

Minutes of the Board of Health Regular Meeting

Thursday, February 28, 2008

2:00 p.m. – 4:20 p.m.

Board Room, Brockville Office

458 Laurier Boulevard

Present: J. Butt, Chair
B. Fletcher, Vice Chair
J. Beckstead
M. Campbell
J. Fullarton
D. Gordon
K. Graham
F. Kinsella
A. Carter, Medical Officer of Health
J. Pearce, Treasurer
H. Bruce, Recording Secretary

Regrets: A. Van Schie
A. Warren

B. Dalgleish, Director of Health Promotion
J. Futch, Director of Clinical Services
S. Gates, Director of Quality Improvement
J. Hess, Director of Family Health
J. Lyster, Director of Health Protection

R. Zajac, Recorder and Times
CKWS

1. Call to Order:

J. Butt called the meeting to order. F. Kinsella asked to go incamera at the end of the meeting to discuss negotiations as item 4.2.

2. Approval of the Agenda:

It was moved by: J. Beckstead

Seconded by: M. Campbell

That: The agenda of the February 28, 2008 Regular Meeting be approved as amended.

Motion Carried.

3. To be Received as Information:

3.1 Budget Package:

J. Butt stated that we did a summary and placed it in your budget package. Since that time we prepared a fact sheet which is before you, as well as copies of the power point presentation which J. Pearce and I are going to use. Also there had been a request in the past as to what the budget levels had been over the years from 1998 and onwards, this sheet is in front of you as well. J. Pearce also included 1993 information in this document.

J. Butt stated that at 3:00 p.m. we will be taking a break for 10 minutes to honour an employee who has worked at the health unit for 24 years and is retiring. It is customary for the Board to make a presentation to her.

It was moved by: M. Campbell

Seconded by: J. Beckstead

That: The budget package circulated, which includes previous informal budget meeting information, be received as information.

Motion Carried.

4. Presentation:

4.1 2008 Budget Presentation:

J. Butt presented a historical preamble of the budget. See attached power point presentation as Appendix #1.

75/25 only refers to the basket of mandatory programs. J. Butt stated that we have no add ons, we do not have that luxury. When we did the per capita comparison we are short about \$6 per citizen. We are hoping today to approve the budget and establish the municipal levy.

The question was asked what is the percentage of the increase for this year? J. Pearce advised that it is 14.19% for the full budget. The difference between this full budget and the last one was we eliminated the HFO money. We did not want to guarantee that we would be eligible. That would depend upon the budget itself.

We have also left in the cost for Hedgehog. It is a software program that we need to buy licenses for this year, particularly for the introduction of small drinking water systems. It is becoming more certain that it may be 100% funded. There is a small adjustment to the allocated cost to the land control program as well.

In relation to budget, we have an increase of 11.76 FTE. Of the 11.76 FTE's how many are fulltime? J. Pearce advised there are 2 part time components, one is an enhancement at .3 and the other .46 is for students and the remainder are full time.

How does the staffing help us with compliance, specifically the middle management positions? Dr. Carter stated that we have had difficulty with managing our staff with such a wide span. We are spread over 5 offices and still have 2 departments that don't have middle managers and those departments have a wide span of control. Particularly dental, health promotion and nutrition have a huge span. The other department has a lot of employees. It is not possible for a single director to manage that span with any efficiency or care. We know that we can be more efficient with middle managers on the ground. Particularly regarding QI evaluation, which is the very thing that this Board wants. A middle manager would have time to do this – work on targets and measurements. This would eventually include a service review. We feel strongly that middle managers are essential to our effective functioning.

Discussion took place around the regulations and guidelines. A board member felt that the first thing we need to do as a Board is to determine if there is a need and then we determine what is needed. Dr. Carter stated that the mandatory programs and guidelines establish the need, but the regulations are very specific, we have to meet them. What is the mandatory program? How do you define it? Dr. Carter stated it is very specific.

J. Butt referred to the 2008 Standards under scope and accountability. He stated that it says that the document only specifies only those programs and services that all Boards of Health shall provide and it is not intended to accomplish the entire scope of public health programs in Ontario. His interpretation is that all of the programs are those programs and services that we should deliver, mandatory. He assumes that is the basket that the minister talks about. A board member stated that it is up to the Board to determine the need. If we have an epidemic we shift the resources. J. Pearce commented that every program has to be done; you can't not do one as the standards are laid out. You still have to do the minimum of the standards.

J. Hess commented on the discussion around program manager stating that we will do a program review and that is where the expertise of the middle manager comes into play. That increases the efficiency of the organization. We do provide better service to our clients with the hiring of a middle manager.

J. Butt asked board members are we still on side supporting the concept for us to move ahead that we want the minister to treat us fair and equitably and we want our fair share of the money allocated by the province?

If we believe that we need to ask for a budget that allows us to deliver the mandatory programs and that is at approximately 9 million.

As a Board we have to be comfortable with the fact that the model that the staff have provided us, is in fact the right model. There are trade offs in terms of our governance. What evidence do we need to have as a Board to feel comfortable and to feel that they have provided us with the most effective and efficient organizational structure?

Discussion took place about getting a better explanation of the document. We are spending a lot of time on mandatory programs and we are talking about delivering them in only one way – that is simply not the case. The argument is not whether we are meeting mandatory programs it is how we are delivering them. You have to pick something that is within your means. Asking for another 1 million is way outside the realm of anyone's means. J. Butt responded that we could ask for status quo plus 5% and the ministry would not have any debate, but by doing that we would not be delivering the mandatory programs.

We need to ask the Minister to address the inequity in our funding model. It is not a sensible approach to ask for an extra million dollars, it is confusing and upsetting people. We need to talk about what the Board is prepared to pass in terms of the budget and in a separate discussion talk about speaking to the ministry on our fair share of the funding envelope. There is a difference between saying we are not meeting mandatory programs, we may not be meeting them with the way we are delivering services, but maybe we need to get busy with a service review. We need to bring in a consulting firm to see how we will deliver programs more cost effectively.

The Board discussed passing a motion to approach the minister to examine our baseline budget because they feel it is inadequate. There was further discussion around lobbying first and then passing a budget. J. Pearce stated that we need to approve a budget in order to ask for money, if we have no budget they won't consider it.

J. Butt stated that we went to the ministry and the minister's office and they told us the 75/25 ratio applies to the basket of mandatory programs. Then we talked about factors – the factors did not exist but they might exist next year. When we talk about the baseline or basket the amount of money that the ministry transfers to us isn't adequate. We did the calculation and we are approximately \$6 per capita short on an average. That part we have done. Now we need to go with some numbers to back that up. If we go with that and the Minister turns it down and we present a bill to the obligated municipalities that is more than 5% there will be a problem. That is why in terms of trying to interact with the Minister, they told us last year just send them the bill and they have to pay.

M. Campbell stated that when this budget is proposed he would like it to go on record with a recorded vote.

It was suggested that the Board pick an option and that option be prepared as a budget. It then should be sent to the minister along with a letter saying these are the budget proposals passed by the Board however, recognize that the Board still feels we don't have the money so we invite someone to come down and do an analysis to advise us what they want us to cut from the mandatory programs. We need to go to the ministry and ask for an analysis and audit of this health unit.

Dr. Carter stated that we have to have a budget to submit by the end of March. She suggests that we move forward and pass the option that allows us to meet mandatory programs and instruct staff to implement another option until we hear what the Minister has to say. That is what we did last year. Use the reserve. Unless we have a budget submitted by March 31st we don't have a hope to get funding from the Minister other than 75% of what we submit.

A motion was brought forward from M. Campbell and F. Kinsella.

It was moved by: M. Campbell

Seconded by: F. Kinsella

That: The Board of Health request the Minister to do an audit of the Health Unit to determine whether the Health Unit has the resources to carry out the regulations and guidelines as laid down by the Ministry of Health.

Motion Carried.

All board members were in favour.

J. Butt stated that this motion does not satisfy the requirement of the regulation that we need to pass a budget by March 31st. We called this meeting to pass a budget and we are not going to pass a budget? Discussion ensued.

K. Graham left the meeting at 3:00 p.m.

The meeting was adjourned at 3:00 p.m. for a short recess.

The meeting resumed at 3:45 p.m.

B. Fletcher stated that we as a Board passed and authorized a rent increase of 13% and ONA salaries at 10%, having said that he has prepared a motion.

The motion was read.

The question was raised as to what does status quo mean? J. Butt advised that the status quo would be whatever the base is this year plus whatever it takes – no enhancements though.

It was suggested that the Board pass option 1 as presented, with no implementation until the ministry gives their answer to our request, and if the reply is not favourable or timely the status quo budget be implemented for 2008.

What about the positions hired last year temporarily? J. Pearce advised they are gone. Is the status quo 8.57%? J. Pearce stated yes it is. It means no lay offs and no enhancements.

The question was asked do you have any cost breakout regarding what that means per municipality? Everything over 5% is 100% dollars. Dr. Carter stated that we have the reserve. Do we have any work on this? J. Pearce advised the status quo number. Municipal funding needs to be \$2,145,663 for status quo, which is a 10.4% increase. We will have almost \$300,000 in reserves and that doesn't mean an increase in the levy if that is what the Board chooses.

J. Butt stated that if the Board directed J. Pearce to invest \$300,000 of the reserves there would be no change in the levy. We would be within the 5% budget envelope and there would be no 100% municipal dollars spent. By doing that however, next year will be tough if we don't get a favourable answer. B. Fletcher stated that had we gone with the full budget, it would cost only 4 cents a day per capita.

Dr. Carter commented that the status quo means no layoffs. J. Pearce suggested adding option #1 in the amount of \$9,026,760.

The question was asked what happens if we are successful in the lobbying effort? Dr. Carter stated that the reserve portion covers far more than the municipal current portion. Even if they give the full amount for option 1, and if we still use full reserves the municipal levy will still be 5%.

It was moved by: B. Fletcher

Seconded by: J. Beckstead

That: The Board pass Option #1 in the amount of \$9,026,760 as presented with no implementation until the Ministry of Health provides their answer to our request for an audit to determine our proper base funding and if the reply is not favourable or timely then the status quo be implemented for 2008.

A recorded vote was taken:

J. Beckstead – in favour

M. Campbell – opposed

B. Fletcher - in favour

J. Fullarton – in favour

D. Gordon – in favour

F. Kinsella – in favour
J. Butt - in favour

Motion Carried.

J. Pearce stated that she needs a motion to increase the levy.

It was moved by: B. Fletcher
Seconded by: J. Fullarton
That: The 2008 Municipal Levy be approved in the amount of \$2,041,440 and that this be supplemented by reserves if necessary.

A recorded vote was taken:

J. Beckstead – in favour
M. Campbell – opposed
B. Fletcher – in favour
J. Fullarton – in favour
D. Gordon – in favour
F. Kinsella – in favour
J. Butt – in favour

Motion Carried.

The increase is \$97,211 or .66 cents per capita J. Pearce advised.

The question was asked when will the lobbying start? J. Butt advised this will start tomorrow morning.

The motion to move into incamera was read.

4.2 Incamera Meeting:

It was moved by: F. Kinsella
Seconded by: D. Gordon
That: This Board move into a closed session of the Board of Health as per the requirements of section 239 (2) of the Municipal Act due to the following:

- (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;
- X (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

- (g) purpose;
a matter in respect of which a council, board, committee or other body may hold a closed meeting under another act.
2001, c. 25, s. 239 (2).

Motion Carried.

4.3 Report from Incamera:

It was moved by: B. Fletcher
Seconded by: M. Campbell
That: This closed session rise and report.

Motion Carried.

J. Butt advised that there is nothing to report from incamera and there is a motion on the floor to adjourn.

5. Time, Date and Location of the Next Meeting:

The next Board of Health Meeting is scheduled for Thursday, March 20, 2008 at 4:00 p.m.

6. Adjournment:

It was moved by: J. Beckstead
Seconded by: B. Fletcher
That: The meeting adjourn at 4:20 p.m.

Motion Carried.

J. Butt, Chair

Date

H. Bruce, Recording Secretary

Date

c: Board members
HU offices
Municipalities
Shared Drive