Minutes of the Board of Health Regular Meeting
Thursday, September 21, 2017
Videoconference
Board Room/Room C
458 Laurier Blvd., Brockville/25 Johnston Street, Smiths Falls
4:00 p.m. – 6:07 p.m.

Present:

Anne Warren, Chair
Doug Malanka, Vice Chair
Aubrey Churchill
Philip Deery
Joe Gallipeau
Ivanette Hargreaves
Teresa Jansman
Candace Kaine
David Nash
Harsh Patel
Cheryl Russell-Julien
Sherryl Smith
Toni Surko

Paula Stewart, Medical Officer of Health
Heather Bruce, Executive Assistant

J. Empey, Manager, QCIS
C. Farella, Manager, HLD
S. Gates, Director, QCIS
J. Hess, Director, HLD
K. Jackson, Manager, QCIS
J. Mays, Manager, HLD
J. Adams, J. Cunningham, S. Funnell, S. Healey

1. **Call to Order**
   A. Warren called the meeting to order at 4:00 p.m. and asked S. Smith to introduce herself to the group. Everyone welcomed S. Smith to the Board.

2. **Approval of the Agenda**
   The agenda items were reviewed.

   Motion: That the agenda of the September 21, 2017 Regular Meeting be approved as circulated. Motion Carried.

3. **Conflict of Interest Declaration**
   None declared.

4. **Presentation:**
   4.1. New Provincial Opioid Funding
   C. Farella and J. Cunningham gave a PowerPoint presentation on the new funding received from the MOHLTC for the community opioid response. (Appendix #1) Enhancement funding was added to the base budget in the amount of $150,000 and is being used to support the harm reduction pillar within the prevention strategy. The scope encompasses the local opioid response

plan, public health unit led naloxone distribution to eligible community organizations, and an early warning and surveillance system.

The Health Unit will also be working with the SELHIN on their opioid response plan which will focus on the health care system.

ACTION: P. Stewart will circulate SE LHIN Plan to Board members.

A. Warren thanked C. Farella and J. Cunningham for their report.

5. Consent Agenda

Motion: The following items on the consent agenda be approved as circulated:

5.1. Approval of the Minutes from the Board of Health Regular Meeting held on June 22, 2017

5.2. Governance Committee Report

5.2.1. Municipal and Board Communication

5.2.2. Governance Committee Terms of Reference

5.2.3. By-Law #1

5.2.4. Duty of Care Report

5.3. Finance, Property and Risk Management Committee Report

5.3.1. Board Expenses

5.3.2. Second Quarter Financial Report

5.3.3 Investment Cap on the Reserve

5.3.4 Finance Policy V-175-0

5.3.5 Response to Management Letter

5.4. General Correspondence

5.4.1. Letter from Minister Eric Hoskins – Oral Health Programs for Low-Income Seniors

5.4.2. Letter to Minister Eric Hoskins – Health Promotion Resource Centres

5.4.3. Letter to Minister Eric Hoskins from Middlesex-London Health Unit in support of LGLDHU's advocacy for a Low Income Adult Dental Program

5.4.4. Thank you - Support for Ontario PSL Collaborative

5.5. Duty of Care Report

Motion Carried.

6. New Business:

6.1. Finance, Property and Risk Management Committee Report

6.1.1. Municipal Levy Reapportionment

The Finance, Property and Risk Management Committee advised that four municipalities reported being in favour of using Statistics Canada population data, one has not responded, and one is in favour of using MPAC population data to allocate the levy among obligated municipalities. Since the HPPA legislation stipulates that all obligated municipalities must be in agreement, MPAC must be used.

The City of Brockville required further clarification, which was provided. Levy apportionment will be discussed at their next community meeting.

A. Warren wrote to the minister requesting that the legislation be changed to Statistics Canada data, rather than MPAC, but has not received a response.

ACTION: The letter will be resent to Minister Hoskins asking for a response to the request for change in the legislation regarding the use of data to apportion the levy.

6.2. Governance Committee Report

6.2.1. Membership on Board Subcommittees

The Governance Committee advised that an expression of interest was forwarded to new members regarding their interest in membership on Board subcommittees. Responses were presented to the Board. Appointments will take effect immediately.

Motion: That the Board of Health approve the appointments of:

- *Candace Kaine and Sherryl Smith to the Governance Committee*
- *Toni Surko to the Finance, Property and Risk Management Committee*

Motion Carried.

6.3. Response to Minister's Expert Panel on Public Health

P. Stewart attended a meeting in Toronto with other Medical Officers of Health to discuss the Expert Panel Report and a response will be prepared from the Council of Medical Officers of Health of Ontario. The ministry invited Medical Officers of Health to meet with them regarding the Expert Panel Report, and advised that the ministry has not yet made a policy decision about the report pending the review of feedback from the field.

The Briefing Note on the Response to the Minister's Expert Panel Report was reviewed (Appendix #2). It will be used to give feedback to alPHa. The key points raised in the summary are the ones that will be included in the letter to the Minister.

The Board asked about a counterproposal; it might be an opportunity to open the door for discussion. The LHIN Sub Regions and program and service guidelines have already been set up, let those run.

There are also other professional associations in public health that are putting together a response. The alPHa Board will meet on September 29, 2017. They have hired a facilitator and will craft a response.

Motion: That the Board of Health send a letter to Minister Hoskins outlining the concerns about the recommendations for public health organization and governance listed in the Expert Panel Report, with a copy to the three MPP's of our region;

And that the Board of Health send this briefing note to all obligated municipalities and encourage them to write a letter to Minister Hoskins about the Expert Panel Report;

And that the Board of Health send the answers to alPHa's questions for inclusion in the alPHa response to the recommendations of the Expert Panel's Report.

Motion Carried.

7. MOH Verbal Report – P. Stewart

See Appendix #3.

Motion: That the Board of Health Regular Meeting adjourn.
Motion Carried.

8. In-Camera

The motion to move in-camera was read.

Motion: That this Board move into a closed session of the Board of Health due to the following:

- *Personal matters about an identifiable individual, including municipal or local board employees;*
- *Labour relations or employee negotiations;*

Motion Carried.

That: This closed session rise and report.
Motion Carried.

8.1. Labour Relations

That: The Board of Health approve the CUPE settlement, which was negotiated and agreed to for ratification on September 6, 2017.
Motion Carried.

That: The Board of Health approve the ONA settlement, which was negotiated and agreed to for ratification on September 20, 2017.
Motion Carried.

8.2. Human Resources

Motion: That the Board of Health approve the new non-union salary structure.
Motion Carried.

9. Time, Date and Location of Next Meeting

- 4:00 p.m. Thursday, October 19, 2017 by videoconference.

10. Adjournment

Motion: That the meeting adjourn at 6:07 p.m.
Motion Carried.

_____ _____
A. Warren, Chair Date

_____ _____
H. Bruce, Executive Assistant Date

c: Board members
Shared Drive

Update on LGL Opioid Response

Claire Farella RN BScN MN
Manager Healthy Living and Development
Leeds, Grenville & Lanark District HEALTH UNIT
Your Partner in Public Health
www.healthunit.org

Harm Reduction Program Enhancement

- As part of the Strategy to Prevent Opioid Addiction and Overdose funding announcement in June identified that LGLDHU will receive $150,000
- Enhancement is to support implementation of harm reduction pillar
  - to build on/leverage programs and services already offered
  - build sustainable community outreach and response capacity
- Scope of work includes
  - **Local Opioid Response**
  - **PHU-led naloxone distribution to eligible community organizations**
  - **Early warning and surveillance**

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Return to top of document

Local Opioid Response: Requirement

- Based on assessment of local data and community needs
- Engage stakeholders
- Conduct a population health/situational assessment
- Lead/support the development, implementation, and evaluation of local overdose response plan (or drug strategy)
- Adopt and ensure timely data entry into Ontario Harm Reduction Database

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Local Opioid Response: Current and Planned Work

- Community Harm Reduction Steering Committee - meets monthly
- Completed a situational assessment and identified opioid related community issues/challenges
- Developed a Community Opioid Response Plan- 4 Pillar approach focusing on prevention, harm reduction, treatment, enforcement

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Local Opioid Response: Current and Planned Work

Implementing community plan

- Community Presentations
  - 71 presentations since Feb 2017
- Media Campaigns
  - Social Media/Alerts/Factsheets- Parents/Teachers/Students
- Advocacy
  - OOPNA (July 2017) Letter to CMOH
  - AMO-Ottawa Dr. Stewart addressed Parliamentary Assistant on behalf of Lanark (Aug 2017)
  - SELHIN- Opioid Response Plan(Sept 2017)

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Naloxone Distribution and Training: Requirement

- PHU will act as distribution leads for **eligible** community organizations in order to increase dissemination of naloxone kits to priority populations by agencies where individuals are already receiving services
  - Community Health Centers
  - AIDS service organizations
  - Shelters
  - Outreach Programs
  - Withdrawal management programs

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Naloxone Distribution and Training: Requirement

- Order naloxone for eligible community organizations
- Coordinate and manage naloxone inventory
- Train community organization staff on naloxone administration
- Ensure appropriate collection of data by community organizations
- Support policy development at community organizations
- Promote naloxone availability and engage in community organization outreach

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Naloxone Distribution and Training: Current and planned work

- Current partnerships with community organizations will be used to identify high risk organizations
- Current process in place to monitor/distribute NSP supplies - naloxone will be added to the process
- Build on expertise developed in providing naloxone training community partners to expand to others
  - Naloxone training - Upper Canada School Board/Catholic School – Board (5 sessions), Police (3 sessions), Fire (8 sessions), Emergency Department (Smith Falls/Perth),
  - Work with community partners to provide training in their agencies for clients at risk

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Naloxone Distribution and Training: Current and planned work

- Build on expertise developed in supporting the development of Naloxone P&P to expand to others
  - School Boards
  - Police
  - Firefighter policy and procedure to respond to opioid overdose

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Opioid Overdose Early Warning and Surveillance: Requirement

- Implementation and or enhancement of early warning systems that will allow for the timely identification of and response to a surge in opioid overdoses.
- Establishing membership of an integrated community response.

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Opioid Overdose Early Warning and Surveillance: Requirement

- Establish formal collection and reporting mechanisms for local data sources used to identify observed changes in the community that would lead one to believe that a surge in opioid overdoses is occurring.
- Development of an action plan to respond to a surge in opioid overdoses.

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Opioid Overdose Early Warning and Response: Current and planned work

Supporting an integrated local community response

- Community Harm Reduction Steering Committee (LGL)
- Opioid Overdose Response Plan- Partnership of Counties, Municipalities, Emergency Services, Hospital and HU.
  - IMS model- mechanisms in place to respond to cluster overdoses

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Opioid Overdose Early Warning and Response: Current and planned work

Participating on Provincial Committees

- Joint Advisory Group on Drugs of Abuse (SE LHIN members)
- Opioid Overdose Prevention Naloxone Administration Working Group (Provincial)

Collecting and analysing existing data on opioid overdoses

- Community overdose reporting tool- on website
- Aces Data- hospital ER
- Coroners Data- death

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Local Data

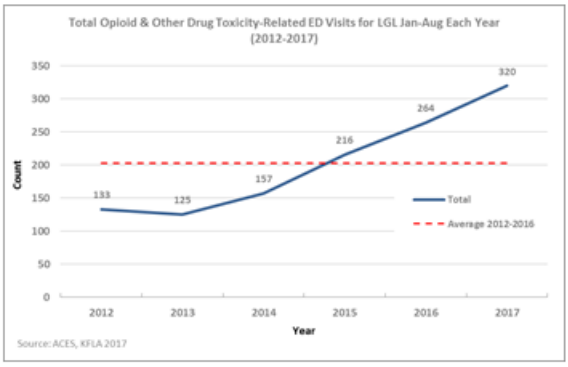
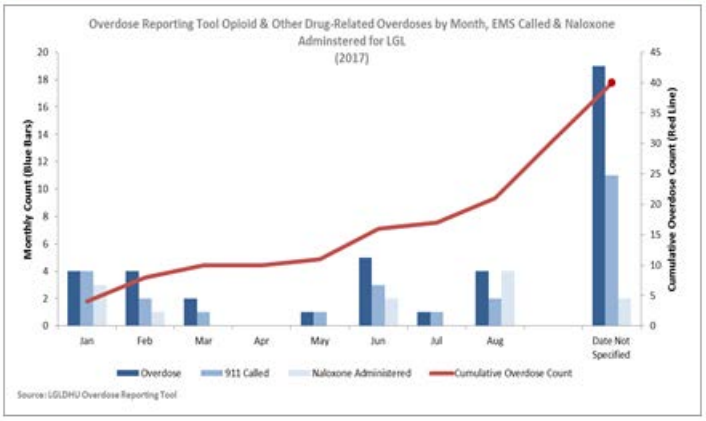


Fig 2: The average number of ED visits between January and end August between 2012 and 2017 was 203. 2017 is higher than the last 5-years at 320 ED visits to date.

Local Data



Questions

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Contact us
Visit our website:
www.healthunit.org
Email us at:
contact@healthunit.org
Call the Health ACTION Line:
1-800-660-5853
FACEBOOK:
LGLHealthUnit
TWITTER:
@LGLHealthUnit
SCAN LINK:
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Appendix #2

Leeds, Grenville & Lanark District HEALTH UNIT

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Board of Health Briefing Note

Expert Panel on Public Health

SUBJECT

Possible implications of the Expert Panel on Public Health's report "Public Health within an Integrated Health System."

SUMMARY AND RECOMMENDATION

The report of the Expert Panel on Public Health would set local public health on a new and untested path. These changes and their impacts need to be considered when reviewing the Expert Panel recommendations.

The report lacks important implementation information and the critical aspects outlined below must be clarified before the Board can determine if the proposed governance and organizational structure would be cost beneficial, and improve programs and services to our community.

- The Health Protection and Promotion Act obligates municipalities in a health unit region to contribute to public health funding and to oversee public health services via a Board of Health. This grounds public health programs and services in the local context. Municipal leadership in collaboration with provincial appointees on the Board of Health works very effectively. The proposed Regional Public Health Entity would lose this fundamental grounding of public health in local municipalities and it is not clear how municipal funding will be managed.
- The Leeds, Grenville and Lanark District Health Unit is a sufficient size that it is able to fund and staff all the administrative functions required and fill all the specialty positions such as epidemiologist, planner and evaluator, communications coordinator, webmaster, and IT to support the programs and services outlined in the provincial standards. The Regional Public Health Entity would take these away with the possible loss of jobs to our community and with no guarantee that service would be as effective, efficient or relevant to the rural/urban

reality of smaller health unit areas of jurisdiction. There would also be the disruptions associated with employees leaving their jobs in times of uncertainty, synchronization with union contracts, and the learning curve of the new Regional Entity.

- The Expert Panel recommends dividing the Health Unit between the Champlain LHIN and the South-East LHIN regions. This will have a negative effect on the current partnerships that include all of Leeds, Grenville and Lanark.
- The Health Unit programs and services currently collaborate effectively with other Health Units in our region and more broadly. The Regional Public Health Entity will not add to this and may provide a different direction for our programs and services without intimate knowledge of our area and its needs and complexities.
- The Regional Public Health Entity will add another layer of infrastructure including a new CEO position in addition to a Medical Officer of Health. This will mean added costs and likely the removal of senior leadership from the community to staff regional positions resulting in less leadership in the local community. If additional funding is not provided to meet these costs, then the funding would have to come from existing local programs and services.
- The Health Unit is already actively working with the South-East LHIN to identify how to integrate public health into the health care system – the purpose of the Expert Panel's work. Based on work with the South-East LHIN to date this approach will work quite well. The Health Unit will be involved in the Lanark, Leeds, Grenville Sub-Region, and health service areas will benefit from public health input and collaboration. A comparable process will be developed for the Champlain LHIN. This approach, previously proposed by the MOHLTC, should be tried and assessed before an alternate governance and organizational structure is imposed by the MOHLTC.
- The Report does not include a clear vision of a resulting improved, efficient, effective public health service with enhanced community health or regional health.

Recommendations

- That the Board of Health send a letter to Minister Hoskins outlining the concerns listed above about the recommendations for public health organization and governance listed in the Expert Panel Report, with a copy to the three MPP's of our region.
- That the Board of Health send this briefing note to all obligated municipalities and encourage them to write a letter to Minister Hoskins about the Expert Panel Report.
- That the Board of Health send the answers to alPHa's questions for inclusion in the alPHa response to the recommendations of the Expert Panel's Report.

BACKGROUND

Expert Panel

"In January 2017, the Minister of Health and Long-Term Care established an Expert Panel on Public Health to provide advice on structural, organizational and governance changes for Ontario's public health sector within a transformed health system."[1] The proposed benefits of the changes include[2]:

- Public health will use its relationships outside the health system to broker relationships between health care, social services, municipal governments and other sectors to create healthier communities;
- Public health will bring a greater focus on the social determinant's of health and health equity by embedding a population health approach into health service planning and delivery;
- Public health can identify high risk communities and assist in developing comprehensive targeted interventions to prevent chronic diseases by addressing identifiable risk factors;
- Public health can help the health system develop care pathways for patients that incorporate social factors (e.g. food security, precarious housing) that affect population outcomes;
- Public health will enjoy greater public recognition and the importance of investing in health protection and promotion across the life course, and its role in the sustainability of the universal health care system will be more fully understood.

Summary of the Panel's Recommendations

- **Create a Regional Public Health Entity (RPHE) linked to LHIN boundaries with Local Public Health Service Delivery Areas (LPHSDA)**. A new Regional Public Health Entity would provide administrative services (HR, finance), communications, IT, surveillance and monitoring, information management, performance and evaluation, research, strategic planning, annual service plan, resource allocation planning, and Chief Nursing Officer services for the Local Public Health Service Delivery Areas (LPHSDA). The number and size of the local service delivery areas would be decided by the Regional Public Health Entity.
- **Divide the Leeds, Grenville and Lanark District Health Unit Group into two Regional Public Health Entities**. The report recommends putting most Lanark, Leeds and Grenville municipalities into the Champlain LHIN, and putting Lanark Highlands into the Southeast LHIN.

[1] From Public Health within an Integrated Health System, Report of the Ministers Expert Panel on Public Health, June 9, 2017 p. 4.
[2] Page

- **Create new positions for the Regional Public Health Entity (RPHE).** The RPHE would have a single leader, a CEO, who would report to the Board. The Medical Officer of Health would report to the CEO for most matters, and would report to the Board directly on matters of public health safety. Four new Directors (Corporate Services, Public Health Practice, Performance, Quality and Analytics and Strategic Engagement) with associated staff would be created to provide direction and oversight to the Local Public Health Service Delivery Areas. The Local Public Health Service Delivery Areas would have managers and multidisciplinary teams and would provide local public health programs and services in collaboration with the partners they work with now including municipalities.
- **Dismantle all the current local Boards of Health and create one Regional Board of Health -** All local Boards of Health would be dissolved and there would be one new Regional Board with 12 to 14 members. A formula would be developed to identify how the several municipalities within the Regional Entity would be represented on the Board. The report recommends that the Regional Chair, Vice Chair and Committee Chairs be provincial appointees through an Order in Council.
- **Re-visit municipal funding -** Currently municipalities are obligated under the Health Protection and Promotion Act to provide funding to the Board of Health at a minimum ratio of 25% of the Provincial general public health funding. The report recognizes that there will be concerns about the "The proposed shift from local health units, whose costs are shared by local municipalities, to a regional public health entity will likely raise questions about the funding obligations of each municipality of the region. As part of implementation planning, the ministry will need to re-visit funding constructs in order to implement the recommendations. **"**

Feedback on the Report

The MOHLTC has asked for comments on the report by October 31, 2017. Minister Hoskins, the Minister of Health and Long-Term Care will review the feedback, and then respond to the recommendations of the Expert Panel.

alPHa has suggested that Boards of Health group their feedback into responses to the four questions below, and send these responses to alPHa. The Association of Local Public Health agencies (alPHa) will then compile the feedback from all the Boards of Health into a summary report for Minister Hoskins.

The Association of Municipalities of Ontario (AMO) has asked all municipalities to provide their feedback on the report to the Minister.

COMMENTS

The four questions below, recommended by alPHa, are useful to frame the comments raised by the Board and management at a meeting on August 30, 2017 where the recommendations of the Expert Panel were reviewed.

1. **What questions do you have about the Expert Panel report and its recommendations?**

- What is the guarantee the municipal funding would be allocated to fund programs and services in the community from which it came? How would local municipalities influence programs, the municipal levy, and the allocation of funding?
- What will be the costs of moving to a Regional Public Health Entity with an additional layer of infrastructure with senior leaders and their associated staff? How will these costs be funded?
- What is the evidence that a Regional Public Health Entity will be more effective to meet the desired impacts listed above (on page 8 of the report) rather than the current public health system with local public health units linked to LHIN Sub-Regions?
- What will be the cost effectiveness of moving to a Regional Public Health Entity?
- Why are the Public Health Work Stream options for how local Public Health could work effectively with the LHIN and LHIN Sub-Regions not being tried, before moving to a total restructuring of the Ontario Public Health System which will disrupt public health services and programs in the short run and potentially for the long-term?
- Why is the majority of the Leeds, Grenville and Lanark District Health Unit being moved to the Champlain LHIN when most of Leeds-Grenville and half of Lanark are with the South East LHIN? Why is Lanark Highlands being moved to the South East LHIN when it is currently in the Champlain LHIN?

2. **What in the report and its recommendations is helpful for Ontario's public health sector? Why?**
   - **Sharing resources** regionally might be more efficient for specialized administrative functions that would be generic to all health units e.g. financial analysis or human resources policy development.
   - Support for **business continuity** for solo positons in smaller health units, such as Communications Coordinator and Epidemiologist, while new individuals are recruited to these positions.
3. **What concerns you in the report and its recommendations? Why?**
   - **Decreased role of local municipalities in public health unit governance**. Not all obligated municipalities would have a seat on the Board which will result in less communication with and involvement of municipalities in directing public health work for their communities. The Board Chair, Vice Chair and Finance Chair would be provincial appointments, limiting these roles for municipal representatives.
   - **Uncertain how local municipal funding would be ascertained or allocated**. The risk is that municipal funding of Board of Health public health programs, which is obligated under the Health Protection and Promotion Act, will be decided by, and go

to, the Regional Public Health Entity and their Board will decide how it is to be allocated.

- **Loss of current internal services**: Local internal service provision is important to employee productivity and satisfaction. The ability to respond effectively to employee needs in a timely way may be compromised e.g. IT. The relationships of people in central services with employees make a difference.
- **CEO position in the RPHE -** Five of the six Health Units in the Champlain or South-East LHIN currently has a Medical Officer of Health who also functions in the CEO position. This works very well and ensures that administrative services and other central resources meet the needs of the programs and services provided by the Health Unit. Ottawa Public Health is part of the Region and, while the structure is a little different, the Medical Officer of Health still runs the Health Unit. The proposed RPHE will have a CEO leading the organization and reporting to the Board and a Medical Officer of Health reporting to the Board only for matters of public health and safety. This is an expensive approach with the cost of a MOH and a CEO, and is not necessary given the success of the current MOH/CEO approach in the Eastern Ontario Health Units. Separating the functions takes away for the innate strength of the combined role and effectively side-lines the MOH function which is essential for effective public health effectiveness.
- **Increased costs** associated with the Regional Public Health Entity. A CEO and several new senior positions will need to be created. Mileage costs will increase as employees have to travel to meetings with RPHE management or vice versa.
- **Potential loss in local public health resources** for the community - The report does not say how the increased costs associated with new regional infrastructure will be funded. The concern is that they will come from existing health units, in effect, decreasing local programs and services.
- **Adequate local oversight and support of managers**– A concern is whether a regionally located Director can provide the support for managers from several Local Public Health Service Delivery Areas across a wide geographic area and what access employees would have to the Director.
- **Health Unit will be split** and allocated to two different Regional Health Entities. While the current split doesn't make sense given current LHIN boundaries, it does suggest that the plan is to split the Health Unit between the Champlain and the SE LHIN areas. This will affect current working relationships with other LGL agencies including School Boards, Family and Children's Services, Mental Health and Addictions, children planning tables, and more. Current initiatives may be stalled as the Regional Entity assesses current local activities and whether they will be supported.
- **Surveillance, monitoring, analytics work** – The proposed Regional Public Health Entity will do all the epidemiological analyses. The current data analysis work that

the Health Unit's epidemiologist does for community organizations, for example, the health data for the Perth and District Community Foundation Vital Signs Report, may not get done.

- **Loss of Directors time** - The Directors would be at the regional level. This means a loss of the time, energy and expertise of the Directors and CNO in direct community work.
- **Public Health Workforce Stress** - This new proposed direction for the future of public health creates anxiety and uncertainty in the people providing the services at the grassroots level, especially without consultation. This comes at a time when health units are adjusting to new Ontario Public Health Programs and Services.

4. **What do you believe it is absolutely essential for alPHa to be communicating to the government regarding the report of the Expert Panel on Public Health? Why?**

- The report is very high level and lacks information on how the model would be implemented and funded. This work must be done and judged by the field to be acceptable from a cost/benefit perspective before the recommendations of the report are implemented.
- While this report was based on the premise that a Regional Public Health Entity would help smaller health units, there was no consultation with the rural/smaller health units or local municipalities, such as ours, as the report was being developed. An analysis of the benefits and risks of the proposed governance and organizational structure to smaller health units is essential before the report is implemented.
- The report outlines one possible approach to meet the Principles (page 6), the benefits of close collaboration between the LHIN and Public Health (page 7), the expected impact of public health within an integrated system (page 8), and the Organizational Criteria (page 10). What is the evidence that the Regional Public Health Entity approach is the best one? There are others. The proposal from the Public Health/LHIN Work Stream should have an opportunity to be implemented to see if the existing public health organization and governance would work to support effective integration of public health into the health system.
- The MOHLTC must work with AMO and alPHa to see if an acceptable role for local municipalities in the governance and funding of the Regional Public Health Entity, as noted on page 25 of the report, can be identified before the report is implemented.

Submitted by:

Paula Stewart, MOH/CEO

Sept 21, 2017

Appendix #3

Leeds, Grenville and Lanark District Health Unit
MOH Verbal Report
September 21, 2017

Organization Update

Both the new Ontario Public Health Programs and Services and the MOHLTC Accountability Agreement requirements provide the policy context for a CQI framework to ensure a culture of quality, continuous organizational self-improvement, and excellence in public health practice in our Health Unit. We will be developing a Quality Council chaired by Shani Gates to provide leadership for fostering a quality culture in the organization and to develop a quality and accountability plan. Two current committees, Planning and Accountability (Katie Jackson, Chair) and Risk Intelligence (Paula Stewart, Chair) will come under the umbrella of the Quality Council. Two more committees will be formed - Quality Committee and Public Health Practice Committee.

Work on the new Strategic Plan (the current one is from 2013 to 2018) will be deferred until the Ministry of Health and Long-Term Care (MOHLTC) decides if it will implement the June 2017 recommendation of the Expert Panel on Public Health to create a Regional Public Health Entity. This new organization would be responsible for strategic planning for all the local public health service areas in its region.

All employees will be participating in one of three workshops on conflict resolution on September 28 and September 29 given by Barb Langlois, a nursing consultant specializing in communication skills.

Program Update

The Leeds Grenville Healthy Kids Community Challenge Theme 3, *Healthy Recreation Concession Situational Assessment,* is underway. Interviews will be conducted with the municipal Recreation Coordinators or other staff to learn more about the food environment in municipal recreation facilities throughout the Leeds-Grenville and Lanark region. The plan is to discuss what is currently happening in recreation facilities, and if the Health Unit toolkit/support would be helpful to the staff in promoting healthier food that is available for sale in their facilities.

The Health Unit has developed a policy and procedure to support municipal firefighters in an opioid overdose situation in collaboration with the Emergency Coordinators, the EMS-Paramedic Programs, and the Fire Service Coordinators of both Lanark County and the United Counties of Leeds and Grenville. The first responders will be responsible for the initial assessment, airway and respiratory support, and CPR, if needed. When the vehicle arrives, then the additional firefighters will provide support until EMS arrives, including providing naloxone, if available.

The Health Unit has trained Gananoque, Smiths Falls, and Brockville Fire departments to use naloxone according to the policy, and several more have expressed interest. EMS-Paramedics of Lanark County and United Counties of Leeds and Grenville are also possible trainers.

The MOHLTC will be extending the inspection disclosure requirements to other environmental health programs beyond food premises, for example, arenas, personal service settings, and day cares.

The presence of positive West Nile Virus mosquito pools in neighbouring health units has promoted additional mosquito trapping every week instead of every two weeks until the end of the trapping season - the end of September.

The proposed Provincial Regulations for the Cannabis Legalization have been presented. They still need to be finalized by parliament. Some summary notes:

- Proposed minimum age in Ontario will be 19;
- Retail stores Cannabis Control Board of Ontario (CCBO) separate location of LCBOs but will be overseen by LCBO;
- 150 standalone store by 2020, 80 by July 1, 2019, with online available July 2018 (unknown number of stores for July 2018);
- Illicit dispensaries will not be legal and will be shut down;
- Procession by those under 19, police will confiscate without unnecessarily bringing them to the justice system, but focus on prevention, diversion and harm reduction;
- Only legal to use cannabis in private residence – no public places;
- Restrictions of advertising;
- Behind the counter similar to tobacco;
- Meet forthcoming federal regulation on packaging and labelling;
- Work closely with municipalities to consider community priorities when choosing store locations (e.g. proximity to schools).

The government also intends to introduce legislation this fall that would increase the consequences and costs for those who drive under the influence of drugs, including cannabis.