceived conflict of interest; and
- (b) comply with any terms and conditions that the Province may prescribe as a result of the disclosure. Note that the Province may determine that no further action is required if it determines that the conflict has been adequately addressed in accordance with the Board of Health conflict of interest policies.

ARTICLE 8 REPORTING, ACCOUNTING AND REVIEW

8.1 Preparation and Submission. The Board of Health shall:

- (a) submit to the Province at the address provided in section 16.1 or at any other address specified by the Province, all Reports in accordance with the timelines and content requirements set out in Schedule "C".
- (b) submit to the Province at the address provided in section 16.1, or at any other address specified by the Province, any other reports requested by the Province in accordance with the timelines and content requirements specified by the Province;
- (c) ensure that all Reports and other reports are completed to the satisfaction of the Province; and
- (d) ensure that all Reports and other reports are signed on behalf of the Board of Health by an authorized signing officer.

8.2 Record Maintenance. The Board of Health shall keep and maintain:

- (a) all financial records (including invoices) relating to the Grant in a manner consistent with generally accepted accounting principles for a period of not less than seven (7) years; and
- (b) all non-financial documents and records relating to the Grant or otherwise in connection with Article 5 (Performance Improvement) and the Schedules in accordance with applicable law and Board of Health policies.

8.3 Inspection. The Province, its authorized representatives or an independent auditor identified by the Province may, at its own expense, upon twenty-four hours' Notice to the Board of Health and during normal business hours, enter

- upon the Board of Health's premises to review the Board of Health's expenditure of the Grant and/or assess compliance with Article 5 (Performance Improvement), for these purposes, the Province, its authorized representatives or an independent auditor identified by the Province may:
- (a) inspect and copy the records and documents referred to in section 8.2; and
 - (b) conduct an audit or investigation of the Board of Health in respect of the expenditure of the Grant, or compliance with Article 5 (Performance Improvement).
- 8.4 **Assessment.** The Province may carry out an assessment of the Board of Health under section 82 of the Act if the legal requirements for an assessment under that section have been met. An assessment may be conducted under the terms of that section irrespective of whether or not an inspection is conducted under section 8.3 of this Agreement.
- 8.5 **Disclosure.** To assist in respect of the rights set out in section 8.3, the Board of Health shall disclose any information requested by the Province, its authorized representatives or an independent auditor identified by the Province, and shall do so in a form requested by the Province, its authorized representatives or an independent auditor identified by the Province, as the case may be, subject to applicable law.
- 8.6 **No Control of Records.** No provision of the Agreement shall be construed so as to give the Province any control whatsoever over the Board of Health's records.
- 8.7 **Auditor General.** For greater certainty, the Province's rights under this Article are in addition to any rights provided to the Auditor General pursuant to section 9.1 of the *Auditor General Act* (Ontario) and under the *Audit Statute Law Amendment Act*

ARTICLE 9 FREEDOM OF INFORMATION AND PROTECTION OF PRIVACY

- 9.1 **FIPPA.** The Board of Health acknowledges that the Province is bound by the *Freedom of Information and Protection of Privacy Act* (Ontario) (FIPPA) and that any information provided to the Province in connection with the Agreement may be subject to disclosure in accordance with FIPPA.
- 9.2 **MFIPPA.** The Province acknowledges that the Board of Health is bound by the *Municipal Freedom of Information and Protection of Privacy Act* (Ontario) (MFIPPA) and that any information provided to the Board of Health in connection with the Agreement may be subject to disclosure in accordance with MFIPPA.
- 9.3 **Confidentiality of records.** The Board of Health shall ensure that all personal information or personal health information in its custody or under its control is

managed in accordance with the provisions of the Act and its regulations, the *Municipal Freedom of Information and Protection of Privacy Act* and its regulations, the *Personal Health Information Protection Act* and any other applicable legislation.

ARTICLE 10 INDEMNITY

- 10.1 **Indemnification.** The Board of Health hereby agrees to indemnify and hold harmless the Indemnified Parties from and against any and all liability, loss, costs, damages and expenses (including legal, expert and consultant fees), causes of action, actions, claims, demands, lawsuits or other proceedings, by whomever made, sustained, incurred, brought or prosecuted, in any way arising out of or in connection with the Programs or otherwise in connection with the Agreement, unless solely caused by the negligence or wilful misconduct of the Province.

ARTICLE 11 INSURANCE

- 11.1 **Board of Health's Insurance.** The Board of Health represents and warrants that it has, and shall maintain for the term of the Agreement, at its own cost and expense, with insurers having a secure A.M. Best rating of B+ or greater, or the equivalent, all the necessary and appropriate insurance that a prudent person carrying out programs and services similar to the programs and services covered by this Agreement would maintain, including commercial general liability insurance on an occurrence basis for third party bodily injury, personal injury and property damage, to an inclusive limit of not less than two million dollars (\$2,000,000) per occurrence. The policy shall include the following:
- (a) the Indemnified Parties as additional insureds with respect to liability arising in the course of performance of the Board of Health's obligations under, or otherwise in connection with, the Agreement;
 - (b) a cross-liability clause;
 - (c) contractual liability coverage; and
 - (d) a 30 day written notice of cancellation, termination or material change.
- 11.2 **Proof of Insurance.** The Board of Health shall provide the Province with proof of insurance in the form of a valid certificate of insurance that confirms the insurance coverage as required in section 11.1. The Board of Health shall provide a copy of the certificate of insurance to the Province prior to the receipt of Grant funding under this Agreement.

ARTICLE 12 TERMINATION ON NOTICE

- 12.1 **Termination on Notice.** The Province may terminate the Agreement at any time upon giving at least 120 days Notice to the Board of Health.
- 12.2 **Termination of Specific Program.** Despite section 12.1, the Province may terminate any Program that is funded by a Grant under this Agreement with 120 days Notice. If a Program funded by a Grant under this Agreement terminates for any reason, the parties agree to amend the Agreement and Schedules to incorporate any necessary changes to the Agreement.
- 12.3 **Consequences of Termination on Notice by the Province.** If the Province terminates the Agreement pursuant to section 12.1, the Province may:
- (a) cancel all further instalments of the Grant;
 - (b) demand the repayment of any Grant remaining in the possession or under the control of the Board of Health; and/or
 - (c) assist the Board of Health to wind down the Program, project, or other initiative purchased with the Grant, set the Wind-Down Amount; and
 - (i) permit the Board of Health to offset the Wind-Down Amount against any Grant amount remaining in the possession or under the control of the Board of Health; and/or
 - (ii) subject to section 4.7, provide the Grant to the Board of Health to cover the Wind-Down Amount.

ARTICLE 13 TERMINATION WHERE NO APPROPRIATION

- 13.1 **Termination Where No Appropriation.** If, as provided for in section 4.2(d), the Province does not receive the necessary appropriation from the Ontario Legislature for any payment the Province is to make under the Agreement, the Province may terminate the Agreement immediately by giving Notice to the Board of Health.
- 13.2 **Consequences of Termination Where No Appropriation.** If the Province terminates the Agreement pursuant to section 13.1, the Province may:
- (a) cancel all further instalments of the Grant;
 - (b) demand the repayment of any Grant funds remaining in the possession or under the control of the Board of Health; and/or

- (c) to assist the Board of Health to wind down a Program, project or other initiative purchased with the Grant, set the Wind-Down Amount, and permit the Board of Health to offset such Wind-Down Amount against the amount owing pursuant to section 13.2(b).

13.3 **No Additional Grant Funding.** For purposes of clarity, if the Wind-Down Amount exceeds the Grant remaining in the possession or under the control of the Board of Health, the Province shall not be required to provide additional Grant funding to the Board of Health.

ARTICLE 14

EVENT OF DEFAULT, CORRECTIVE ACTION AND TERMINATION FOR DEFAULT

14.1 **Events of Default.** Each of the following events may constitute at the sole option of the Province an Event of Default:

- (a) the Board of Health breaches any representation, warranty, covenant or other material term of the Agreement, including failing to do any of the following in accordance with the terms and conditions of the Agreement:
 - (i) carry out its obligations in the Schedules;
 - (ii) use or spend the Grant; and/or
 - (iii) provide, in accordance with section 8.1, Reports or such other reports as may have been requested pursuant to section 8.1(b);
- (b) the Board of Health's operations, or its organizational structure, changes so that it no longer meets one or more of the applicable eligibility requirements of the Program under which the Province provides the Grant; and,
- (c) the Board of Health ceases to operate, is merged or otherwise dissolved.

14.2 **Consequences of Events of Default and Corrective Action.** If an Event of Default occurs, the Province may, at any time, take one or more of the following actions:

- (a) initiate any action the Province considers necessary in order to facilitate the successful continuation or completion of the Board of Health's obligations under this Agreement;
- (b) provide the Board of Health with an opportunity to remedy the Event of Default;
- (c) suspend the payment of the Grant for such period as the Province determines appropriate;
- (d) reduce the amount of the Grant;

- (e) cancel all further installments of the Grant;
- (f) demand the repayment of any amounts of the Grant remaining in the possession or under the control of the Board of Health that is not already promised by legal agreement that the Board of Health has with another person;
- (g) demand the repayment of an amount equal to any Grant the Board of Health used for purposes not agreed upon by the Province;
- (h) demand the repayment of an amount equal to any Grant the Province provided to the Board of Health; and/or
- (i) terminate the Agreement at any time, including immediately, upon giving Notice to the Board of Health.

14.3 **Opportunity to Remedy.** If, in accordance with section 14.2(b), the Province provides the Board of Health an opportunity to remedy the Event of Default, it shall provide Notice to the Board of Health of:

- (a) the particulars of the Event of Default; and
- (b) the Notice Period.

14.4 **Board of Health not Remediating.** If the Province has provided the Board of Health with an opportunity to remedy the Event of Default pursuant to section 14.2(b), and:

- (a) the Board of Health does not remedy the Event of Default within the Notice Period;
- (b) it becomes apparent to the Province that the Board of Health cannot completely remedy the Event of Default within the Notice Period; or
- (c) the Board of Health is not proceeding to remedy the Event of Default in a way that is satisfactory to the Province,

the Province may extend the Notice Period, or initiate any one or more of the actions provided for in sections 14.2 (a), (c), (d), (e), (f), (g), (h) and (i).

14.5 **When Termination Effective.** Termination under this Article shall take effect as set out in the Notice.

14.6 **Ministry's Rights under the Act maintained.** Nothing in this Agreement shall limit the Province's or the Chief Medical Officer of Health's rights under section 82 of the Act to conduct an assessment of the Board of Health if the conditions under that section are met.

ARTICLE 15 RETURN OF THE GRANT

- 15.1 **Return of The Grant.** If the Province requests in writing the repayment of the whole or any part of the Grant; due, for example, to an Event of Default; the amount requested shall be deemed to be a debt due and owing to the Province and the Board of Health shall pay the amount immediately.
- 15.2 **Method of Return.** The Province may recover the Grant requested in section 15.1 through a cash-flow adjustment. If a cash-flow adjustment is not possible, the Board of Health shall repay the amount payable by cheque payable to the Minister of Finance and mailed to the Province at the address set out in the Province's request for repayment.
- 15.3 **Interest on the Grant Payable.** The Province reserves the right to demand interest on any amount owing by the Board of Health at the then current rate charged by the Province on accounts receivable. Interest shall accrue 30 days after Notice has been provided under section 15.1 for repayment of the Grant.
- 15.4 **Unused Grant.** The Board of Health agrees that it shall report to the Province in writing any part of the Grant that has not been used or accounted for by the Board of Health, either 30 days prior to the end of the Funding Year, in the quarterly reports, or in a report provided as soon thereafter as possible, and when the amount of the unused Grant is known.
- 15.5 **Carry Over of Grant Not Permitted.** The Board of Health is not permitted to carry over the Grant from one calendar year to the next, unless pre-authorized in writing by the Province.
- 15.6 **Return of Unused Grant.** Without limiting any rights of the Province under Article 13, or sections 15.1 or 15.2, if the Board of Health has not spent all of the Grant allocated for the Funding Year as provided for in the Schedules, the Province may:
- (a) demand the return of the unspent Grant; or
 - (b) adjust the amount of any further instalments of the Grant accordingly.

ARTICLE 16 NOTICE

- 16.1 **Notice in Writing and Addressed.** Notice shall be in writing and shall be delivered by e-mail, postage-prepaid mail, personal delivery or facsimile, and shall be addressed to the Province and the Board of Health respectively as set out below or as either Party later designates to the other by Notice:

To the Province:

Ministry of Health and Long-Term Care and
Ministry of Health Promotion and Sport

393 University Ave., Suite 2100
Toronto ON M7A 2S1

Attention:

Sylvia Shedden
Director, Public Health Standards, Practice
and Accountability Branch

Fax: 416-314-7078
E-mail: sylvia.shedden@ontario.ca

To the Board of Health:

City of Hamilton – Board of Health

1 Hughson Street North, 4th Floor
Hamilton ON L8R 3L5

Attention:

Dr. Elizabeth Richardson
Medical Officer of Health

Fax: 905-546-4075
E-mail: elizabeth.richardson@hamilton.ca

16.2 **Notice Given.** Notice shall be deemed to have been received:

- (a) in the case of postage-prepaid mail, seven days after a Party mails the Notice; or
- (b) in the case of e-mail, personal delivery or facsimile, at the time the other Party receives the Notice.

16.3 **Postal Disruption.** Despite section 16.2(a), in the event of a postal disruption:

- (a) Notice by postage-prepaid mail shall not be deemed to be received; and
- (b) the Party giving Notice shall provide Notice by personal delivery, by facsimile, or by e-mail.

**ARTICLE 17
CONSENT BY PROVINCE**

17.1 **Consent.** The Province may impose any terms and conditions on any consent the Province may grant pursuant to the Agreement.

**ARTICLE 18
SEVERABILITY OF PROVISIONS**

18.1 **Invalidity or Unenforceability of Any Provision.** The invalidity or unenforceability of any provision of the Agreement shall not affect the validity or enforceability of any other provision of the Agreement. Any invalid or unenforceable provision shall be deemed to be severed.

ARTICLE 19 WAIVER

- 19.1 **Waivers in Writing.** If a Party fails to comply with any term of the Agreement, that Party may only rely on a waiver of the other Party if the other Party has provided a written waiver in accordance with the Notice provisions in Article 16. Any waiver must refer to a specific failure to comply and shall not have the effect of waiving any subsequent failures to comply.

ARTICLE 20 INDEPENDENT PARTIES

- 20.1 **Parties Independent.** The Board of Health acknowledges that it is not an agent, joint venturer, partner or employee of the Province, and the Board of Health shall not take any actions that could establish or imply such a relationship.

ARTICLE 21 ASSIGNMENT OF AGREEMENT OR THE GRANT

- 21.1 **No Assignment.** The Board of Health shall not assign any part of the Agreement or the Grant without the prior written consent of the Province.
- 21.2 **Agreement to Extend.** All rights and obligations contained in the Agreement shall extend to and be binding on the Parties' respective heirs, executors, administrators, successors and permitted assigns.

ARTICLE 22 GOVERNING LAW

- 22.1 **Governing Law.** The Agreement and the rights, obligations and relations of the Parties shall be governed by and construed in accordance with the laws of the Province of Ontario and the applicable federal laws of Canada. Any actions or proceedings arising in connection with the Agreement shall be conducted in Ontario.
- 22.2 **Conflicts - Ontario.** In the event of a conflict between this Agreement and the Ontario Public Health Standards, the Organizational Standards or the Act or its regulations, the Ontario Public Health Standards, Organizational Standards or the Act or its regulations prevail.
- 22.3 **Conflicts – Municipal.** In the event of a conflict between any requirement of this Agreement and any municipal or local requirement at law to which the Board of Health is subject, the Board of Health shall comply with the stricter requirement.

ARTICLE 23 FURTHER ASSURANCES

- 23.1 **Agreement into Effect.** The Parties shall do or cause to be done all acts or things necessary to implement and carry into effect the terms and conditions of the Agreement to its full extent.

ARTICLE 24 SURVIVAL

- 24.1 **Survival.** The provisions in Article 1, Article 4, Article 5, 8.1 (to the extent that the Board of Health has not provided the Reports or other reports to the satisfaction of the Province), 8.2, 8.3, 8.4, 8.5, 8.6, 8.7, Articles 9, 10 and 11, sections 13.2, 14.2, 14.3, 14.4, Articles 15, 18, 19, 21, 26, 27, 28, and all applicable Definitions, cross-referenced provisions and schedules shall continue in full force and effect for a period of seven years from the date of expiry or termination of the Agreement.

ARTICLE 25 SCHEDULES

- 25.1 **Schedules.** The Agreement includes the following schedules:
- (a) Schedule “A” – Program-Based Grants;
 - (b) Schedule “B” – Related Program Policies and Guidelines;
 - (c) Schedule “C” – Reporting Requirements.
 - (d) Schedule “D” – Board of Health Performance
- 25.2 **Purpose of Schedules.** The purpose of the schedules under the Agreement is to:
- (a) Specify the Grant to be allocated from the Province to the Board of Health to deliver Programs and services that meet the Ontario Public Health Standards, and other requirements of the Act, and the Organizational Standards;
 - (b) Provide the Board of Health with further information on expectations related to the Grant;
 - (c) Improve and strengthen the Province’s ability to effectively analyze the Board of Health’s expenditures and ensure accountability for the use of the Grant; and,

- (d) Contribute to a public health sector with a greater focus on performance improvement, accountability and sustainability.

ARTICLE 26 COUNTERPARTS

- 26.1 **Counterparts.** The Agreement may be executed in any number of counterparts, each of which shall be deemed an original, but all of which together shall constitute one and the same instrument.

ARTICLE 27 JOINT AND SEVERAL LIABILITY

- 27.1 **Joint and Several Liability.** Where the Board of Health is comprised of more than one entity, all such entities shall be jointly and severally liable to the Province for the fulfillment of the obligations of the Board of Health under the Agreement.

**ARTICLE 28
ENTIRE AGREEMENT**

- 28.1 **Entire Agreement.** The Agreement constitutes the entire agreement between the Parties with respect to the subject matter contained in the Agreement and supersedes all prior oral or written representations and agreements.
- 28.2 **Modification of Agreement.** The Agreement may only be amended by a written agreement duly executed by the Parties.

The Parties have executed the Agreement on the dates set out below.

HER MAJESTY THE QUEEN IN RIGHT OF ONTARIO
as represented by the Minister of **Health and Long-Term Care**

Name: _____ Date _____
Title: _____

HER MAJESTY THE QUEEN IN RIGHT OF ONTARIO
as represented by the Minister of **Health Promotion and Sport**

Name _____ Date _____
Title: _____

City of Hamilton

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

Dr. Elizabeth Richardson _____ Date _____
Medical Officer of Health

Name: _____ Date _____
Position: _____

SCHEDULE A

PROGRAM-BASED GRANTS

City of Hamilton

Base Funding		2011 Approved Allocation
Mandatory Programs (75%)		\$22,103,873
Children In Need Of Treatment (CINOT) Expansion Program (75%)		\$199,954
Enhanced Food Safety – Haines Initiative (100%) (1)		\$58,694
Enhanced Safe Water Initiative (100%) (1)		\$31,674
Healthy Smiles Ontario Program (100%)		\$1,450,143
Infection Prevention and Control Nurses Initiative (100%)	# of FTEs	1.00
Infectious Diseases Control Initiative (100%)	# of FTEs	10.00
Needle Exchange Program Initiative (100%) (1)		\$47,109
Public Health Awareness Initiatives: Infection Prevention and Control Week (100%)		\$8,000
Public Health Nurses Initiative (100%) (2)	# of FTEs	2.00
Small Drinking Water Systems Program (100%)		\$25,625
Unorganized Territories (100%)		-
Vector-Borne Diseases Program (75%)		\$756,838
Sub-Total		\$26,047,986

One-Time Funding		2011 Approved Allocation
Smoke-Free Outdoor Recreation Areas By-law (75%)		\$74,443
Bed Bugs (100%) (3)		\$234,254
Healthy Smiles Ontario – Capital (100%) (4)		\$105,800
Small Drinking Water Systems (100%)		\$26,400
Sub-Total		\$440,897

Total		\$26,488,883
--------------	--	---------------------

- (1) Base Funding is pro-rated for the 9 month period of April 1, 2011 to December 31, 2011.**
- (2) To receive funding for the Public Health Nurses Initiative, boards of health are required to provide proof of offer of employment, which should not include any personal or identifiable information related to the nurse recruit.**
- (3) One-time funding is approved for the 12 month period of April 1, 2011 to March 31, 2012.**
- (4) One-time funding is approved for the 9 month period of April 1, 2011 to December 31, 2011.**

SCHEDULE B

RELATED PROGRAM POLICIES AND GUIDELINES

BASE FUNDING:

B1. CINOT Expansion Program (MHPS)

The CINOT Expansion Program provides coverage for basic dental care for children 14 through 17 years in addition to general anaesthetic coverage for children 5 through 13 years. Boards of health must be in compliance with the Ontario Public Health Standards and the CINOT Protocol.

Boards of health must use the Oral Health Information Support System (OHISS) application to process all CINOT Expansion claims. Financial report data should align with expenditures as recorded in OHISS and reflected in Age Profile and Procedure Code Profile Reports for the period January 1st through December 31st.

Boards of health will not be permitted to transfer any projected CINOT Expansion Program surplus to their CINOT 0-13 year old budget.

B2. Enhanced Food Safety – Haines Initiative (MOHLTC)

The Enhanced Food Safety – Haines Initiative was established to augment a board of health's capacity to deliver the Food Safety Program as a result of the Provincial Government's response to Justice Haines' recommendations in his report "Farm to Fork: A Strategy for Meat Safety in Ontario".

Base funding for this initiative must be used for the sole purpose of implementing the Food Safety Program Standard. Eligible expenses include such activities as: hiring staff, delivering additional food-handler training courses, providing public education materials, and program evaluation. Funded projects/activities must be over and above the level of activities underway or planned based on existing mandatory programs base funding.

B3. Enhanced Safe Water Initiative (MOHLTC)

Base funding for this initiative must be used for the sole purpose of increasing the Board of Health's capacity to meet the requirements of the Safe Water Program Standard. Funded projects/activities must be over and above the level of activities underway or planned based on existing mandatory programs base funding.

B4. Healthy Smiles Ontario Program (MOHLTC)

Base funding for the Healthy Smiles Ontario (HSO) Program may only be used for costs associated with the HSO Program in accordance with the following conditions:

1. Base funds may only be used for ongoing day-to-day expenses associated with delivering services under the HSO Program in accordance with the HSO Capital and Operational Funding Policy Guideline, unless otherwise approved by the MOHLTC.

2. Boards of Health must use the Oral Health Information Support System (OHISS) to administer the HSO Program.
3. Boards of health must enter into Service Level Agreements with any organization they partner with for purposes of delivering the HSO Program. The Service Level Agreement must set out clear performance expectations and ensure accountability for public funds. For greater certainty, this condition also applies where a board of health may be providing funding for capital improvements to partnering organizations.
4. Any significant changes to the MOHLTC-approved HSO business model, including changes to plans, partnerships, or processes, or otherwise as outlined in the board of health's MOHLTC-approved business case and supporting documents must be approved by the MOHLTC before being implemented.
5. Any contract or subcontract entered into by the board of health for the purposes of implementing the HSO Program must be conducted according to relevant municipal procurement guidelines.

B5. Infection Prevention and Control Nurses Initiative (MOHLTC)

The Infection Prevention and Control Nurses Initiative was established to support one additional FTE Infection Prevention and Control Nurse for every board of health in the province.

Base funding for the initiative must be used for the creation of additional hours of nursing service (FTE) and for nursing salaries/benefits and cannot be used to support operating or education costs. The applicant must have a nursing designation (Registered Nurse, Registered Practical Nurse, or Registered Nurse in the Extended Class), and must have or is committed to obtaining a Certification in Infection Control within three (3) years of beginning of employment.

The majority of the Infection Prevention and Control Nurses time must be spent on infection prevention and control activities. Boards of health are required to maintain this position as part of baseline nursing staffing levels.

B6. Infectious Diseases Control Initiative (180 FTEs) (MOHLTC)

Boards of health are required to remain within both the funding levels and the number of FTE positions approved by the Ministry.

Base funding for this initiative must be used solely for the purpose of hiring and supporting staff (e.g. recruitment, salaries/benefits, accommodations, program management, supplies and equipment, other directly related costs) to monitor and control infectious diseases, and enhance a board of health's ability to handle and coordinate increased activities related to outbreak management.

Staff funded through the Infectious Diseases Control Initiative is required to be available for redeployment, when requested by the Ministry, to assist other boards of health with managing outbreaks and to increase the system's surge capacity.

B7. Needle Exchange Program Initiative (MOHLTC)

Base funding for this initiative must be used for the purchase of needles and syringes, and their associated disposal costs, for the Boards of Health's Needle Exchange Program.

B8. Public Health Awareness Initiatives (MOHLTC)

Infection Prevention and Control Week

Infection Prevention and Control Week occurs annually during the third week of October.

Base funding for this initiative must be used for development, purchasing, and distribution of materials, and/or educational sessions to promote educational awareness during Infection Prevention and Control Week.

Expected outcomes include: increased public awareness of infection prevention and control principles; increased knowledge of infection prevention and control practices for service providers; and improved health of Ontarians. Appropriate use of funds include, but are not limited to: conducting public education sessions; honorarium for a speaker; creation and development of teaching aids and promotional items (e.g. fact sheets, pamphlets, etc.); distributing educational resources; media releases/articles, and poster displays to raise awareness in different settings.

Funds are not to be used for staff salaries and benefits, staff education (e.g. attendance at a conference) and for payment of staff professional fees/dues.

B9. Public Health Nurses Initiative (MOHLTC)

The Public Health Nurses Initiative was established to support two new FTE public health nursing positions for each board of health as part of the 9,000 Nurses Commitment.

Public health nurses with specific knowledge and expertise will provide enhanced supports to address the program and service needs of priority populations impacted most negatively by the social determinants of health in the Board of Health area.

Boards of health are required to adhere to the following: base funding for this program must be used for the creation of additional hours of nursing service (FTEs); boards of health must commit to maintaining baseline nurse staffing levels and creating two new public health nursing FTEs above this baseline; base funding is for public health nursing salaries and benefits only and cannot be used to support operating or education costs; and, boards of health must commit to maintenance of, and gains towards, the 70% full-employment target for nurses. The applicant must be a registered nurse and must have or be committed to obtaining the qualifications of a public health nurse as specified under the Act.

To receive base funding for these positions, boards of health are required to sign back agreeing to the terms and conditions of the funding and provide proof of offer of employment including starting salary level and benefits for each FTE (per the March 10, 2011 administrative letter).

B10. Small Drinking Water Systems Program (MOHLTC)

Base funding for this program must be used for eligible start-up costs, including: salaries, wages and benefits to support the public health inspector resources to conduct initial and ongoing site-specific risk assessments of all small drinking waters systems; ongoing office accommodation costs; transportation and communication costs; and supplies and equipment.

Please note that the ongoing Small Drinking Water Systems Program funding allocation (cost-shared on a 75% provincial / 25% municipal basis) will be determined once the initial risk assessments have been completed by December 31, 2011.

B11. Unorganized Territories (MOHLTC)

Base funding must be used for the delivery of mandatory programs in Unorganized Territories (areas without municipal organization).

B12. Vector-Borne Diseases Program (MOHLTC)

The Vector-Borne Diseases Program focuses on all reportable and communicable vector-borne diseases and outbreaks of vector-borne diseases, which include, but are not limited to, West Nile virus and Lyme Disease.

ONE-TIME FUNDING:

B13. Mandatory Programs (MOHLTC and MHPS)

One-time funding may be provided to boards of health for projects related to the delivery of mandatory programs. The following projects have been approved for one-time funding:

Smoke-Free Outdoor Recreation Areas By-law

One-time funding must be used to support a media campaign to increase awareness of the Smoke-Free Outdoor Recreation by-law and understanding of the rationale for the by-law, and signage in parks creating awareness of the Smoke-Free Outdoor Recreation Areas by-law.

B14. Bed Bugs Initiative (MOHLTC)

One-time funding for the Bed Bugs Initiative was established to support local efforts aimed at preventing and controlling bed bug infestations.

One-time funding for this initiative must align with the activities and services detailed in the board of health's application for funding. One-time funding is intended to support activities in one or both of the following streams; (a) education and outreach to the public and stakeholders to enhance awareness and knowledge in the identification, prevention and control of bed bug infestations, and/or (b) supports to vulnerable populations (e.g. individuals with physical, mental health, or addiction issues; people living in poverty; the under-housed or homeless, or frail elderly) impacted most negatively by bed bug infestations. The board of health is also expected to collect data on the degree of

infestations, and the populations and settings most impacted by bed bug infestations in their area. Reporting of this data to the province will allow for assessment of the scope of the bed bug issue in the province and the effectiveness of implemented interventions.

Ineligible activities/items as part of this one-time funding include: translation costs for communication resources and materials; costs associated with the creation of communication resources and materials already available for use and customization by health units at www.bedbugsinfo.ca; office supplies and IT equipment such as laptops; any funding identified only as “miscellaneous” or as “other items”; and costs associated with the replacement, depreciation or repair of bed bug related equipment (e.g. monitoring equipment such as the Night Watch).

For further details regarding conditions of this one-time funding, please refer to the funding letter dated April 28, 2011 which outlines the accountability and administrative details for the bed bugs initiative.

B15. Healthy Smiles Ontario - Capital (MOHLTC)

One-time capital funds may only be used for the purchase of program dental equipment, necessary leasehold improvements and/or mobile dental clinics for development or expansion of community dental infrastructure. Funds may only be used in accordance with the HSO Capital and Operational Funding Policy Guideline, unless otherwise approved by the MOHLTC. Any changes to the MOHLTC-approved business case must be approved by the MOHLTC before being implemented.

Boards of health must enter into Service Level Agreements with any organization they partner with for purposes of delivering the HSO program. The Service Level Agreement must set out clear performance expectations and ensure accountability for public funds. For greater certainty, this condition also applies where a board of health may be providing funding for capital improvements to partnering organizations.

Any contract or subcontract entered into by the board of health for the purposes of implementing the HSO Program must be conducted according to relevant municipal procurement guidelines.

B16. Small Drinking Water Systems Program (MOHLTC)

One-time funding for this program must be used for eligible start-up costs, including: salaries, wages and benefits to support the public health inspector resources to conduct initial and ongoing site-specific risk assessments of all small drinking waters systems; ongoing office accommodation costs; transportation and communication costs; and supplies and equipment.

OTHER:

B17. Vaccine Programs (MOHLTC)

Funding on a per dose basis will be provided to boards of health for the administration of the following vaccines:

Influenza

The MOHLTC will continue to pay \$5.00/dose for the administration of the influenza vaccine. In order to claim the Universal Influenza Immunization Program administration fee, boards of health are required to submit, as part of quarterly reports, the number of doses administered. Reimbursement by the MOHLTC will be made on a quarterly basis based on the information.

Meningococcal

The MOHLTC will continue to pay \$8.50/dose for the administration of the meningococcal vaccine. In order to claim the meningococcal vaccine administration fee, boards of health are required to submit, as part of quarterly reports, the number of doses administered. Reimbursement by the MOHLTC will be made on a quarterly basis based on the information.

Human Papilloma Virus (HPV)

The MOHLTC will continue to pay \$8.50/dose for the administration of the HPV vaccine. In order to claim the HPV vaccine administration fee, boards of health are required to submit, as part of quarterly reports, the number of doses administered. Reimbursement by the MOHLTC will be made on a quarterly basis based on the information.

SCHEDULE C

REPORTING REQUIREMENTS

The Board of Health is required to provide the following reports/information in accordance with the direction provided in writing by the Province:

ONGOING REPORTING REQUIREMENTS			
Due Date	Description of Item	From	To
January 31	4 th Quarter Financial Report (to December 31)	BOH	MOHLTC
January 31	Project Report for Public Health Nurses Initiative ¹	BOH	MOHLTC
February 28	CINOT Expansion Budget Request	BOH	MHPS
April 01	Program-Based Grants Budget Request	BOH	MOHLTC
April 01	Valid Certificate of Insurance	BOH	MOHLTC
April 01	Implementation Plan for the Enhanced Food Safety – Haines Initiative	BOH	MOHLTC
April 01	Implementation Plan for the Enhanced Safe Water Initiative	BOH	MOHLTC
April 30	1 st Quarter Financial Report (to March 31)	BOH	MOHLTC
June 30 (or earlier if possible)	Annual Settlement Report (consisting of Audited Financial Statements, Auditor's Questionnaire with Auditor's Report, and a Certificate of Settlement) ^{2,3}	BOH	MOHLTC
July 31	2 nd Quarter Financial Report (to June 30)	BOH	MOHLTC
October 31	3 rd Quarter Financial Report (to September 30)	BOH	MOHLTC
As Requested	Needle Exchange Program Activity Reports	BOH	MOHLTC
As Requested	Infection Prevention and Control Week Report Back	BOH	MOHLTC

ONGOING REPORTING REQUIREMENTS			
Due Date	Description of Item	From	To
As Requested	Baby Friendly Initiative Designation Status Report	BOH	MHPS

ONE-TIME REPORTING REQUIREMENTS			
Due Date	Description of Item	From	To
July 31, 2011	Bed Bugs – Initial Project Report for 2011	BOH	MOHLTC
October 31, 2011	Bed Bugs – Initial Surveillance and Evaluation Report for 2011	BOH	MOHLTC
April 30, 2012	Bed Bugs - Final Surveillance and Evaluation Report for 2011	BOH	MOHLTC
April 30, 2012	Beg Bugs – Final Project Report for 2011	BOH	MOHLTC
As Requested	One-Time Funding Project Report Backs	BOH	MOHLTC & MHPS

Notes:

1 – Specific reporting requirements are outlined in the March 10, 2011 administrative letter.

2 – Annual Settlement Reports: As of 2008, the Ministries limited the re-evaluation of settlements to one year after the settlement results have been provided to the Board of Health.

3 – The Audited Financial Statements must separately identify funding provided by MOHLTC and MHPS and include a separate account of the revenues and expenditures of mandatory programs, as a whole, and each related program. This may be presented in separate schedules by program category or by separate disclosure in the notes to the Audited Financial Statements.

SCHEDULE D

BOARD OF HEALTH PERFORMANCE

PART A. PURPOSE OF SCHEDULE

To set out Performance Indicators to improve board of health performance and support the achievement of improved health outcomes in Ontario.

PART B. PERFORMANCE OBLIGATIONS

Definitions

1. In this Schedule, the following terms have the following meanings:

“BOH Baseline” means the result at a given time for a performance indicator that provides a starting point for establishing targets for future board of health performance and measuring changes in such performance.

“Developmental Indicator” means a measure of performance or an area of common interest for creating a measure of performance that requires development due to factors such as the need for new data collection, methodological refinement, testing, consultation, or analysis of reliability, feasibility or data quality before being considered to be added as a Performance Indicator.

FUNDING YEAR 2011 - OBLIGATIONS

1. The Province will:
 - (a) Provide to the Board of Health technical documentation on the Performance Indicators set out in Table A including methodology, inclusions and exclusions for the Performance Indicators and their corresponding Performance Corridors; and,
 - (b) Provide the Board of Health with the values for the Performance Indicators set out in Table A.
2. **Both Parties** will,
 - (a) By December 2011 (or by such later date as mutually agreed to by the Parties), establish appropriate BOH Baselines for all Performance Indicators;
 - (b) Once BOH Baselines are established, develop Performance Targets for 2012 and 2013 for the Performance Indicators outlined in Table A;

- (c) Collaborate on the development of Developmental Indicators for areas of mutual interest including, but not limited to:
 - (i) physical activity;
 - (ii) healthy eating and nutrition;
 - (iii) child and reproductive health;
 - (iv) comprehensive tobacco control; and
 - (v) equity.

FUNDING YEARS 2012-13 - OBLIGATIONS

- 1. The Province will:
 - (a) Provide the Board of Health with values for the Performance Indicators set out in Table A.
- 2. **Both Parties** will,
 - (a) Establish appropriate BOH Baselines for Performance Indicators where required;
 - (b) Once remaining BOH Baselines are established, develop Performance Targets for 2012 and 2013 for the Performance Indicators outlined in Table A;
 - (c) By December 31, 2012 (or by such later date as mutually agreed to by the Parties), refresh Performance Targets for 2013 for the Performance Indicators outlined in Table A; and
 - (d) Collaborate on the development of Developmental Indicators for areas of mutual interest including, but not limited to:
 - (i) physical activity;
 - (ii) healthy eating and nutrition;
 - (iii) child and reproductive health;
 - (iv) comprehensive tobacco control; and
 - (v) equity.

Table A: Performance Indicators Based on Program Standards³				
INDICATOR	Baseline	Performance Target¹		
		2011²	2012	2013
% of high risk food premises inspected once every 4 months while in operation	TBD	Establish Baseline		
Proportion of pools and public spas by class inspected while in operation	TBD	Establish Baseline		
% of completed SDWS inspections, of those that are high risk, that are due for re-inspection	TBD	Establish Baseline		
Time between health unit notification of Gonorrhoea and initiation of follow up	TBD	Establish Baseline		
Time between health unit notification of an i-GAS case and initiation of follow up	TBD	Establish Baseline		
% of known high risk personal services settings inspected annually	TBD	Establish Baseline		
% of vaccine wasted by vaccine type (HPV, influenza, pneumococcal, and DPT) that are stored/ administered by the PHU	TBD	Establish Baseline		
% completion of reports related to vaccine wastage by vaccine type (HPV, influenza, pneumococcal, and DPT)	TBD	Establish Baseline		

Table A: Performance Indicators Based on Program Standards³				
INDICATOR	BOH Baseline	Performance Target¹		
		2011²	2012	2013
% of school-aged children who have completed immunizations for Hepatitis B, HPV and meningococcus	TBD	Establish Baseline		
% of youth (ages 12 - 19) who have never smoked a whole cigarette	TBD	Establish Baseline		
% tobacco vendor compliance with legislation by infraction type	TBD	Establish Baseline		
Fall-related emergency department visits by age group (age groups TBD)	TBD	Establish Baseline		
% of population that exceeds Low-Risk Drinking Guidelines	TBD	Establish Baseline		
Baby Friendly Initiative Status	TBD	Establish Baseline		

Notes:

- 1) Performance Corridors for each Performance Target are identified below the Performance Target in brackets.
- 2) BOH Baselines will be established for each Performance Indicator during Funding Year 2011, where possible. Reporting on Performance Targets will begin in Funding Year 2012.
- 3) Reporting on Organizational Standards and other items will begin in Funding Year 2012.