



Board of Health Meeting
MS Teams Electronic Participation
Thursday, June 3, 2021
3:00pm

AGENDA			
Item	Agenda Item	Lead	Expected Outcome
1.0 COVENING THE MEETING			
1.1	Call to Order, Recognition of Quorum <ul style="list-style-type: none"> Introduction of Guests, Board of Health Members and Staff 	Larry Martin	
1.2	Approval of Agenda	Larry Martin	Decision
1.3	Reminder to disclose Pecuniary Interest and the General Nature Thereof when Item Arises including any related to a previous meeting that the member was not in attendance for.	Larry Martin	
1.4	Reminder that Meetings are Recorded for minute taking purposes	Larry Martin	
2.0 APPROVAL OF MINUTES			
2.1	Approval of Minutes <ul style="list-style-type: none"> May 6, 2021 	Larry Martin	Decision
3.0 APPROVAL OF CONSENT AGENDA ITEMS			
3.1	Advocacy for Increased Vaccine Allocation Corporation of the City of North Bay – April 7, 2021 <i>Summary: North Bay contacted the Ministry to advocate for an increased allocation of vaccine to the North Bay Parry Sound District Health Unit.</i>	Larry Martin	Receive and File
3.2	Confirmation of Receipt of SWPH Letter Premier of Ontario – April 19, 2021 <i>Summary: This correspondence was confirmation of correspondence and advised that it was sent to the Associate Minister of Mental Health and Addictions.</i>	Larry Martin	Receive and File
4.0 CORRESPONDENCE RECEIVED REQUIRING ACTION			
4.1	Letter of Support for MP Peggy Sattler's Letter re: Paid Sick Leave Southwestern Public Health – June 3, 2021 <i>Summary: This letter supports MP Pegg Sattler's letter regarding Bill 239, Stay Home If You Are Sick Act, 2021 for paid sick leave across Ontario during the COVID-19 pandemic and beyond.</i>	Peter Heywood	Acceptance
5.0 AGENDA ITEMS FOR INFORMATION.DISCUSSION.ACCEPTANCE.DECISION			
5.1	Finance and Facilities Standing Committee Report for May 2021	Joe Preston	Acceptance
5.2	Chief Executive Officer's Report for May 2021	Cynthia St. John	Acceptance
5.3	Medical Officer of Health's Report for May 2021	Dr. Joyce Lock	Acceptance
6.0 NEW BUSINESS/OTHER			
7.0 CLOSED SESSION			
8.0 RISING AND REPORTING OF THE CLOSED SESSION			
9.0 FUTURE MEETINGS & EVENTS			
9.1	Thursday, September 9, 2021	Larry Martin	Decision
10.0 ADJOURNMENT			



May 6, 2021
Board of Health Meeting
Minutes

A meeting of the Board of Health for Oxford Elgin St. Thomas Health Unit was held on Thursday, May 6, 2021 virtually through MS Teams commencing at 3:01 p.m.

PRESENT:

Ms. L. Baldwin-Sands	Board Member
Mr. T. Comiskey	Board Member
Mr. G. Jones	Board Member
Mr. T. Marks	Board Member
Mr. L. Martin	Board Member (Chair)
Mr. D. Mayberry	Board Member
Mr. S. Molnar	Board Member
Mr. J. Preston	Board Member (Vice Chair)
Mr. L. Rowden	Board Member
Mr. D. Warden	Board Member
Dr. J. Lock	Medical Officer of Health
Ms. C. St. John	Chief Executive Officer
Ms. A. Koning	Executive Assistant

GUESTS:

Mr. P. Heywood	Program Director
Ms. S. MacIsaac	Program Director
Mr. D. McDonald	Director, Corporate Services and Human Resources
Ms. M. Nusink	Director, Finance
Mr. D. Smith	Program Director
Ms. C. Walker	Program Director
Ms. M. Cornwell	Manager, Communications
Mr. G. Colgan	Woodstock Sentinel-Review
Mr. R. Perry	Aylmer Express

1.1 CALL TO ORDER, RECOGNITION OF QUORUM

1.2 AGENDA

Resolution # (2021-BOH-0506-1.2)

Moved by D. Mayberry
Seconded by D. Warden

That the agenda for the Southwestern Public Health Board of Health meeting for May 6, 2021 be approved.

Carried.

L. Baldwin-Sands requested an update regarding the Mom's Stop the Harm correspondence that was discussed at the April 1st meeting. P. Heywood noted that the Elgin Community Drug and Alcohol Steering Committee discussed the correspondence, and they will be circulating the correspondence for consideration.

1.3 Reminder to disclose Pecuniary Interest and the General Nature Thereof when Item Arises.

1.4 Reminder that Meetings are Recorded for minute taking purposes.

2.0 APPROVAL OF MINUTES

Resolution # (2021-BOH-0506-2.1)

Moved by J. Preston
Seconded by G. Jones

That the minutes for the Southwestern Public Health Board of Health meeting for April 1, 2021 be approved.

Carried.

3.0 CONSENT AGENDA

S. Molnar asked for clarity on why consent agenda item from MPP Sattler, dated January 25, 2021 was shared at the May meeting. C. St. John noted that this was one of several items of the same subject and SWPH was carefully considering the correspondence that was circulating from other health units as well as the correspondence from MPP Sattler and that is why it was brought forward at this time.

Resolution # (2021-BOH-0506-3.0)

Moved by L. Baldwin-Sands
Seconded by T. Marks

That the Board of Health for the Southwestern Public Health receive and file consent agenda items 3.1 – 3.4.

Carried.

4.0 CORRESPONDENCE RECEIVED REQUIRING ACTION

C. St. John summarized the correspondence from Simcoe Muskoka.

The board discussed the correspondence regarding provincial employment standards reform for provision of paid sick days at length. The members felt that there were several considerations as to whether they supported the letter as presented by Simcoe Muskoka or whether they didn't.

C. St. John clarified that SWPH is looking for direction from the Board as to whether SWPH staff should bring forward a letter for their consideration, based on SWPH's research of this subject matter. C. St. John noted that many organizations have supported the advocacy efforts noted in the correspondence, given the challenges that many individuals face due to the lack of paid sick days. The pandemic has certainly brought this concern to the forefront.

The board expressed concern with respect to the additional work this would create for staff to consider this matter, based on the current pandemic response and demands of SWPH. P. Heywood noted that staff do have capacity to research this matter further and estimates a time of approx. 5-7 hours to complete research and draft correspondence for consideration. It was noted that surveying a variety of businesses and operations such as small business owners, corporations, and farmers, must be considered when bringing forward recommendations.

The board directed staff to draft correspondence for consideration regarding provincial employment standards reform for provision of paid sick days, based on SWPH's research of the matter.

Resolution # (2021-BOH-0506-4.0)

Moved by L. Baldwin-Sands

Seconded by G. Jones

That the Board of Health for the Southwestern Public Health support correspondence 4.1 as noted.

Carried.

5.0 AGENDA ITEMS FOR INFORMATION.DISCUSSION.ACCEPTANCE.DECISION

5.1 Chief Executive Officer's Report for May 2021

C. St. John reviewed her report.

C. St. John noted that many of the SWPH cases are in workplaces. Based on SWPH investigations, the cases are a result of failure to screen staff prior to attending work. She noted that it is important to remind workplaces that screening of workers prior to attending work and ensuring symptomatic workers do not attend the workplace, is vital to containing the spread of COVID-19.

C. St. John noted that Infection Prevention and Control is such an important piece of SWPH's work in containing the spread of COVID-19 and all other infections. The ultimate goal of the IPAC Hub is to setup a community of practice for all congregate settings within the regions.

C. St. John noted that 50,000 residents in the SWPH region have received at least one dose of vaccine. She noted that the hot spot vaccine clinic is operating today for the N5H postal code residents.

C. St. John noted that she has received wonderful feedback with respect to our vaccination efforts thus far, which is shared with our staff. She noted that this feedback is so important for our staff to hear and this is relayed to them regularly. She noted that feedback received for efficiency improvements is also considered as there is always opportunity for improvement.

C. St. John noted that the Planning group will be focusing on the pandemic recovery, specifically community and organizational recovery, as this is an important piece of our work going forward.

D. Mayberry asked if the number of vaccinations, as noted in the report, include those who have been vaccinated in pharmacies, primary care settings or other public health regions. It was confirmed the number stated in the report is the number of SWPH residents that have been vaccinated, no matter where they obtained their vaccine.

D. Mayberry asked what is the ratio of these residents that obtained vaccine from SWPH. C. St. John noted that she would share this information with the Board members at a later date, as she does not have immediate access to that information.

Resolution # (2021-BOH-0506-5.1)

Moved by D. Mayberry

Seconded by D. Warden

That the Board of Health for Southwestern Public Health accept the Chief Executive Officer's report for May 6, 2021.

Carried.

5.4 Medical Officer of Health's Report for May 2021

Dr. Lock reviewed her report.

Dr. Lock noted that wave three has been very tough and it has taken quite a long time to move things in the right direction. She noted that wave three was so big, that at the provincial level, we are just below the peak of wave two, which means we still have a ways to go for the Province to consider opening.

Dr. Lock noted that the vaccine rollout is going well, she noted that 40% of the population in Ontario has received vaccine, which is ahead of schedule. She noted that adults aged 18 and over will be eligible to book a vaccine by the end of May.

Dr. Lock noted that Public Health Ontario issued a report regarding the efficacy of vaccine on the infection. It was noted in the report that only 0.06% of those who were vaccinated contracted the infection. This is good evidence that the vaccine is working.

Dr. Lock believes that we will not be coming out of the Stay-at-Home Orders on May 20th.

G. Jones asked about an instance regarding a specific case and direction on whether to isolate or not. Dr. Lock noted that contacts of cases are required to isolate. C. St. John noted that we recommend that the contact of the case should contact SWPH. This will allow the case investigator to provide direction based on the specific details of the case.

T. Comiskey asked if the ICU capacities in the SWPH region are able to meet our regional needs. Dr. Lock noted that SWPH receives reports from the regional hospitals. She noted that there are ICU beds taken by those from other regions, however we do have capacity for our own residents, and she does not have concerns.

S. Molnar asked if the Public Health Ontario report that Dr. Lock referenced would be able to be shared with the board. Dr. Lock noted that the link to the report would be shared after the meeting.

Resolution # (2021-BOH-0506-5.2)

Moved by L. Baldwin-Sands

Seconded by S. Molnar

That the Board of Health for Southwestern Public Health accept the Medical Officer of Health's report for May 6, 2021.

Carried.

7.0 TO CLOSED SESSION

Resolution # (2021-BOH-0506-C7)

Moved by D. Mayberry

Seconded by D. Warden

That the Board of Health moves to closed session in order to consider one or more the following as outlined in the Ontario Municipal Act:

- (a) the security of the property of the municipality or local board;
- (b) personal matters about an identifiable individual, including municipal or local board employees;
- (c) a proposed or pending acquisition or disposition of land by the municipality or local board;
- (d) labour relations or employee negotiations;
- (e) litigation or potential litigation, including matters before administrative tribunals, affecting the municipality or local board;
- (f) advice that is subject to solicitor-client privilege, including communications necessary for that purpose;
- (g) a matter in respect of which a council, board, committee or other body may hold a closed meeting under another Act;
- (h) information explicitly supplied in confidence to the municipality or local board by Canada, a province or territory or a Crown agency of any of them;
- (i) a trade secret or scientific, technical, commercial, financial or labour relations information, supplied in confidence to the municipality or local board, which, if disclosed, could reasonably be expected to prejudice significantly the competitive position or interfere significantly with the contractual or other negotiations of a person, group of persons, or organization;
- (j) a trade secret or scientific, technical, commercial or financial information that belongs to the municipality or local board and has monetary value or potential monetary value; or
- (k) a position, plan, procedure, criteria or instruction to be applied to any negotiations carried on or to be carried on by or on behalf of the municipality or local board. 2001, c. 25, s. 239 (2); 2017, c. 10, Sched. 1, s. 26.

Other Criteria:

- (a) a request under the *Municipal Freedom of Information and Protection of Privacy Act*, if the council, board, commission or other body is the head of an institution for the purposes of that Act; or
- (b) an ongoing investigation respecting the municipality, a local board or a municipally-controlled corporation by the Ombudsman appointed under the *Ombudsman Act*, an Ombudsman referred to in subsection 223.13 (1) of this Act, or the investigator referred to in subsection 239.2 (1). 2014, c. 13, Sched. 9, s. 22.

Carried.

8.0 RISING AND REPORTING OF CLOSED SESSION

Resolution # (2021-BOH-0506-C8)

Moved by G. Jones

Seconded by D. Mayberry

That the Board of Health rise with a report.

Carried.

Resolution # (2021-BOH-0506-C3.1)

Moved by J. Preston

Seconded by T. Comiskey

That the Board of Health for Southwestern Public Health accept the Chief Executive Officer's report for May 6, 2021.

Carried.

Resolution # (2021-BOH-0506-C3.2)

Moved by T. Marks

Seconded by J. Preston

That the Board of Health for Southwestern Public Health approve the proposal within the Finance and Facilities report as recommended by the Committee.

Carried.

10.0 ADJOURNMENT

Resolution # (2021-BOH-0506-10)

Moved by T. Marks

Seconded by L. Baldwin-Sands

That the meeting adjourns at 4:27 p.m. to meet again virtually on June 3, 2021.

Carried.

Confirmed: _____



The Corporation of the
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OFFICE OF THE CITY CLERK
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April 7, 2021

APR 14 2021

The Honourable Doug Ford
Premier of Ontario
Queen's Park
Legislative Building
Toronto, ON M7A 1A1

Dear Honourable Doug Ford:

This is Resolution No. 2021-151(a)&(b) which was passed by Council at its Regular Meeting held Tuesday, April 6, 2021.

Resolution No. 2021-151(a)&(b):

Whereas The Corporation of the City of North Bay is within the District of the North Bay Parry Sound District Health Unit (Health Unit);

And Whereas the Health Unit received its first allocation of vaccine more than a month and a half later than Southern Ontario and Ottawa health regions;

And Whereas vaccine allocation for the Health Unit has not increased over time to compensate for the delay in provision of the first vaccine allocation;

And Whereas COVID-19 transmission rates in Northern Ontario, as evidenced by the effective reproduction numbers R_t , are among the highest in the province;

And Whereas due to the vaccine allocation, the Health Unit is still in phase 1 of the rollout while public health unit regions in Southern Ontario and Ottawa are in phase 2;

And Whereas 26.5% of the population in the Parry Sound District and 22.4% of the population in the Nipissing District are aged 65 years or older, compared to 16.7% for all of Ontario (2016 Census);

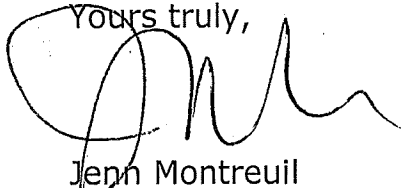
And Whereas the delay from the Federal and Provincial Governments in the Health Unit vaccine allocations is causing increasing inequities in the booking of COVID-19 vaccination clinics;

And Whereas due to the vaccine allocation, Indigenous populations have not received their required allocation.

Now Therefore Be It Resolved that the Corporation of the City of North Bay request an immediate and formal call for action that includes the unused vaccine allocations from Toronto and other larger areas be redistributed and prioritized to public health unit regions that are still in phase 1 and that the call for action includes further plans on how else to enable these health units to catch up to those regions in Southern Ontario and Ottawa.

And Further that this motion be forwarded to the Honourable Doug Ford, Premier of Ontario, the Honourable Christine Elliot, Minister of Health, Vic Fedeli, MPP – Nipissing, Norm Miller, MPP – Parry Sound-Muskoka, John Vanthof, MPP – Timiskaming-Cochrane, Mayors/Reeves within the North Bay Parry Sound District Health Unit District, Ontario Boards of Health, and the Association of Local Public Health Agencies (alPHA), Anthony Rota, MP Nipissing - Timiskaming, Patty Hadju, Minister of Health Canada, Scott Aitchison, MP Parry Sound - Muskoka, FONOM, NOMA, ROMA, AMO, ACFO.

Yours truly,



Jenn Montreuil
Deputy City Clerk

JM/ck

- ec. Christine Elliott, Minister of Health
Patty Hadju, Minister of Health Canada
Victor Fedeli, MPP Nipissing
Norm Miller, MPP Parry Sound-Muskoka
John Vanthof, MPP Timiskaming-Cochrane
Anthony Rota, MP Nipissing – Timiskaming
Scott Aitchison, MP Parry Sound –Muskoka
Mayor/Reeves – NBPSDHU
Association of Local Public Health Agencies
Federation of Norther Ontario Municipalities (FONOM)
Northwestern Ontario Municipal Association (NOMA)
Rural Ontario Municipal Association (ROMA)
Association of Ontario Municipalities (AMO)
Association des communautés francophones (ACFO)
- cc. Ontario Boards of Health



Premier of Ontario
Le premier ministre
de l'Ontario

Legislative Building
Queen's Park
Toronto, Ontario
M7A 1A1
Édifice de l'Assemblée législative
Queen's Park
Toronto (Ontario)
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April 19, 2021

Mr. Larry Martin
Chair, Board of Health
Dr. Joyce Lock
Medical Officer of Health
Southwestern Public Health
1230 Talbot Street
St. Thomas, Ontario
N5P 1G9

Dear Mr. Martin and Dr. Lock:

Thanks very much for your letter about opioid addiction. I appreciate hearing your views and concerns.

As the issue you raised falls in the area of responsibility of the Honourable Michael Tibollo, Associate Minister of Mental Health and Addictions, I've forwarded a copy of your letter to him. Associate Minister Tibollo or a ministry staff member will respond to you as soon as possible.

Thanks again for contacting me.

Sincerely,

A handwritten signature in black ink, appearing to read "Doug Ford".

Doug Ford
Premier

c: The Honourable Michael Tibollo



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Administrative Office
1230 Talbot Street
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Woodstock Site
410 Buller Street
Woodstock, ON
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June 3, 2021

The Honourable Doug Ford, P.C., MPP
Premier of Ontario
co: Office of the Premier
Room 281
Legislative Building, Queen's Park
Toronto, ON
M7A 1A1
Sent via email: doug.fordco@pc.ola.org

The Honourable Monte McNaughton, P.C., MPP
Minister of Labour, Training, and Skills Development
Government of Ontario
14th Floor
400 University Ave.
Toronto, ON
M7A 1T7
Sent via email: monte.mcnaughtonco@pc.ola.org

Dear Premier Doug Ford and Minister McNaughton,

Re: Support for MP Peggy Sattler's letter regarding Bill 239, *Stay Home If You Are Sick Act, 2021* for paid sick leave across Ontario during the COVID-19 pandemic and beyond

Southwestern Public Health recognizes the need for enhanced paid sick leave accountability by the Ontario government in coalescence with the growing number of public health experts, municipal leaders, and workers' advocates who have supported this urgent need amidst the COVID-19 pandemic. The Act to amend the *Employment Standards Act* through legislation, Bill 239, would limit the spread of COVID-19, variants, and other infectious diseases by providing paid sick leave to employees.¹

The fourteen-day paid Infectious Disease Emergency Leave would provide employees adequate time to be screened, tested, quarantine and await results, and appropriately isolate if they test positive for SARS-CoV-2. It would also allow close contacts of SARS-CoV-2 to quarantine and permit all individuals to receive the COVID-19 vaccination without financial repercussions. This is particularly important to improve Ontarians' overall well-being and help fill in some of the gaps that are responsible for the loss of income and economic hardship due to the pandemic across the labour force. Outside of declared emergencies and infectious disease emergencies, the Act would provide workers with 7 days of paid leave for personal emergency leave.

On April 29, 2021, the entire province was notified that the Ontario Government rapidly passed Bill 284, *COVID-19 Putting Workers First Act, 2021*, entitling an employee up to three paid sick days for COVID-19 related reasons retroactively to April 19, 2021.^{2,3} Under this legislation, an employee is permitted to receive up to two hundred dollars per day.^{2,3} However, this is an inaccessible and inadequate paid sick leave for Ontarians given expert public health advice, research, and guidelines. When individuals are asked to isolate for a minimum ten-day period, or longer in specific cases, after being infected with SARS-CoV-2, a three-day paid leave is inadequate. It does not account for the possibility of subsequent infections or paid time off to receive the COVID-19 vaccination. However, the 14-day Infectious Disease Emergency Leave (Bill 239) would work in tandem with public health guidelines.

The Ontario COVID-19 Science Advisory Table modelled a proposed paid sick leave measure, which would entitle employees to guaranteed salary payment for a maximum of two work weeks.⁴ The Advisory Table also provided evidence from the United States Families First Coronavirus Response Act (FFCRA). This temporary program allows employees two weeks of paid sick leave for reasons related to the pandemic.⁴ Evaluation results indicate a 50% decrease in confirmed COVID-19 cases per state per day in the states which implemented the paid sick leave.⁴ The FFCRA program is also associated with increased vaccination rates among workers because individuals are more likely to get immunized when offered financial support.⁴

The SARS-CoV-2 pathogen has a more extended incubation period than many other viruses, which can ostensibly lead to high and rapid transmissibility than other infectious diseases.⁵ Symptoms of infection have appeared anywhere up to 14 days following initial exposure to the virus. This calls for robust and far-reaching paid sick leave, particularly with emerging COVID-19 variants of concern. Across all Organization for Economic Cooperation and Development (OECD) countries, there has been strong evidence that paid sick leave offers both an effective social and employment policy response to a contagious pandemic.⁶ Given growing health and social inequities across our world in a time of rapidly emerging infectious diseases, our provincial government needs to enact appropriate measures to mitigate the damaging impacts of economic crises and individual setbacks.^{7,8}

Important lessons can be acquired from Denmark's socially inclusive approach to COVID-19. The Danish government was quick to enact and strengthen the transferability of paid sick leave for all citizens across different sectors and forms of employment to combat the virus's inequitable health and economic impacts.^{6,9} Denmark was one of the first countries in Europe to lockdown the economy in March 2020.⁹ The government consulted with many significant associations (e.g. employer associations and trade unions) to devise a plan to compensate up to 90 percent of workers' wages so that there were few gaps in the pandemic "comprehensive rescue package."⁹ Historically, the first 30 days off of work due to illness have been covered by employers in Denmark; however, the Danish government is now reimbursing wages for this entire period and any additional benefit durations.⁶

Since the World Health Organization declared the COVID-19 pandemic last March (2020), many countries, including Canada, have seen large surges in unemployment rates, while Denmark has remained relatively stable, around 5.4%.⁹ Employees who had symptoms felt comfortable staying home and did not fear losing their job as a repercussion of missing work. Employers were incentivized to send sick employees home instead of terminating employment. This critical, inclusive approach assisted with lockdown compliance, societal buy-in, collaboration, and early exit from lockdown measures.⁹

It is imperative to carefully consider data from previous pandemics, such as the Influenza A (H1N1) virus in 2009. The World Health Report (2010) presented information to support the fact that paid sick leave allows employees to access medical care promptly and "the opportunity to follow treatment recommendations, recuperate more quickly, reduce the health impact on day-to-day functioning, prevent more serious illnesses from developing," and improved labour and economic productivity due in part to faster recovery time.⁷ It is estimated that the productivity losses due to working while sick are approximately three times higher than the loss of productivity associated with absence due to sickness.⁷ As well, research has shown that paid sick leave can boost adherence to public health isolation and quarantine guidelines. Brankston et al. (2021) found that more than 90% of Canadians self-reported feeling confident in their ability to follow COVID-19 public health measures; however, only 51% reported preparedness for illness given work expectations or personal access to paid sick leave.¹⁰ Therefore, it is crucial that the province implements comprehensive paid sick leave amidst the ongoing COVID-19 response and moving forward into a healthier Ontario for all.

We urge the provincial government to consider an additional amendment to the *Employment Standards Act* to include robust accessible paid sick leave across the province. We trust that by implementing effective, scientifically driven paid sick leave measures, we will see increases in vaccination uptake, a reduction in the spread of COVID-19 and subsequent variants, workplace closures and outbreaks. It will also lead to increased workplace productivity, improved economic stability, and greater post-COVID-19 recovery across the province.

Sincerely yours,

Larry Martin
Chair, Board of Health

copy: The Right Honourable Justin Trudeau, Prime Minister of Canada
Honourable Peggy Sattler, MP, London West
Honourable Karen Vecchio, MP, Elgin-Middlesex-London
Honourable Jeff Yurek, MPP, Elgin-Middlesex-London
Honourable Dave Mackenzie, MP, Oxford
Honourable Ernie Hardeman, MPP, Oxford

References

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MEETING DATE: June 3, 2021

SUBMITTED BY: Joe Preston, Chair, Finance and Facilities Standing Committee

SUBMITTED TO: ☒ Board of Health
☐ Finance & Facilities Standing Committee
☐ Governance Standing Committee
☐ Transition Governance Committee

PURPOSE: ☒ Decision
☐ Discussion
☒ Receive and File

AGENDA ITEM # 5.1

RESOLUTION # 2021-BOH-0603-5.1

The Finance and Facilities Standing Committee (FFSC) met on May 17, 2021 to consider several timely items. A brief synopsis and various recommendations are below.

1) First Quarter Financial Statements (Decision):

At the end of quarter one, March 31, 2021, Southwestern Public Health is currently overspent by approximately \$248,000 or 1% of the general program budget. The senior dental care program is currently on budget. The overspending is due to Covid-19 staffing and resources, in particular our mass immunization clinics. The Ministry of Health has again indicated that there will be additional funds available to support health units with extraordinary costs incurred in managing their responses to COVID-19 and that this funding can be attributed to costs that cannot be managed within health units' current budgets.

MOTION: (2021-BOH-0603-5.1A)

That the Board of Health for Southwestern Public Health approve the first quarter financial statements for Southwestern Public Health as presented.

2) Annual Service Plan (Decision):

The Annual Service Plan (ASP) is a consolidated Ministry document that includes all of our program planning activities and our Board approved budget. The report was submitted to the Ministry of Health the first week of March. The report was signed by Cynthia as CEO and Larry Martin as Board Chair.

MOTION: (2021-BOH-0603-5.1B)

That the Board of Health ratify the signing of the Annual Service Plan for 2021.

3) Revised 2020 Funding Correspondence (Receive and File):

Attached is the 2020 revised funding correspondence received April 1, 2021. This indicates an increase in the 2020 Covid-19 Extraordinary costs from the previously approved amount of \$444,800 to \$818,700, which is an overall increase of \$373,900. This increase was approved to cover the 2020 additional spending which was related to Covid-19 and reported to the Ministry as part of our fourth quarter reporting.

MOTION: (2021-BOH-0603-5.1)

That the Board of Health for Southwestern Public Health accept the Finance & Facilities Standing Committee report for June 3, 2021.

SOUTHWESTERN PUBLIC HEALTH

For the Three Months Ending Wednesday, March 31, 2021

STANDARD/ PROGRAM	YEAR TO DATE			FULL YEAR		% VAR
	ACTUAL	BUDGET	VAR	BUDGET	VAR	
Direct Program Costs						
Foundational Standards						
Emergency Management	\$1,723.35	\$15,795.30	\$14,071.95	\$63,181.20	\$61,457.85	3.0%
Effective Public Health Practise	11.30	79,332.36	79,321.06	317,329.44	317,318.14	0.0%
Health Equity & CNO Nurses	0.00	151,000.02	151,000.02	604,000.08	604,000.08	0.0%
Health Equity Program	5,524.66	3,420.78	-2,103.88	13,683.12	8,158.46	40.0%
Population Health Assessment	782.67	67,225.02	66,442.35	268,900.08	268,117.41	0.0%
Foundational Standards Total	8,041.98	316,773.48	308,731.50	1,267,093.92	1,259,051.94	1.0%
Chronic Disease Prevention & Well-Being						
Built Environment	468.68	81,972.99	81,504.31	327,891.96	327,423.28	0.0%
Healthy Eating Behaviours	5,356.60	49,914.96	44,558.36	199,659.84	194,303.24	3.0%
Healthy Menu Choices Act Enforcement	27.32	1,931.16	1,903.84	7,724.64	7,697.32	0.0%
Physical Activity and Sedentary Behaviour	87.43	24,159.27	24,071.84	96,637.08	96,549.65	0.0%
Substance Prevention	159.49	29,644.50	29,485.01	118,578.00	118,418.51	0.0%
Suicide Risk & Mental Health Promotion	502.89	5,977.50	5,474.61	23,910.00	23,407.11	2.0%
Chronic Disease Prevention & Well-Being Total	6,602.41	193,600.38	186,997.97	774,401.52	767,799.11	1.0%
Food Safety						
Enhanced Food Safety - Haines Initiative	0.00	12,500.01	12,500.01	50,000.04	50,000.04	0.0%
Food Safety (Education, Promotion & Inspection)	37,743.46	107,844.87	70,101.41	431,379.48	393,636.02	9.0%
Food Safety Total	37,743.46	120,344.88	82,601.42	481,379.52	443,636.06	8.0%
Healthy Environments						
Climate Change	358.12	26,134.89	25,776.77	104,539.56	104,181.44	0.0%
Health Hazard Investigation and Response	6,142.77	81,067.83	74,925.06	324,271.32	318,128.55	2.0%
Healthy Environments Total	6,500.89	107,202.72	100,701.83	428,810.88	422,309.99	2.0%
Healthy Growth & Development						
Breastfeeding	32,338.86	73,516.68	41,177.82	294,066.72	261,727.86	11.0%
Parenting	5,925.15	107,383.20	101,458.05	429,532.80	423,607.65	1.0%
Reproductive Health/Healthy Pregnancies	4,120.56	89,323.65	85,203.09	357,294.60	353,174.04	1.0%
Healthy Growth & Development Total	42,384.57	270,223.53	227,838.96	1,080,894.12	1,038,509.55	4.0%
Immunization						
Vaccine Administration	13,578.91	21,230.70	7,651.79	84,922.80	71,343.89	16.0%
Vaccine Management	11,626.38	28,231.38	16,605.00	112,925.52	101,299.14	10.0%
Community Based Immunization Outreach	5,882.88	8,546.25	2,663.37	34,185.00	28,302.12	17.0%
Immunization Monitoring and Surveillance	6,223.93	11,995.95	5,772.02	47,983.80	41,759.87	13.0%
Immunization Total	37,312.10	70,004.28	32,692.18	280,017.12	242,705.02	13.0%
Infectious & Communicable Diseases						
Infection Prevention & Control	79,665.97	139,385.58	59,719.61	557,542.32	477,876.35	14.0%
Infection Prevention and Control Nurses Initiation	1,626.08	45,050.01	43,423.93	180,200.04	178,573.96	1.0%
Infectious Diseases Control Initiative	7,681.16	97,615.68	89,934.52	390,462.72	382,781.56	2.0%
Needle Exchange	9,697.37	15,225.00	5,527.63	60,900.00	51,202.63	16.0%
Rabies Prevention and Control and Zoonotics	38,421.15	45,561.87	7,140.72	182,247.48	143,826.33	21.0%
Sexual Health	135,384.31	233,476.62	98,092.31	933,906.48	798,522.17	14.0%
Tuberculosis Prevention and Control	10,192.90	14,355.72	4,162.82	57,422.88	47,229.98	18.0%
Vector-Borne Diseases	21,855.36	38,383.14	16,527.78	153,532.56	131,677.20	14.0%
COVID-19 Pandemic	2,254,432.03	298,952.53	-1,955,479.50	1,195,810.00	-1,058,622.03	189.0%
COVID-19 Mass Immunization	809,893.38	250,000.07	-559,893.31	1,000,000.00	190,106.62	81.0%
COVID-19 IPAC- Defensive Culture	0.00	0.00	0.00	0.00	0.00	0.0%
Infectious & Communicable Diseases Total	3,368,849.71	1,178,006.22	-2,190,843.49	4,712,024.48	1,343,174.77	71.0%
Safe Water						
Enhanced Safe Water Initiative	0.00	7,749.99	7,749.99	30,999.96	30,999.96	0.0%
Small Drinking Water Systems	0.00	10,233.51	10,233.51	40,934.04	40,934.04	0.0%
Water	5,360.60	51,616.53	46,255.93	206,466.12	201,105.52	3.0%
Safe Water Total	5,360.60	69,600.03	64,239.43	278,400.12	273,039.52	2.0%
School Health - Oral Health						
Healthy Smiles Ontario	175,728.30	252,025.02	76,296.72	1,008,100.08	832,371.78	17.0%
School Screening and Surveillance	10,266.30	54,341.46	44,075.16	217,365.84	207,099.54	5.0%
School Health - Oral Health Total	185,994.60	306,366.48	120,371.88	1,225,465.92	1,039,471.32	15.0%
School Health - Vision						
Vision Screening	104.00	52,128.36	52,024.36	208,513.44	208,409.44	0.0%
School Health - Immunization						
School Immunization	60,851.18	221,541.27	160,690.09	886,165.08	825,313.90	7.0%
School Health - Other						
Comprehensive School Health	557.02	223,233.84	222,676.82	892,935.36	892,378.34	0.0%

Substance Use & Injury Prevention						
Falls Prevention	365.08	30,402.48	30,037.40	121,609.92	121,244.84	0.%
Harm Reduction Enhancement	45,002.88	81,749.67	36,746.79	326,998.68	281,995.80	14.%
Road Safety	87.43	17,310.75	17,223.32	69,243.00	69,155.57	0.%
Smoke Free Ontario Strategy: Prosecution	19,540.89	172,371.03	152,830.14	689,484.12	669,943.23	3.%
Substance Misuse Prevention	5,808.45	31,338.06	25,529.61	125,352.24	119,543.79	5.%
Substance Use & Injury Prevention Total	70,804.73	333,171.99	262,367.26	1,332,687.96	1,261,883.23	5.%
TOTAL DIRECT PROGRAM COSTS	3,831,107.25	3,462,197.46	-368,909.79	13,848,789.44	10,017,682.19	28.%
INDIRECT COSTS						
Indirect Administration	617,175.68	647,612.37	30,436.69	2,590,449.48	1,973,273.80	24.%
Corporate	26,066.50	43,485.00	17,418.50	173,940.00	147,873.50	15.%
Board	3,940.00	7,800.00	3,860.00	31,200.00	27,260.00	13.%
HR - Administration	136,269.01	194,370.51	58,101.50	777,482.04	641,213.03	18.%
Premises	392,318.76	403,493.76	11,175.00	1,613,975.04	1,221,656.28	24.%
TOTAL INDIRECT COSTS	1,175,769.95	1,296,761.64	120,991.69	5,187,046.56	4,011,276.61	23.%
TOTAL GENERAL SURPLUS/DEFICIT	5,006,877.20	4,758,959.10	-247,918.10	19,035,836.00	14,028,958.80	26.%
100% MINISTRY FUNDED PROGRAMS						
MOH Funding	42,393.99	42,393.99	0.00	169,575.96	127,181.97	25.%
Senior Oral Care	219,177.22	225,325.02	6,147.80	901,300.08	682,122.86	24.%
TOTAL 100% MINISTRY FUNDED	261,571.21	267,719.01	6,147.80	1,070,876.04	809,304.83	24.%
One-Time Funding - Apr 1, 2020 to Mar 31, 2021						
OTF NEP	19,100.00	19,100.00	0.00	19,100.00	0.00	100%
OTF Public Health Inspector Practicum	10,000.00	10,000.00	0.00	10,000.00	0.00	100%
OTF Elgin-Oxford Merger Costs	213,151.00	400,000.00	186,849.00	400,000.00	186,849.00	53%
OTF - HVAC	146,971.00	149,000.00	2,029.00	149,000.00	2,029.00	99%
OTF- VACCINE FRIDGE	21,850.00	30,000.00	8,150.00	30,000.00	8,150.00	73%
OTF Case & Contact Mgmt	26,900.00	26,900.00	0.00	26,900.00	0.00	100%
OTF HUB	108,297.00	805,000.00	696,703.00	805,000.00	696,703.00	13%
OTF School Nurses	603,000.00	603,000.00	0.00	603,000.00	0.00	100%
Total OTF	1,149,269.00	2,043,000.00	893,731.00	2,043,000.00	893,731.00	27.%
Programs Funded by Other Ministries, Agencies						
Healthy Babies Healthy Children	1,302,762.00	1,653,539.00	350,777.00	1,653,539.00	350,777.00	79%
Pre and Post Natal Nurse Practitioner	139,005.00	139,000.00	-5.00	139,000.00	-5.00	100%
Total Programs Funded by Other Ministries, Agencies	1,467,693.69	1,823,032.74	355,339.05	1,823,032.74	446,820.27	8.%

New Schedules to the Public Health Funding and Accountability Agreement

BETWEEN THE PROVINCE AND THE BOARD OF HEALTH

(BOARD OF HEALTH FOR THE OXFORD ELGIN ST. THOMAS HEALTH UNIT)

EFFECTIVE AS OF THE 1ST DAY OF JANUARY 2020

SCHEDULE "A"
GRANTS AND BUDGET

Board of Health for the Oxford Elgin St. Thomas Health Unit

DETAILED BUDGET - MAXIMUM BASE FUNDS (FOR THE PERIOD OF JANUARY 1, 2020 TO DECEMBER 31, 2020, UNLESS OTHERWISE NOTED)			
Programs/Sources of Funding	2019 Approved Allocation (\$)	Increase / (Decrease) (\$)	2020 Approved Allocation (\$)
Mandatory Programs (70%)	12,474,900	(1,498,900)	10,976,000
MOH / AMOH Compensation Initiative (100%) ⁽¹⁾	189,000	(10,300)	178,700
Ontario Seniors Dental Care Program (100%)	901,300	-	901,300
Total Maximum Base Funds⁽²⁾	13,565,200	(1,509,200)	12,056,000

DETAILED BUDGET - MAXIMUM ONE-TIME FUNDS (FOR THE PERIOD OF APRIL 1, 2020 TO MARCH 31, 2021, UNLESS OTHERWISE NOTED)			
Projects / Initiatives	2020-21 Approved Allocation (\$)		
Mitigation (100%) ⁽³⁾	1,498,900		
Mandatory Programs: Merger Costs (100%)	400,000		
Mandatory Programs: Needle Exchange Program (100%)	19,100		
Mandatory Programs: New Purpose-Built Vaccine Refrigerators (100%)	30,000		
Mandatory Programs: Public Health Inspector Practicum Program (100%)	10,000		
COVID-19: Extraordinary Costs (100%)⁽³⁾	818,700		
COVID-19: Infection Prevention and Control Hub Program (100%) ⁽⁴⁾	805,000		
COVID-19: Public Health Case and Contact Management Solution (100%) ⁽⁵⁾	26,900		
COVID-19: School-Focused Nurses Initiative (100%) ⁽⁶⁾	# of FTEs	9.0	603,000
Capital: HVAC Replacement (100%) ⁽⁷⁾	149,000		
MOH / AMOH Compensation Initiative (100%)	12,200		
Ontario Seniors Dental Care Program Capital: Mobile Dental Clinic (100%) ⁽⁷⁾	550,000		
Temporary Pandemic Pay Initiative (100%) ⁽⁸⁾	133,100		
Total Maximum One-Time Funds⁽²⁾	5,055,900		

MAXIMUM TOTAL FUNDS	2019-20 Approved Allocation (\$)	2020-21 Approved Allocation (\$)
Base and One-Time Funding	13,565,200	17,111,900

DETAILED BUDGET - MAXIMUM ONE-TIME FUNDS (FOR THE PERIOD OF APRIL 1, 2021 to MARCH 31, 2022, UNLESS OTHERWISE NOTED)			
Projects / Initiatives	2021-22 Approved Allocation (\$)		
Mitigation (100%) ⁽⁹⁾	1,498,900		
COVID-19: School-Focused Nurses Initiative (100%) ⁽¹⁰⁾	# of FTEs	9.0	297,000
Total Maximum One-Time Funds⁽²⁾	1,795,900		

NOTES:

(1) Cash flow will be adjusted to reflect the actual status of current MOH and AMOH positions.

(2) Maximum base and one-time funding is flowed on a mid and end of month basis. Cash flow will be adjusted when the Province provides a new Schedule "A".

(3) One-time funding is for the period of January 1, 2020 to December 31, 2020.

(4) One-time funding is approved for the period of October 1, 2020 to March 31, 2021.

(5) One-time funding is approved for the period of June 15, 2020 to March 31, 2021.

(6) One-time funding is approved for the period of August 1, 2020 to March 31, 2021.

(7) One-time funding is approved for the period of April 1, 2020 to March 31, 2021, or such later EXPIRY DATE as agreed to by the parties.

(8) One-time funding is approved for the period of April 24, 2020 to August 13, 2020.

(9) One-time funding is approved for the period of January 1, 2021 to December 31, 2021.

(10) One-time funding is approved for the period of April 1, 2021 to July 31, 2021.



CEO REPORT

Open Session

MEETING DATE: June 3, 2021

SUBMITTED BY: Cynthia St. John, CEO (written as of May 24, 2021)

SUBMITTED TO: ☒ Board of Health
☐ Finance & Facilities Standing Committee
☐ Governance Standing Committee
☐ Transition Governance Committee

PURPOSE: ☐ Decision
☒ Discussion
☒ Receive and File

AGENDA ITEM # 5.2

RESOLUTION # 2021-BOH-0603-5.2

1) SWPH General Updates (Receive and File):

1.1 COVID-19 Response

1.1.1 Operations

The Operations Report provides a birds-eye view of recent overarching Operations activity from May 3rd to provide an idea of the volume and type of work we are doing.

Case and Contact Management

Daily reported case numbers continued to be highly fluctuant, ranging between 5 and 24 cases/day. The overall active caseload (e.g., cases and their contacts that require ongoing symptom and compliance monitoring) remained more consistent at > 130 cases the majority of the time. With few exceptions, cases have several to many contacts and most acquisitions can be traced to household/social or workplace exposures. Some cases are being observed in partially immunized people, particularly when variants of concern (e.g., N501Y) are identified.

The following strategies are being used to manage consistently high workload demands:

- Increased use of the Virtual Assistant – which is a supportive tool in the Ministry of Health’s Case and Contact Management database that can be used to gather information from cases about their contacts and to prime cases for their preliminary interview with a case investigator;
- Increased reliance on School Team Public Health Nurses to support the Community Team with case and contact management. This integrated approach advantages both teams in that Community Team staff are improving their knowledge of outbreak setting management and School Team staff are gaining more experience with complex case and contact management;
- Referral of high-risk contacts to Public Health Ontario for monitoring throughout their self-isolation period;
- Involvement of the Workplace Response Team when epi-linked cases are identified in workplaces and the workplace infection prevention and control checklist identifies problematic practices;
- Firming up a connection with the Provincial Case Manager program to provide support with case and contact management when our local indicators place us in the RED or GREY zone.

It should be noted that many of these strategies are recommended for use during high activity periods in the province’s Appendix 10: Case & Contact Management COVID-19 Surge Support Model (dated January 21, 2021). Southwestern Public Health has been highly proactive in use of the different strategies since the onset of the pandemic as a mitigation strategy for staff burnout.

In terms of outbreaks, this same time period was distinguished by the identification of several outbreaks in a variety of work, community and health care settings. Follow-up, particularly in non-health care settings, has focused on the importance of comprehensive screening of employees for symptoms and prompt exclusion from the workplace. Because screening is a daily requirement, it is easy for workplaces and staff to become complacent. In a context where more cases of COVID-19 are identified as variants of concern, it is important for employers to ensure robust arrangements are in place for screening to minimize the risk of COVID transmission in their facilities.

School Health – COVID Mental Health Working Group

While several School Team staff are helping with community case and contact management, others have become part of our new Mental Health Working Group which also includes a Healthy Growth and Development nurse and several health promoters with expertise in work with priority populations. This group will be turning its attention to the mental health impacts of COVID, with a particular focus on children. Its members will be working with partners and other stakeholders to design strategies that minimize the risk of lasting harms and contribute to

community recovery and resilience. It should be noted that members of the School Team also continue to support numerous school settings where in-person learning is occurring.

IPAC Hub Update

Southwestern Public Health continues to function as the lead local Infection Prevention and Control (IPAC) Hub for the South West region, including satellite hubs in Huron-Perth and Middlesex-London. Since their inception, the Hubs have provided specialized IPAC guidance and support to congregate living organizations in the region, prioritizing those facilities in outbreak. On April 22nd, the first Community of Practice (COP) meeting for the Southwest IPAC Hub was held for congregate living organizations other than long term care and retirement homes. Ninety-three people were in attendance which represents good uptake of the invitation. The purpose of the COP is to support the implementation of IPAC initiatives to achieve best practices in these congregate settings; to introduce and disseminate IPAC guidance, resources and tools, and to facilitate client networks and collaboration. The next meeting will be held later in May. Other IPAC Hub activities included infection prevention and control assessments at long term care and retirement homes as well as other congregate living settings. Thus far, over 56 institutions and congregate living homes in St. Thomas, Elgin and Oxford have received advice and/or visit from a Hub member to assess and support the implementation of their IPAC practices.

COVID Vaccination Strategy Update

➤ Highlights

- Established June weekend clinics to support vaccination of youth and their families.
- Working with internal and external stakeholders to offer continued pop-up in Oxford and Elgin Counties rural geographies.
- Working with the province and community pharmacy leads to onboard and support 37 area pharmacies in SWPH geography.
- Working with over 20 primary care providers / groups to onboard and support and distribute mRNA vaccines including Pfizer-BioNTech and Moderna.
- Working with hospitals, LTC/RH, and first responders to support vaccination of second doses to maintain capacity of 1st does in the MIC.

Southwestern Public Health's Vaccine Branch continues to drive forward with the planning and delivery of multi-modality systems to ensure eligible individuals in our communities can access COVID19 vaccinations as quickly as possible. Eligibility is reviewed every week by a regional table and updates are posted on our website at <https://www.swpublichealth.ca/en/my-health/covid-19-vaccine-eligibility.aspx>.

On the heels of Health Canada approving the use of Pfizer-BioNTech vaccine for individuals over the age of 12 on May 5, 2021 and the National Advisory Committee on Immunization (NACI) recommending vaccination for individuals over the age of 12

(<https://www.canada.ca/en/public-health/services/immunization/national-advisory-committee-on-immunization-naci/recommendations-use-covid-19-vaccines/summary-updated-statement-may-18-2021.html>), Southwestern Public Health is excited to vaccinate youth. In keeping with provincial direction, eligibility will open to individuals 12 years of age and older across the province. We will work closely with our local school board partners to ensure messaging on how to book and secure vaccination is shared. We are eager to bring vaccination to youth to continue our efforts to vaccinate 75% of our population by September of 2021. As always, vaccine supply continues to be the driver in terms of how quickly people including youth can get vaccinated.

With Mass Immunization Clinics running at premium efficiencies, achieving close to 2000 doses of vaccine per day, SWPH recognizes that many individuals living in our most rural geographies may face challenges in accessing vaccines. SWPH mobile vaccination team is delivering pop-up clinics in partnership with local health care providers in Tavistock, Plattsville, Port Burwell, Dutton and West Lorne in the last two weeks of May. Those attending these clinics have voiced their appreciation for this outreach.

Increasing flexibility with vaccine storage and handling of the mRNA vaccines, Pfizer-BioNTech and Moderna, 37 local pharmacies and over 20 local primary care providers and offices will be onboarded to begin delivering these vaccines as vaccine channels in our area. This adds welcomed capacity and access throughout our region allowing individuals to consume COVID-19 vaccine where it works best for them.

Community Support Task Force

The Community Support Task Force continued to respond to a high volume of stakeholder and public inquiries regarding COVID-19 issues, with recent emphasis on vaccine eligibility, exposure to COVID-19 positive cases and workplace settings. In the first two weeks of May, the Response Centre returned over 950 calls and emails, while the Content Table researched and responded to 24 emails received from fellow staff members. The Response Centre also supported the Workplace Response Team by developing workplace guidance documents to support an education campaign on IPAC practices in the workplace, emphasizing eye protection to mitigate further risk. The Response Centre team continues to support the work of the Emergency Control Group, Operations and external partners through synopses of changing provincial directions such as the new guidance for fully vaccinated individuals.

1.1.2 Information

Communications

The focus of much of our work this month has been on rolling out vaccine eligibility criteria to partners, the health care sector, media and the community. Communications crafts key messages not only for media and external partners, but for the Response Centre and Reception

staff who respond to hundreds of calls from community members each day. Our goal is to be consistent, timely and accurate in our messaging as this is a vital topic for community members.

Communications also supports the organizational efforts of staff recognition and appreciation by helping to share the stories and the successes of our employees. Internally we post “gold star moments,” profiling staff accomplishments and the praise we hear about them from community members. Using social media and our website we have shared the stories of several team members who tell very relatable stories about both working in and living in the pandemic and the impact this has had on them. The Woodstock Local also profiled several staff members in its “Hometown Heroes” series.

Staff have also broadened the scope of our weekly media conferences this month by inviting special guests to join Dr. Lock. Our first guest was Jaime Fletcher, Program Manager of the COVID-19 Vaccination Task Force. Our second was STEGH physician Dr. Douglas MacPherson who has expertise in infectious diseases, outbreak management and international public health. It is a great opportunity to bring together different people that all have the same common goal in mind – communicate the latest and most important facts about COVID-19 with our media partners and by extension, the community.

2) Ministry Settlement Forms (Decision):

The Public Health Funding and Accountability Agreement requires that the Program-Based Grants Annual Reconciliation Report be submitted to the ministry annually. The 2020 report has been prepared by the health unit’s auditors’ Grahams Scott Enns and reviewed by myself and finance staff. This report was submitted after the recent Finance and Facilities Standing Committee meeting. The report is a summary of the audited financial statements and is required to be signed by the CEO and the Board of Health Chair. The deadline for submission to the Ministry of Health on behalf of the Board, is June 30th.

MOTION: 2021-BOH-0603-5.2A

That the Board of Health for Southwestern Public Health approve the signing of the 2020 program-based grants annual reconciliation report.

3) eLearning for Public Appointees (Receive & File):

At the Governance Standing Committee meeting, the Committee discussed the new eLearning program for all public appointees that was launched by the Ministry of Health and Ministry of Long-Term Care. I advised the Committee that I would inquire with the Ministry if the eLearning program could be offered to all Board of Health members as an opportunity for ongoing learning. The Ministries advised that the training was only available for public appointees. They

advised that some of the content from the program is included within the slide decks available on the Public Appointments Secretariat website [here](#).

MOTION: 2021-BOH-0603-5.2

That the Board of Health for Southwestern Public Health accept the Chief Executive Officer's Report for June 3, 2021.

MINISTRY OF HEALTH
OFFICE OF CHIEF MEDICAL OFFICER OF HEALTH, PUBLIC HEALTH
2020 ANNUAL RECONCILIATION REPORT (CERTIFICATE OF SETTLEMENT)

NAME OF PUBLIC HEALTH UNIT: **Southwestern Public Health**

Section 1: Base Funding (January 1, 2020 to December 31, 2020)

- Programs Funded at 70%
- Programs Funded at 100%

Section 4: 2020 One-Time Funding Approved to March 31, 2021

(To be settled in 2021)

- One-Time Projects/Initiatives Funded at 100%

Section 2: 2019 One-Time Funding Approved to March 31, 2020

- One-Time Projects/Initiatives Funded at 100%
- One-Time Capital Projects Funded at 100%

Section 5: 2020 One-Time Funding Approved to December 31, 2021

(To be settled in 2021)

- One-Time Projects/Initiatives Funded at 100%

Section 3: 2020 One-Time Funding Approved to December 31, 2020

- One-Time Projects/Initiatives Funded at 100%

		Program Name per Transfer Payment Agreement	Approved Allocation	Funding Received	Expenditure at 100%	(Deduct) Offset Revenue	Net Expenditure	Eligible Expenditure	Due to / (from) Province
Section 1 Base Funding (January 1, 2020 to December 31, 2020)	Programs Funded at 70%	Public Health Program (Mandatory)	10,976,000	10,976,000	14,116,774	(125,067)	9,794,195	9,794,195	1,181,805
							-	-	-
							-	-	-
							-	-	-
		Sub-Total Programs Funded at 70%	10,976,000	10,976,000	14,116,774	(125,067)	9,794,195	9,794,195	1,181,805
	Programs Funded at 100%	Ontario Seniors Dental Care Program	901,300	901,300	902,730	(1,430)	901,300	901,300	0
		MOH Compensation Initiatives	178,700	174,831	174,251		174,251	174,251	581
							-	-	-
							-	-	-
							-	-	-
							-	-	-
							-	-	-
							-	-	-
							-	-	-
							-	-	-
							-	-	-
							-	-	-
							-	-	-
		Sub-Total Programs Funded at 100%	1,080,000	1,076,131	1,076,980	(1,430)	1,075,550	1,075,550	581
	Total Section 1 Base Funding (January 1, 2020 to December 31, 2020)		12,056,000	12,052,131	15,193,754	(126,497)	10,869,745	10,869,745	1,182,387
Section 2 2019 One-Time Funding Approved to March 31, 2020	One-Time Projects / Initiatives Funded at 100%	Merger Costs	700,000	525,006	623,590		623,590	623,590	(98,584)
		PH Inspector Practicum Program	18,325	10,000	9,523		9,523	9,523	477
		Healthy Smiles Ontario: Dental Equipment	825,000	525,000	428,075		428,075	428,075	96,925
		Needle Exchange Program	24,900	24,784	24,900		24,900	24,900	(116)
							-	-	-
							-	-	-
							-	-	-
		Sub-Total One-Time Projects / Initiatives Funded at 100%	1,568,225	1,084,790	1,086,088	-	1,086,088	1,086,088	(1,298)
	One-Time Capital Projects Funded at 100%						-	-	-
							-	-	-
							-	-	-

MINISTRY OF HEALTH
OFFICE OF CHIEF MEDICAL OFFICER OF HEALTH, PUBLIC HEALTH
2020 ANNUAL RECONCILIATION REPORT (CERTIFICATE OF SETTLEMENT)

NAME OF PUBLIC HEALTH UNIT: **Southwestern Public Health**

Section 1: Base Funding (January 1, 2020 to December 31, 2020)

- Programs Funded at 70%
- Programs Funded at 100%

Section 4: 2020 One-Time Funding Approved to March 31, 2021

(To be settled in 2021)

- One-Time Projects/Initiatives Funded at 100%

Section 2: 2019 One-Time Funding Approved to March 31, 2020

- One-Time Projects/Initiatives Funded at 100%
- One-Time Capital Projects Funded at 100%

Section 5: 2020 One-Time Funding Approved to December 31, 2021

(To be settled in 2021)

- One-Time Projects/Initiatives Funded at 100%

Section 3: 2020 One-Time Funding Approved to December 31, 2020

- One-Time Projects/Initiatives Funded at 100%

		Program Name per Transfer Payment Agreement	Approved Allocation	Funding Received	Expenditure at 100%	(Deduct) Offset Revenue	Net Expenditure	Eligible Expenditure	Due to / (from) Province
	100%	Sub-Total One-Time Capital Projects Funded at 100%	-	-	-	-	-	-	-
Total Section 2: 2019 One-Time Funding Approved to March 31, 2020			1,568,225	1,084,790	1,086,088	-	1,086,088	1,086,088	(1,298)

MINISTRY OF HEALTH
OFFICE OF CHIEF MEDICAL OFFICER OF HEALTH, PUBLIC HEALTH
2020 ANNUAL RECONCILIATION REPORT (CERTIFICATE OF SETTLEMENT)

NAME OF PUBLIC HEALTH UNIT: **Southwestern Public Health**

Section 1: Base Funding (January 1, 2020 to December 31, 2020)

- Programs Funded at 70%
- Programs Funded at 100%

Section 4: 2020 One-Time Funding Approved to March 31, 2021

(To be settled in 2021)

- One-Time Projects/Initiatives Funded at 100%

Section 2: 2019 One-Time Funding Approved to March 31, 2020

- One-Time Projects/Initiatives Funded at 100%
- One-Time Capital Projects Funded at 100%

Section 5: 2020 One-Time Funding Approved to December 31, 2021

(To be settled in 2021)

- One-Time Projects/Initiatives Funded at 100%

Section 3: 2020 One-Time Funding Approved to December 31, 2020

- One-Time Projects/Initiatives Funded at 100%

		Program Name per Transfer Payment Agreement	Approved Allocation	Funding Received	Expenditure at 100%	(Deduct) Offset Revenue	Net Expenditure	Eligible Expenditure	Due to / (from) Province
Section 3 2020 One-Time Funding Approved to December 31, 2020	One-Time Projects / Initiatives Funded at 100%	Temporary Pandemic Pay Initiative	133,100	5,676	5,676		5,676	5,676	0
		COVID-19 Extraordinary Costs	818,700	818,700	818,700		818,700	818,700	-
		Mitigation	1,498,900	1,498,900	1,498,900		1,498,900	1,498,900	-
							-	-	-
							-	-	-
							-	-	-
							-	-	-
		Sub-Total One-Time Projects / Initiatives Funded at 100%	2,450,700	2,323,276	2,323,276	-	2,323,276	2,323,276	0
Total Section 3 - 2020 One-Time Funding Approved to December 31, 2020			2,450,700	2,323,276	2,323,276	-	2,323,276	2,323,276	0
Section 4 2020 One-Time Funding Approved to March 31, 2021 (To be settled in 2021)	One-Time Projects / Initiatives Funded at 100%	Merger Costs	400,000	400,000	147,143		147,143	147,143	252,857
		Needle Exchange Program	19,100	19,100	14,328		14,328	14,328	4,772
		New Purpose - Build Vaccine Refrigerators	30,000	30,000	-		-	-	30,000
		PH Inspector Practicum Program	10,000	10,000	10,000		10,000	10,000	0
		COVID-19: Infection Prevention and Control Hub	805,000	805,000	-		-	-	805,000
		COVID-19: PH Case and Contact Management	26,900	26,900	21,934		21,934	21,934	4,966
		COVID-19: School-Focused Nurses Initiative	603,000	603,000	376,880		376,880	376,880	226,120
		MOH Compensation Initiatives	12,200	12,102	12,200		12,200	12,200	(98)
							-	-	-
							-	-	-
		Sub-Total One-Time Projects / Initiatives Funded at 100%	1,906,200	1,906,102	582,485	-	582,485	582,485	1,323,617
	One-Time Capital Projects Funded at 100%	HVAC Replacement	149,000	149,000	146,971		146,971	146,971	2,029
		Mobile Dental Clinic	550,000	-	-		-	-	-
							-	-	-
		Sub-Total One-Time Capital Projects Funded at 100%	699,000	149,000	146,971	-	146,971	146,971	2,029
Total Section 4 - 2020 One-Time Funding Approved to March 31, 2021 (To be settled in 2021)			2,605,200	2,055,102	729,456	-	729,456	729,456	1,325,646
Section 5 2020 One-Time Funding Approved	One-Time Projects /	Mitigation	1,498,900		-		-	-	-
COVID019: School-Focused Nurses Initiative		297,000		-		-	-	-	
						-	-	-	

MINISTRY OF HEALTH
OFFICE OF CHIEF MEDICAL OFFICER OF HEALTH, PUBLIC HEALTH
2020 ANNUAL RECONCILIATION REPORT (CERTIFICATE OF SETTLEMENT)

NAME OF PUBLIC HEALTH UNIT: **Southwestern Public Health**

Section 1: Base Funding (January 1, 2020 to December 31, 2020)

- Programs Funded at 70%
- Programs Funded at 100%

Section 4: 2020 One-Time Funding Approved to March 31, 2021

(To be settled in 2021)

- One-Time Projects/Initiatives Funded at 100%

Section 2: 2019 One-Time Funding Approved to March 31, 2020

- One-Time Projects/Initiatives Funded at 100%
- One-Time Capital Projects Funded at 100%

Section 5: 2020 One-Time Funding Approved to December 31, 2021

(To be settled in 2021)

- One-Time Projects/Initiatives Funded at 100%

Section 3: 2020 One-Time Funding Approved to December 31, 2020

- One-Time Projects/Initiatives Funded at 100%

		Program Name per Transfer Payment Agreement	Approved Allocation	Funding Received	Expenditure at 100%	(Deduct) Offset Revenue	Net Expenditure	Eligible Expenditure	Due to / (from) Province
to December 31, 2021 (To be settled in 2021)	Initiatives Funded at 100%						-	-	-
		Sub-Total One-Time Projects / Initiatives Funded at 100%	1,795,900	-	-	-	-	-	-
Total Section 5 - 2020 One-Time Funding Approved to December 31, 2021 (To be settled in 2021)			1,795,900	-	-	-	-	-	-

Grand Total 2020 Settlement (Section 1) + (Section 2) + (Section 3)	16,074,925	15,460,197	18,603,118	-	126,497	14,279,109	14,279,108	1,181,089
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Having the authority to bind the Board of Health for the Public Health Unit:

We certify that the Financials shown in the Annual Reconciliation Report and the supporting schedule are complete and accurate and are in accordance with Transfer Payment Agreements and Reports filed with the appropriate Municipal Council.

Date

Signature

Medical Officer of Health / Chief Executive Officer

Date

Signature

Chair of the Board of Health / Authorized Officer

MINISTRY OF HEALTH
OFFICE OF CHIEF MEDICAL OFFICER OF HEALTH, PUBLIC HEALTH
2020 ANNUAL RECONCILIATION REPORT (CERTIFICATE OF SETTLEMENT)

NAME OF PUBLIC HEALTH UNIT: **Southwestern Public Health**

SCHEDULE 1: Schedule of Offset Revenues

Mandatory Programs (70%)	Line #	Reference	Actual \$	Ministry Use Only
Interest Income	L 1		25,878	
Universal Influenza Immunization Program clinic reimbursement	L 2			
Meningococcal C Program clinic reimbursement	L 3		20,728	
Human Papilloma Virus Program reimbursement	L 4			
Healthy Smiles Ontario (70%) - part of Mandatory Programs	L 5			
Revenues Generated from Other Government Dental Program:	L 6			
Ontario Works (OW)	L 7			
Ontario Disability Support Program (ODSP)	L 8			
Other government dental programs (please specify):	L 9			
Other (Specify):	L 10			
Other fees and recoveries	L 11		78,461	
	L 12			
	L 13			
2020 Total Offset Revenues	L 14	To Summary Page Cell G18 - Offset (Revenue)	125,067	

Ontario Seniors Dental Care Program (100%)	Line #	Reference	Actual \$	Ministry Use Only
Interest Income	L 15			
Client Co-Payments	L 16			
Revenues Generated from Other Government Dental Program:	L 17			
Ontario Works (OW)	L 18			
Ontario Disability Support Program (ODSP)	L 19			
Other government dental programs (please specify):	L 20			
Recovery fees	L 21		1,430	
	L 22			
	L 23			
2020 Total Offset Revenues	L 24	To Summary Page Cell G23 - Offset (Revenue)	1,430	

OXFORD ELGIN ST. THOMAS HEALTH UNIT

operating as

SOUTHWESTERN PUBLIC HEALTH

Unaudited Supplemental Information

December 31, 2020

DRAFT

OXFORD ELGIN ST. THOMAS HEALTH UNIT

operating as

SOUTHWESTERN PUBLIC HEALTH

Unaudited Supplemental Information

For the Year Ended December 31, 2020

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REVIEW ENGAGEMENT REPORT

To the Directors of **Oxford Elgin St. Thomas Health Unit**

We have reviewed the accompanying Settlement Reconciliation Schedules (the "Schedules") of the Oxford Elgin St. Thomas Health Unit for the year ended December 31, 2020 to meet the financial reporting requirements of the Ministry of Health and the Board of Health and the "Instructions for Completion of the 2020 Year-End Settlement".

Management's Responsibilities for the Financial Schedules

Management is responsible for the preparation and fair presentation of these financial schedules in accordance with the financial reporting requirements of the Ministry of Health and the Board of Health and the 'Instructions for Completion of the 2020 Year-End Settlement', and for such internal control as management determines necessary to enable the preparation of financial schedules that are free from material misstatement, whether due to fraud or error.

Practitioner's Responsibility

Our responsibility is to express a conclusion on the accompanying financial schedules based on our review. We conducted our review in accordance with Canadian generally accepted standards for review engagements, which require us to comply with relevant ethical requirements.

A review of financial schedules in accordance with Canadian generally accepted standards for review engagements is a limited assurance engagement. The practitioner performs procedures, primarily consisting of making inquiries of management and others within the entity, as appropriate, and applying analytical procedures, and evaluates the evidence obtained.

The procedures performed in a review are substantially less in extent than, and vary in nature from, those performed in an audit conducted in accordance with Canadian generally accepted auditing standards. Accordingly, we do not express an audit opinion on these financial statements.

Conclusion

Based on our review, nothing has come to our attention that causes us to believe that these financial schedules for the year ended December 31, 2020 are not, in all material aspects, in accordance with the financial reporting requirements of the Ministry of Health and the Board of Health and the "Instructions for Completion of the 2020 Year-End Settlement".

The schedule of revenues and expenditures, has not been, and was not intended to be, prepared in accordance with Canadian generally accepted accounting principles, is solely for the information and use of the addressee and the Ministry of Health and Board of Health for the stated purpose, and is not intended to be and should not be used by anyone other than the specified users, or for any other purpose.

St. Thomas, Ontario

Reporting Date

Graham Scott Enns LLP
CHARTERED ACCOUNTANTS
Licensed Public Accountants

Southwestern Public Health
Settlement Reconciliation Schedules
For the Year Ended December 31, 2020

Reflow = due from Ministry
(Recovery) = due to Ministry

		Programs	Approved	Cashflow Received in 2019	Cashflow Received in 2020	Cashflow Received in Q1 2021	Q4 Adjustment in Q1 2021	Funding Received	2019 Expenditures per AFS	2020 Expenditure per AFS	PSAB to Ministry Adjustments (Note 1)	Offset Revenue (Note 2)	Ministry Expenditures @ 70% or 100%	Eligible Expenditure	Reflow/ (Recovery)
2019 One Time Funding Approved to March 31, 2020	Operating Funding @100%	Merger Costs	700,000	525,006	-			525,006	111,748	393,584	118,258		623,590	623,590	98,584
		PH Inspector Practicum Pgm	18,325	7,506	2,494			10,000	9,523				9,523	9,523	(477)
								-					-	-	-
		HSO: Dental Equip Needle	825,000	-	525,000			525,000	-	419,260	8,815		428,075	428,075	(96,925)
		Exchange Program	24,900	12,584	12,200			24,784	-	24,900			24,900	24,900	116
		Total	1,568,225	545,096	539,694	-	-	1,084,790	121,271	837,744	127,073	-	1,086,089	1,086,088	1,298
Base Funding	Mandatory Programs (70%)	Mandatory Programs	10,976,000		10,976,000			10,976,000		14,325,999	(209,226)	(125,067)	9,794,194	9,794,194	(1,181,806)
	Operating Funding @100%	MOH (Note on Q4)	178,700		166,826	8,005		174,831		174,251			174,251	174,251	(581)
		Senior Dental Care Program	901,300		901,300			901,300		657,730	244,999	(1,430)	901,300	901,300	(0)
		Total	1,080,000		1,068,126	8,005	-	1,076,131	-	831,981	244,999	(1,430)	1,075,550	1,075,550	(581)
2020 One Time Funding Approved to December 31, 2020	Operating Funding @100%	One-Time Mitigation	1,498,900		1,498,900			1,498,900		1,498,900			1,498,900	1,498,900	-
		COVID-19: Extraordinary Costs	818,700		-	818,700		818,700		818,700			818,700	818,700	-
		Temporary Pandemic Pay Initiative	133,100		133,100	(127,424)		5,676		5,676			5,676	5,676	(0)
		Total	2,450,700	-	1,632,000	691,276	-	2,323,276	-	2,323,276	-	-	2,323,276	2,323,276	(0)
2020 One Time Funding Approved to March 31, 2021	Operating Funding @100%	Merger Costs	400,000		300,006	99,994		400,000		147,143			147,143	147,143	(252,857)
		New Purpose-Built Vaccine Refrigerators	30,000		22,500	7,500		30,000		-			-	-	(30,000)
		Mandatory Programs: Needle Exchange Program (100%)	19,100		19,100			19,100		14,328			14,328	14,328	(4,772)
		Public Health Inspector Practicum Program	10,000		10,000			10,000		10,000			10,000	10,000	(0)
		COVID-19: Public Health Case and Contact Management Solution	26,900		18,408	8,492		26,900		7,148	14,786		21,934	21,934	(4,966)
		COVID-19: School-Focused Nurses Initiative	603,000		376,880	226,120		603,000		376,880			376,880	376,880	(226,120)
		COVID-19: IPAC Hub Program	805,000		-	805,000		805,000		-			-	-	(805,000)
		MOH Compensation Initiatives	12,200		-	12,102		12,102		12,200			12,200	12,200	98
		Total	1,906,200	-	746,894	1,159,208	-	1,906,102	-	567,699	14,786	-	582,485	582,485	(1,323,617)
	Capital Funding @100%	Ontario Seniors Dental Care Program													
		Capital: Mobile Dental Clinic	550,000	-	-			-					-	-	-
		Capital: HVAC Replacement	149,000		-	149,000		149,000		100,544	46,427		146,971	146,971	(2,029)
		Total	699,000	-	-	149,000	-	149,000	-	100,544	46,427	-	146,971	146,971	(2,029)
Included on 2020 Settlement			16,074,925	545,096	14,215,820	699,281	-	15,460,197	121,271	18,318,999	162,846	(126,497)	14,279,108	14,279,108	(1,181,089)
To be Settled in 2021			2,605,200	-	746,894	1,308,208	-	2,055,102	-	668,243	61,212	-	729,456	729,456	(1,325,646)
Total			18,680,125	545,096	14,962,714	2,007,489	-	17,515,299	121,271	18,987,243	224,058	(126,497)	15,008,564	15,008,563	(2,506,736)

**Settlement Reconciliation Schedules
For the Year Ended December 31, 2020**

Reconciliation to Audited Financial Statements (AFS):

	\$ 2020
Total Expenditures (12 months)	21,019,518
Deduct Non-Ministry Programs:	
HBHC	1,617,809
PNPN	139,000
Low German Partnership	220
PHAC	45,988
Student Nutrition	229,258
	<u>18,987,243</u>
Per '2020 Expenditure per AFS' on Reconciliation	<u>18,987,243</u>
	0

Note 1: PSAB to Ministry Adjustments - Mandatory

Salaries and wages to excluded unpaid vacation and compensating time	-\$ 161,119
Capital asset additions - Ministry programs	\$ 793,957
Amortization of capital assets	-\$ 626,780
Debt principal repayments	\$ 218,000
	<u>\$ 224,058</u>

Note 2: Offset Revenue

Interest Income	\$ 25,878
Clinics	\$ 20,728
Other fees and recoveries	\$ 79,891
	<u>\$ 126,497</u>



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May 6, 2021

Oxford Elgin St. Thomas Public Health
1230 Talbot Street
St. Thomas, ON, N5P 1G9

Dear Mr. Larry Martin and Members of the Board of Health:

You have requested that we audit the 2020 Annual Reconciliation (Certificate of Settlement) Report of Oxford Elgin St. Thomas Public Health, for the year ended December 31, 2020.

We are pleased to confirm our acceptance and our understanding of this audit engagement by means of this letter. Our audit will be conducted with the objective of our expressing an opinion on the 2020 Annual Reconciliation (Certificate of Settlement) Report.

Our Responsibilities

We will conduct our audit(s) of 2020 Annual Reconciliation (Certificate of Settlement) Report of Oxford Elgin St. Thomas Public Health in accordance with the Transfer Payment Agreements between the Ministry of Health (the "ministry") and the Board of Health and the "Instructions for Completion of the 2020 Year-End Settlement". Those standards require that we comply with ethical requirements and plan and perform the audit to obtain reasonable assurance as to whether the 2020 Annual Reconciliation (Certificate of Settlement) Report are free from material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the 2020 Annual Reconciliation (Certificate of Settlement) Report. The procedures selected depend on the auditor's judgment, including the assessment of the risks of material misstatement of the 2020 Annual Reconciliation (Certificate of Settlement) Report, whether due to fraud or error. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of accounting estimates made by management, as well as evaluating the overall presentation of the 2020 Annual Reconciliation (Certificate of Settlement) Report.

Because of the inherent limitations of an audit, together with the inherent limitations of internal control, there is an unavoidable risk that some material misstatements may not be detected, even though the audit is properly planned and performed in accordance with Canadian generally accepted auditing standards.

In making our risk assessments, we consider internal control relevant to the entity's preparation of the 2020 Annual Reconciliation (Certificate of Settlement) Report in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the entity's internal control. However, we will communicate to you in writing concerning any significant deficiencies in internal control relevant to the audit of the 2020 Annual Reconciliation (Certificate of Settlement) Report that we have identified during the audit.

Content of Audit Opinion

Unless unanticipated difficulties are encountered, our report will be substantially in the form contained below.

Independent Auditors' Report Report on the Annual Reconciliation

We have audited the 2020 Annual Reconciliation Report (Certificate of Settlement), for the **Oxford Elgin St. Thomas Health Unit** for:

- 1) 2020 base funding approved for the period of January 1, 2020 to December 31, 2020;
- 2) 2019-20 one-time funding approved for the period of April 1, 2019 to March 31, 2020;
- 3) 2020 one-time funding approved for the period of January 1, 2020 to December 31, 2020;
- 4) 2020-21 one-time funding approved for the period of April 1, 2020 to March 31, 2021; and
- 5) 2020 one-time funding approved to December 31, 2021.
- 6) 2020 one-time Temporary Pandemic Pay Initiative.

The 2020 Annual Reconciliation Report have been prepared by management based on the Transfer Payment Agreements between the Ministry of Health (the "ministry") and the Board of Health and the "Instructions for Completion of the 2020 Year-End Settlement".

Management's Responsibility for the Annual Reconciliation Report

Management is responsible for the preparation of the Annual Reconciliation Report in accordance with the financial reporting provisions in the Transfer Payment Agreements between the ministry and Board of Health, the "Instructions for Completion of the 2020 Year-End Settlement", and for such internal controls as management determines are necessary to enable the preparation of the Annual Reconciliation Report that are free from material misstatement, whether due to fraud or error.

Auditor's Responsibility

Our responsibility is to express an opinion on the Annual Reconciliation Report based on our audit. We conducted our audit in accordance with Canadian generally accepted auditing standards. Those standards require that we comply with ethical requirements and plan and perform the audit to obtain reasonable assurance that the Annual Reconciliation Report is free from material misstatement taking into account the Transfer Payment Agreements between the ministry and the Board of Health and the "Instructions for Completion of the 2020 Year-End Settlement".

Auditor's Responsibility (Continued)

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the Annual Reconciliation Report. The procedures selected depend on the auditor's judgment, including the assessment of the risks of material misstatement of the Annual Reconciliation Report, whether due to fraud or error.

In making those risk assessments, the auditor considers internal controls relevant to the entity's preparation of the Annual Reconciliation Report in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the entity's internal controls. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of accounting estimates made by management, as well as evaluating the overall presentation of the Annual Reconciliation Report.

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

Our Independence and Quality Control

We have complied with the relevant rules of professional conduct/code of ethics applicable to the practice of public accounting and related to assurance engagements, issued by various professional accounting bodies, which are founded on fundamental principles of integrity, objectivity, professional competence and due care, confidentiality and professional behaviour.

The firm applies Canadian Standard on Quality Control 1, Quality Control for Firms that Perform Audits and Reviews of Financial Statements, and Other Assurance Engagements and, accordingly, maintains a comprehensive system of quality control, including documented policies and procedures regarding compliance with ethical requirements, professional standards and applicable legal and regulatory requirements.

Basis for Audit Opinion

The Board of Health derives funding from the ministry for the provision of mandatory and related public health programs and services.

Satisfactory audit verification as to the use and reporting of funding forms the basis of the audit opinion. Where audit verification is unsatisfactory, limited, or incomplete, a qualified opinion may occur.

Audit Opinion

In our opinion, the Annual Reconciliation Report presents fairly in all material aspects, the results of the Board of Health Operations for the 2020 Settlement Year and is in accordance with the Transfer Payment Agreements between the ministry and the Board of Health and the "Instructions for Completion of the 2020 Year-End Settlement".

Basis of Accounting and Restriction and Distribution of Use

The Annual Reconciliation Report is prepared to assist the Board of Health to meet the financial reporting requirements of the ministry. As a result, the Annual Reconciliation Report may not be suitable for other purposes.

Our report is intended solely for the Board of Health and the ministry, and should not be distributed to or used by parties other than the Board of Health or the Ministry.

St. Thomas, Ontario

CHARTERED PROFESSIONAL ACCOUNTANTS
Licensed Public Accountants

If we conclude that a modification to our opinion on the 2020 Annual Reconciliation (Certificate of Settlement) Report is necessary, we will discuss the reasons with you in advance. If, for any reason, we are unable to complete the audit or are unable to form, or have not formed, an opinion on the 2020 Annual Reconciliation (Certificate of Settlement) Report, we may withdraw from the audit before issuing an auditor's report or we may disclaim an opinion on the 2020 Annual Reconciliation (Certificate of Settlement) Report. If this occurs, we will communicate the reasons and provide you details of any misstatements identified during the audit.

Use and Distribution of our Report

The examination of the 2020 Annual Reconciliation (Certificate of Settlement) Report and the issuance of our audit opinion are solely for the use of Oxford Elgin St. Thomas Public Health and those to whom our report is specifically addressed by us. We make no representations of any kind to any third party in respect of these 2020 Annual Reconciliation (Certificate of Settlement) Report and we accept no responsibility for their use by any third party.

We ask that our name be used only with our consent and that any information to which we have attached a communication be issued with that communication, unless otherwise agreed to by us.

Reproduction of Auditor's Report

If reproduction or publication of our audit report (or reference to our report) is planned in an annual report or other document, including electronic filings or posting of the report on a website, a copy of the entire document should be submitted to us in sufficient time for our review before the publication or posting process begins.

Management is responsible for the accurate reproduction of the 2020 Annual Reconciliation (Certificate of Settlement) Report, the auditor's report and other related information contained in an annual report or other public document (electronic or paper-based). This includes any incorporation by reference to either full or summarized 2020 Annual Reconciliation (Certificate of Settlement) Report that we have audited.

We are not required to read the information contained in your website or to consider the consistency of other information on the electronic site with the original document.

Management's Responsibilities

Our audit will be conducted on the basis that management and, where appropriate, those charged with governance acknowledge and understand that they have responsibility for:

- a) the preparation and fair presentation of the 2020 Annual Reconciliation (Certificate of Settlement) Report in accordance with the the Transfer Payment Agreements between the Ministry of Health (the "ministry") and the Board of Health and the "Instructions for Completion of the 2020 Year-End Settlement";
- b) such internal control as management determines is necessary to enable the preparation of 2020 Annual Reconciliation (Certificate of Settlement) Report that are free from material misstatement, whether due to fraud or error; and
- c) providing us with:
 - i. unrestricted access to persons within the entity from whom we determine it is necessary to make inquiries;
 - ii. access to all information of which management is aware that is relevant to the preparation of the 2020 Annual Reconciliation (Certificate of Settlement) Report, such as records, documentation and other matters; and
 - iii. additional information that we may request from management for the purpose of the audit.

As part of our audit process, we will request from management and, where appropriate, those charged with governance written confirmation concerning representations made to us in connection with the audit.

Working Papers

The working papers, files, other materials, reports and work created, developed or performed by us during the course of the engagement are the property of our Firm, constitute confidential information and will be retained by us in accordance with our Firm's policies and procedures.

File Inspections

In accordance with professional regulations (and by our Firm's policy), our client files may periodically be reviewed by practice inspectors and by other engagement file reviewers to ensure that we are adhering to our professional and Firm's standards. File reviewers are required to maintain confidentiality of client information.

Governing Legislation

This engagement letter is subject to, and governed by, the laws of the Province of Ontario. The Province of Ontario will have exclusive jurisdiction in relation to any claim, dispute or difference concerning this engagement letter and any matter arising from it. Each party irrevocably waives any right it may have to object to any action being brought in those courts to claim that the action has been brought in an inappropriate forum or to claim that those courts do not have jurisdiction.

Dispute Resolution

You agree that:

- (a) any dispute that may arise regarding the meaning, performance or enforcement of this engagement will, prior to resorting to litigation, be submitted to mediation; and
- (b) you will engage in the mediation process in good faith once a written request to mediate has been given by any party to the engagement.

Indemnity

Oxford Elgin St. Thomas Public Health hereby agrees to indemnify, defend (by counsel retained and instructed by us) and hold harmless our Firm, and its partners, agents or employees, from and against any and all losses, costs (including solicitors' fees), damages, expenses, claims, demands or liabilities arising out of or in consequence of:

- (a) The breach by Oxford Elgin St. Thomas Public Health, or its directors, officers, agents, or employees, of any of the covenants made by Oxford Elgin St. Thomas Public Health herein, including, without restricting the generality of the foregoing, the misuse of, or the unauthorized dissemination of, our engagement report or the 2020 Annual Reconciliation (Certificate of Settlement) Report in reference to which the engagement report is issued, or any other work product made available to you by our Firm.
- (b) The services performed by us pursuant to this engagement, unless, and to the extent that, such losses, costs, damages and expenses are found by a court of competent jurisdiction to have been due to the negligence of our Firm. In the event that the matter is settled out of court, we will mutually agree on the extent of the indemnification to be provided by your corporation.

Time Frames

We will use all reasonable efforts to complete the engagement as described in this letter within the agreed upon time frames. However, we shall not be liable for failures or delays in performance that arise from causes beyond our control, including the untimely performance by Oxford Elgin St. Thomas Public Health of its obligations.

Fees

Fees at Regular Billing Rates

Our professional fees will be based on our regular billing rates, plus direct out-of-pocket expenses and applicable HST, and are due when rendered. Fees for any additional services will be established separately.

Fees will be rendered as work progresses and are payable on presentation.

Billing

Our fees and costs will be billed monthly and are payable upon receipt. Invoices unpaid 30 days past the billing date may be deemed delinquent and are subject to an interest charge of 1.0% per month. We reserve the right to suspend our services or to withdraw from this engagement in the event that any of our invoices are deemed delinquent. In the event that any collection action is required to collect unpaid balances due to us, you agree to reimburse us for our costs of collection, including lawyers' fees.

Termination

If we elect to terminate our services for nonpayment, or for any other reason provided for in this letter, our engagement will be deemed to have been completed upon written notification of termination, even if we have not completed our report. You will be obligated to compensate us for all time expended and to reimburse us for all of our out-of-pocket costs through to the date of termination.

Costs of Responding to Government or Legal Processes

In the event we are required to respond to a subpoena, court order, government agency or other legal process for the production of documents and/or testimony relative to information we obtained and/or prepared during the course of this engagement, you agree to compensate us at our normal hourly rates for the time we expend in connection with such response and to reimburse us for all of our out-of-pocket costs (including applicable GST/HST) incurred.

Other Services

In addition to the audit services referred to above, we will, as allowed by the *Rules of Professional Conduct/Code of Ethics*, prepare your federal and provincial income tax returns and other special reports as required. Management will provide the information necessary to complete these returns/reports and will file them with the appropriate authorities on a timely basis.

Use of Information

It is acknowledged that we will have access to all personal information in your custody that we require to complete our engagement. Our services are provided on the basis that:

- (a) you represent to us that management has obtained any required consents for collection, use and disclosure to us of personal information required under applicable privacy legislation; and
- (b) we will hold all personal information in compliance with our Privacy Statement.

Communications

In connection with this engagement, we may communicate with you or others via telephone, facsimile, post, courier and e-mail transmission. As all communications can be intercepted or otherwise used or communicated by an unintended third party, or may not be delivered to each of the parties to whom they are directed and only to such parties, we cannot guarantee or warrant that communications from us will be properly delivered only to the addressee. Therefore, we specifically disclaim and waive any liability or responsibility whatsoever for interception or unintentional disclosure of communications transmitted by us in connection with the performance of this engagement. In that regard, you agree that we shall have no liability for any loss or damage to any person or entity resulting from: communications, including any consequential, incidental, direct or indirect; special damages, such as loss of revenues or anticipated profits; or disclosure or communication of confidential or proprietary information.

We offer you the opportunity to communicate by a secure online portal, however if you choose to communicate by email you understand that transmitting information poses several risks. You should not agree to communicate with the firm via email without understanding and accepting these risks.

Conclusion

This engagement letter includes the relevant terms that will govern the engagement for which it has been prepared. The terms of this letter supersede any prior oral or written representations or commitments by or between the parties. Any material changes or additions to the terms set forth in this letter will only become effective if evidenced by a written amendment to this letter, signed by all of the parties.

If you have any questions about the contents of this letter, please raise them with us. If the services outlined are in accordance with your requirements, and if the above terms are acceptable to you, please sign the copy of this letter in the space provided and return it to us.

We appreciate the opportunity of continuing to be of service to your company.

Sincerely,

GRAHAM SCOTT ENNS LLP
CHARTERED PROFESSIONAL ACCOUNTANTS



Jennifer Buchanan, CPA, CA
Partner

Acknowledged and agreed on behalf of Oxford Elgin St. Thomas Public Health by:

Mr. Larry Martin

Oxford Elgin St. Thomas Public Health



May 6, 2021

Mr. Larry Martin and Members of the Board of Health
Oxford Elgin St. Thomas Health Unit
1230 Talbot Street
St Thomas, ON, N5P 1G9

Dear Mr. Larry Martin and Members of the Board of Health:

You have requested that we review the Settlement Reconciliation Schedules (the "Schedules") of Oxford Elgin St. Thomas Health Unit, which for the year ended December 31, 2020. We are pleased to confirm our acceptance and our understanding of this review engagement by means of this letter.

Our review will be conducted with the objective of expressing our conclusion on the Schedules. Our conclusion, if unmodified, will be in the form "Based on our review, nothing has come to our attention that causes us to believe that these Schedules do not present fairly, in all material respects, the Schedules of Oxford Elgin St. Thomas Health Unit for the year ended December 31, 2020 in accordance the financial reporting requirements of the Ministry of Health and the Board of Health and the "Instructions for Completion of the 2020 Year-End Settlement".

Our Responsibilities

We will conduct our review in accordance with Canadian generally accepted standards for review engagements, which require us to comply with relevant ethical requirements.

A review of financial schedules in accordance with Canadian generally accepted standards for review engagements is a limited assurance engagement. We will perform procedures, primarily consisting of making inquiries of management and others within the entity (as appropriate) and applying analytical procedures, and evaluate the evidence obtained. We will also perform additional procedures if we become aware of matters that cause us to believe the Schedules as a whole may be materially misstated. These procedures are performed to enable us to express our conclusion on the financial sschedules in accordance with Canadian generally accepted standards for review engagements. The procedures selected will depend on what we consider necessary in applying our professional judgment, based on our understanding of Oxford Elgin St. Thomas Health Unit and its environment, and our understanding of the financial reporting requirements of the Ministry of Health and the Board of Health and the "Instructions for Completion of the 2020 Year-End Settlement" and its application in the industry context.

A review is not an audit of the Schedules, therefore:

a) There is a commensurate higher risk than there would be in an audit that any material misstatements that exist in the Schedules reviewed may not be revealed by the review, even though the review is properly performed in accordance with Canadian generally accepted standards for review engagements.

b) In expressing our conclusion from the review of the Schedules, our report on the Schedules will expressly disclaim any audit opinion on the Schedules.

Reporting

Unless unanticipated difficulties are encountered, our report will be substantially in the following form:

To the Directors:

We have reviewed the Settlement Reconciliation Schedules (the "Schedules") of the Oxford Elgin St. Thomas Health Unit for the year ending December 31, 2020 to meet the financial reporting requirements of the Ontario Ministry of Health and Long-term care.

Management's Responsibility for the Financial Statements

Management is responsible for the preparation and fair presentation of these financial schedules in accordance with the financial reporting requirements of the Ministry of Health and the Board of Health and the "Instructions for Completion of the 2020 Year-End Settlement", and for such internal control as management determines necessary to enable the preparation of financial schedules that are free from material misstatement, whether due to fraud or error.

Practitioner's Responsibility

Our responsibility is to express a conclusion on the accompanying financial schedules based on our review. We conducted our review in accordance with Canadian generally accepted standards for review engagements, which require us to comply with relevant ethical requirements.

A review of financial schedules in accordance with Canadian generally accepted standards for review engagements is a limited assurance engagement. The practitioner performs procedures, primarily consisting of making inquiries of management and others within the entity, as appropriate, and applying analytical procedures, and evaluates the evidence obtained.

The procedures performed in a review are substantially less in extent than, and vary in nature from, those performed in an audit conducted in accordance with Canadian generally accepted auditing standards. Accordingly, we do not express an audit opinion on the financial information.

Conclusion

Based on our review, nothing has come to our attention that causes us to believe that these financial schedules for the year ended December 31, 2020 are not, in all material aspects, in accordance with the financial reporting requirements of the Ministry of Health and the Board of Health and the "Instructions for Completion of the 2020 Year-End Settlement".

The schedule of revenues and expenditures, has not been, and was not intended to be, prepared in accordance with Canadian generally accepted accounting principles, is solely for the information and use of the addressess and the Ontario Ministry of Health and Long-term Care for the stated purpose, and is not intended to be and should not be used by anyone other than the specified users, or for any other purpose.

St. Thomas, Ontario

CHARTERED PROFESSIONAL ACCOUNTANTS

Licensed Public Accountants

If we conclude that a modification to our report on the Schedules is necessary, we will discuss the reasons with you in advance.

Management's Responsibilities

Our review will be conducted on the basis that management [and, where appropriate, those charged with governance/oversight] acknowledge and understand that they are responsible for:

- a) The preparation and fair presentation of the Schedules in accordance with the financial reporting requirements of the Ministry of Health and the Board of Health and the "Instructions for Completion of the 2020 Year-End Settlement".
- b) Such internal control as management determines is necessary to enable the preparation of financial schedules that are free from material misstatement, whether due to fraud or error; and
- c) Providing us with:
 - i) Access to all information of which management is aware that is relevant to the preparation and fair presentation of the Schedules, such as records, documentation and other matters;
 - ii) Additional information that we may request from management for the purpose of the review; and
 - iii) Unrestricted access to persons within Oxford Elgin St. Thomas Health Unit from whom we determine it necessary to obtain evidence.

As part of our review, we will request from management [and, where appropriate, those charged with governance] written confirmation concerning representations made to us in connection with the review.

We will communicate any misstatements identified during the engagement other than those that are clearly trivial. We will request that management correct all the misstatements communicated.

Confidentiality

One of the underlying principles of the profession is a duty of confidentiality with respect to client affairs. Each professional accountant must preserve the secrecy of all confidential information that becomes known during the practice of the profession. Accordingly, we will not provide any third party with confidential information concerning the affairs of Oxford Elgin St. Thomas Health Unit unless:

- We have been specifically authorized with prior consent;
- We have been ordered or expressly authorized by law or by the Code of Professional Conduct/Code of Ethics; or
- The information requested is (or enters into) public domain.

In performing our services, we will send messages and documents electronically. You acknowledge that electronic communication carries the possibility of inadvertent misdirection, interception or non-delivery of confidential material, or infection by a virus. If you do not consent to our use of electronic communications, please notify us in writing.

We do not accept responsibility and will not be liable for any damage or loss caused in connection with the interception or corruption of an electronic communication.

Use of Information

It is acknowledged that we will have access to all personal information in your custody that we require to complete our engagement. Our services are provided on the basis that:

- a) You represent to us that management has obtained any required consents for collection, use and disclosure to us of personal information required under applicable privacy legislation; and

b) We will hold all personal information in compliance with our Privacy Statement.

Use and Distribution of Our Report

Our review engagement report on the Schedules has been issued solely for the use of Oxford Elgin St. Thomas Health Unit and those to whom our report is specifically addressed by us. We make no representations of any kind to any third party in respect of these Schedules, and we accept no responsibility for their use by any third party.

We ask that our name be used only with our consent and that any information to which we have attached a communication be issued with that communication, unless otherwise agreed to by us.

Reproduction of Review Engagement Report

If reproduction or publication of our review engagement report (or reference to our report) is planned in an annual report or other document, including electronic filings or posting of the report on a website, a copy of the entire document should be submitted to us in sufficient time for our review before the publication or posting process begins.

Management is responsible for the accurate reproduction of the Schedules, the review engagement report and other related information contained in an annual report or other public document (electronic or paper-based). This includes any incorporation by reference to either full or summarized Schedules that we have reviewed.

We are not required to read the information contained in your website or to consider the consistency of other information in the electronic site with the original document.

Preparation of Schedules

We understand that you or your employees will prepare certain schedules and locate specified documents for our use before our engagement is planned to commence.

This assistance will facilitate our work and help to minimize our costs. Any failure to provide these working papers or documents on a timely basis may impede our services and require us to suspend our services or withdraw from the engagement.

Ownership

The working papers, files, other materials, reports and work created, developed or performed by us during the course of the engagement are the property of our firm, constitute confidential information and will be retained by us in accordance with our firm's policies and procedures.

During the course of our work, we may provide, for your own use, certain software, spreadsheets and other intellectual property to assist with the provision of our services. Such software, spreadsheets and other intellectual property must not be copied, distributed or used for any other purpose. We also do not provide any warranties in relation to these items and will not be liable for any damage or loss incurred by you in connection with your use of them.

We retain the copyright and all intellectual property rights in any original materials provided to you.

File Inspections

In accordance with professional regulations (and by our Firm's policy), our client files may periodically be reviewed by practice inspectors and by other engagement file reviewers to ensure that we are adhering to professional and Firm standards. File reviewers are required to maintain confidentiality of client information.

Accounting Advice

Except as outlined in this letter, this engagement does not contemplate the provision of specific accounting advice or opinions or the issuance of a written report on the application of accounting standards to specific transactions and to the facts and circumstances of the entity. Such services, if requested, would be provided under a separate engagement.

Other Services

In addition to the review services referred to above, we will, as allowed by the Rules of Professional Conduct / Code of Ethics, prepare your federal and provincial income tax returns and other special reports as required. Management will provide the information necessary to complete these returns/reports and will file them with the appropriate authorities on a timely basis.

Governing Legislation

This engagement letter is subject to, and governed by, the laws of the Province of Ontario. The Province of Ontario will have exclusive jurisdiction in relation to any claim, dispute or difference concerning this engagement letter and any matter arising from it. Each party irrevocably waives any right it may have to object to any action being brought in those courts, to claim that the action has been brought in an inappropriate forum or to claim that those courts do not have jurisdiction.

Dispute Resolution

You agree that:

- a) Any dispute that may arise regarding the meaning, performance or enforcement of this engagement will, prior to resorting to litigation, be submitted to mediation; and
- b) You will engage in the mediation process in good faith once a written request to mediate has been given by any party to the engagement.

Indemnity

Oxford Elgin St. Thomas Health Unit hereby agrees to indemnify, defend (by counsel retained and instructed by us) and hold harmless our Firm, and its partners, agents or employees, from and against any and all losses, costs (including solicitors' fees), damages, expenses, claims, demands or liabilities arising out of or in consequence of:

- a) The breach by Oxford Elgin St. Thomas Health Unit, or its directors, officers, agents, or employees, of any of the covenants made by Oxford Elgin St. Thomas Health Unit herein, including, without restricting the generality of the foregoing, the misuse of, or the unauthorized dissemination of, our engagement report or the Schedules in reference to which the engagement report is issued, or any other work product made available to you by our Firm.
- b) The services performed by us pursuant to this engagement, unless, and to the extent that, such losses, costs, damages and expenses are found by a court of competent jurisdiction to have been due to the negligence of our Firm. In the event that the matter is settled out of court, we will mutually agree on the extent of the indemnification to be provided by your corporation.

Concerns

If at any time you would like to discuss our services or make a complaint, please contact your engagement partner. We will listen to your concerns and investigate any complaint on a timely basis.

Fees

Fees at Regular Billing Rates

Our professional fees will be based on our regular billing rates, plus direct out-of-pocket expenses and applicable HST, and are due when rendered. Fees for any additional services will be established separately.

If significant additional time is necessary, we will discuss the reasons with you and agree on a revised fee estimate before we incur the additional costs.

Fees will be rendered as work progresses and are payable on presentation.

Billing

Our fees and costs will be billed monthly and are payable upon receipt. Invoices unpaid 30 days past the billing date may be deemed delinquent and are subject to an interest charge of 1.0% per month. We reserve the right to suspend our services or to withdraw from this engagement in the event that any of our invoices are deemed delinquent. In the event that any collection action is required to collect unpaid balances due to us, you agree to reimburse us for our costs of collection, including lawyers' fees.

Costs of Responding to Government or Legal Processes

In the event we are required to respond to a subpoena, court order, government agency or other legal process for the production of documents and/or testimony relative to information we obtained and/or prepared during the course of this engagement, you agree to compensate us at our normal hourly rates for the time we expend in connection with such response and to reimburse us for all of our out-of-pocket costs (including applicable GST/HST) incurred.

Communications

In connection with this engagement, we may communicate with you or others via telephone, facsimile, post, courier and e-mail transmission. As all communications can be intercepted or otherwise used or communicated by an unintended third party, or may not be delivered to each of the parties to whom they are directed and only to such parties, we cannot guarantee or warrant that communications from us will be properly delivered only to the addressee. Therefore, we specifically disclaim and waive any liability or responsibility whatsoever for interception or unintentional disclosure of communications transmitted by us in connection with the performance of this engagement. In that regard, you agree that we shall have no liability for any loss or damage to any person or entity resulting from: communications, including any consequential, incidental, direct or indirect; special damages, such as loss of revenues or anticipated profits; or disclosure or communication of confidential or proprietary information.

We offer you the opportunity to communicate by a secure online portal, however if you choose to communicate by email you understand that transmitting information poses several risks. You should not agree to communicate with the firm via email without understanding and accepting these risks.

Termination

If we elect to terminate our services for nonpayment or for any other reason provided for in this letter, our engagement will be deemed to have been completed upon written notification of termination, even if we have not completed our report. You will be obligated to compensate us for all time expended and to reimburse us for all of our out-of-pocket costs, through to the date of termination.

Conclusion

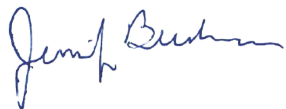
This engagement letter includes the relevant terms that will govern the engagement for which it has been prepared. The terms of this letter supersede any prior oral or written representations or commitments by or between the parties. Any material changes or additions to the terms set forth in this letter will only become effective if evidenced by a written amendment to this letter, signed by all of the parties.

If you have any questions about the contents of this letter, please raise them with us. If the services outlined are in accordance with your requirements, and if the above terms are acceptable to you, please sign the copy of this letter in the space provided and return it to us.

We appreciate the opportunity of continuing to be of service to your corporation.

Yours truly,

GRAHAM SCOTT ENNS LLP
CHARTERED PROFESSIONAL ACCOUNTANTS



Jennifer Buchanan, CPA, CA
Partner

Acknowledged and agreed on behalf of Oxford Elgin St. Thomas Health Unit by:

Mr. Larry Martin and Members of the Board of
Oxford Elgin St. Thomas Health Unit



MOH REPORT

Open Session

MEETING DATE: June 3, 2021

SUBMITTED BY: Dr. Joyce Lock, MOH (written as of 12:00noon, May 25, 2021)

SUBMITTED TO: ☒ Board of Health
☐ Finance & Facilities Standing Committee
☐ Governance Standing Committee
☐ Transition Governance Committee

PURPOSE: ☐ Decision
☐ Discussion
☒ Receive and File

AGENDA ITEM # 5.3

RESOLUTION # 2021-BOH-0603-5.3

1) Coronavirus COVID-19 (Receive and File):

CURRENT STATE

As of May 25TH, 2021, [Southwestern Public Health](#) (SWPH) reported a cumulative confirmed case count of 3,746 residents who tested positive for Covid-19, of which 88 are active and 80 are deceased. From our most recent data set at the time of this report, dated May 13-19, 2021, the risk of Covid-19 in our community remains in the high range (reflected in the weekly incidence rate of non-epi linked cases at 10.4/100,00 and weekly percent positivity of 3.0%) while our weekly incidence rate of 35.5/100,000 and median Re of 0.9 have moved to a 'medium risk' category.

The gradual decline in cases, positivity, and hospitalization rates locally and throughout Ontario are due to ever-increasing regional vaccine coverage rates combined with provincewide limits and the stay-at-home order currently in place. We have cause for optimism as public health measures and the efforts of our community are succeeding in flattening the curve once more. However, as we have seen before, we must continue to exercise self-restraint, caution, and patience lest we precipitate another resurgence of Covid-19 transmission and infection, burdening our healthcare system again.

VARIANTS OF CONCERN AND PROVINCIAL MEASURES

Work continues in learning more about Covid [variants of concern \(VOCs\)](#) as they are now the [dominant strain of coronavirus in many communities](#). Our most recent data report noted 81 current cases in the SWPH region were VOCs (via confirmed lineage or presumed based on the screening test for mutations), accounting for 79.4% of all active cases. VOC volatility in the community remains a persistent concern as these variants have proven to occur suddenly and infect swiftly and comprehensively. Indeed, the province's [third provincial emergency and Stay-at-Home order on April 8th](#) was in direct response to the rising wave of cases caused by unchecked VOC transmission. The province's [Roadmap to Reopen](#), announced on May 20, 2021, is a three-step plan to emerge from lockdown in a manner that stresses the importance of caution in relaxing public health measures and vigilance in monitoring case rates, hospitalizations, and VOC transmission. In proposing to move to [Step 1 of the roadmap](#) once 60% of Ontario's adults receive at least one dose of a Covid-19 vaccine (with subsequent steps closely tied to vaccination rates) the message is clear: vaccinating the community at large is key to social and economic regional recovery.

SWPH IMMUNIZATION PLANNING AND OUTREACH

At the time of this report, SWPH approaches a new milestone of immunizing 100,000 residents (almost 45% of the population) with at least one dose of Covid vaccine. I encourage everyone to take a moment to celebrate how much has been accomplished thus far, acknowledging the immense contributions and effort from our committed community partners, our enthusiastic volunteers, and our dedicated staff. With the [dropping of age bands to 18 years across the province](#) on May 17, 2021 and the [inclusion of school children aged 12 years and older](#) on May 21, 2021, the goal of public health is to administer shots in arms as quickly, broadly, and equitably as possible.

SWPH continues to prove that it can ramp up its delivery of vaccines such that even as we receive increased vaccine stock, we are administering our entire allocation each week. As we await additional vaccine supplies to match our projected needs, we look to recent news such as [Moderna's report on the effectiveness of its vaccine on 12-to-17-year olds](#) (reporting a 93% efficacy 14 days after the first dose and 100% efficacy 14 days after the second dose) and Health Canada's authorization allowing the [Pfizer-BioNTech vaccine to be stored at regular refrigerated temperatures \(2-8°C\)](#) for up to one month. These are opportunities for more nimble and concentrated vaccine delivery.

Such a focused effort requires strong partnerships with fellow vaccine delivery partners. With that in mind, SWPH has worked out various service level agreements with health system partners and continues to meet with Primary Care leads from Elgin and Oxford county to gauge the readiness of local family physicians to onboard vaccines for their rostered patients. SWPH has also convened a Covid Vaccine Pharmacy Network to engage with the local community, offer Health Unit support (especially now that pharmacies will carry either Pfizer or Moderna vaccines), and provide a forum for the group to share information and discuss issues and concerns. Our mutual drive to vaccinate every person who wants the vaccine will hopefully help

move us ever closer to reopening the province. Modeling and current trends suggest that Step 1 of the provincial vaccination target rate will be reached by the week of June 14, 2021, but until then, we must all continue to follow the [measures and legislation currently in place](#).

CONCLUSION

SWPH is working at an accelerated rate to ensure first doses are in as many arms as possible throughout the region. If we keep up these immunization levels and are able to maintain low case numbers, by summer we may be able to enjoy small, outdoor gatherings and activities and safely connect with friends and family. With that in mind, we urge everyone to continue following preventive and protective Covid-19 public health measures to ensure we safeguard both the summer we want as well as those who have yet to get their shot at the shot:

- Get the [Covid-19 vaccination shot](#) via a local mass immunization clinic, pharmacy, or primary care provider.
- Share credible information about the [safety of Covid-19 vaccines and the province's vaccine program](#); share [local updates and resources on COVID-19](#).
- Follow the [provincewide declaration of emergency and Stay-at-Home order](#).
- Stay home if you experience [signs of any illness](#).
- [Get tested if you think you have even one symptom \(self-isolate until you receive results\)](#).
- [Practice physical distancing](#) when away from home (6 ft away).
- [Wear a face covering to protect others](#) (face coverings **do not** replace physical distancing).
- Wash hands often or use hand sanitizer (+60% alcohol) when soap and water are unavailable.
- Download the COVID-19 Alert App: <https://www.ontario.ca/covidalert>

MOTION: 2021-BOH-0603-5.3

That the Board of Health for Southwestern Public Health accept the Medical Officer of Health's Report for June 3, 2021.