

**BRANT COUNTY BOARD OF HEALTH
REGULAR AGENDA
Wednesday, July 15, 2020, 9:30 a.m, Classroom 420/421**

1. CALL TO ORDER

Chair John Bell

2. CONFLICT OF INTEREST

3. ADDITIONS TO AGENDA

4. APPROVAL OF MINUTES

4.1 Brant County Board of Health Minutes of June 17, 2020 and July 2, 2020 *

All

5. FINANCIAL REPORT

5.1 Financial Statement ending June 30, 2020 ☩

Mr. Brent Richardson

5.2 COVID-19 Expenditure Update *

Mr. Brent Richardson

5.3 Pandemic Pay Report *

Mr. Brent Richardson

6. BUSINESS ARISING FROM PREVIOUS MINUTES

6.1 Report from the Chair

Chair John Bell

6.2 Report from the Medical Officer of Health *

Dr. Elizabeth Urbantke

6.3 Report from the Chief Executive Officer *

Dr. Jo Ann Tober

6.4 Food Safety Disclosure Report

No report

Motion to accept reports as presented.

7. NEW BUSINESS

7.1 COVID-19 Report *

Dr. Jo Ann Tober/Dr. Elizabeth Urbantke

Motion to accept reports as presented.

8. CORRESPONDENCE (*Board members may request a copy of items that are not attached from Board of Health Secretary*)

8.1 Correspondence from Peterborough Public Health, dated June 25, 2020, re basic income for income security during COVID-19 pandemic and beyond.

8.2 Correspondence from Simcoe Muskoka District Health Unit, dated May 20, 2020, re basic income.

8.3 Correspondence from County of Lambton, dated June 19, 2020, re clarification on Ministry's criteria to move to stage 3 in the Framework for Reopening our Province.

8.4 Correspondence from Haliburton, Kawartha, Pine Ridge District Health Unit, dated June 19, 2020, re 2020 municipal cost share of public health funding and reconsiderations related to Public Health Modernization.

8.5 Correspondence from Haliburton, Kawartha, Pine Ridge District Health Unit, dated June 19, 2020, re basic income.

8.6 Correspondence from Haliburton, Kawartha, Pine Ridge District Health Unit, dated June 19, 2020, re endorsement of alPHA's response to the Public Health Modernization Discussion Paper.

8.7 Correspondence from Porcupine Health Unit, dated Jun 29, 2020, re basic income.

9. INCAMERA

10. QUESTIONS / ANNOUNCEMENTS

11. FUTURE AGENDA ITEMS

12. NEXT MEETING DATE

Wednesday, August 19, 2020, at 9:30 a.m. (at the Call of the Chair)

Wednesday, September 9, 2020, at 9:30 a.m.

13. ADJOURNMENT

Chair

** Attachments
to be distributed at the meeting*

***Attachments for Board of Health members only*

**BRANT COUNTY BOARD OF HEALTH
REPORT #: 5.2**

DATE: July 15, 2020

FROM: Brent Richardson, Director, Human Resources

RE: COVID Expenditure Update

This report includes an update on the expenditures incurred to respond to the COVID-19 pandemic.

COVID-19 Expenditure Update:

COVID expenditures for the month of June are consistent with what was forecasted in previous months. There was a slight increase month over month as was projected due to personal protective equipment requirements for programs that were getting back on line. Immunization clinics, seniors' dental clinics, sexual health services, and school immunization clinics are now able to operate.

In addition, with the opening of additional business and services in the community, there has been increased enforcement activity and increased contact with local businesses to assist with the re-opening process. The Health Unit expects the COVID response to continue for many more months, and into 2021. Although the number of cases being reported is down, the work demands have not subsided.

Overall, there is a surplus in both the Mandatory Programs and the 100% Programs for the first six months of the year. This is due to the fact that year-to-date expenditures are under budget for most programs. The largest surplus areas in the Mandatory Programs are on the staffing budget line due to planned staff vacancies and gapping. As programs come back on line, the Health Unit expects supplies budgets to be spent as staff redesign and adapt to the new reality of delivering programs and services in a COVID world.

There are also surpluses in the 100% program areas, the largest being the Ontario Seniors Dental Care Program. With the resumption of the Seniors Dental Program, the surplus on this 100% program will be reduced; however, the Health Unit is still predicting a year-end surplus as this program will only be operating for roughly half of the year. Surpluses from the 100% program areas are returned to the Province.

As reported last month, Brant County Health Unit continues to defer discretionary expenditures to allow for funding to be available for the COVID response. Even with the maintenance of the COVID-19 response activities in 2020, it is expected that there will be a surplus at year-end.

The Health Unit still expects that the existing level of funding from both the City and the County will be sufficient to fund programs, services and COVID costs for 2020.

Brant County Health Unit

Brant County Health Unit							
Covid-19 -extra	March	April	May	June	Estimated July	TOTALS To-date	
Covid-19 Supplies	2,456	12,010	11,920	15,576	20,000	61,962	
Covid-19 Wages	29,217	51,031	36,715	35,335	24,000	176,300	
TOTAL MONTHLY COVID EXTRA EXPENSES	31,673	63,041	48,635	50,911	44,000	238,262	
Notes:							
The extra wages for full-time staff have been controlled with changes to schedules for staff reducing or eliminating overtime.							
With the opening of program activities, extra PPE costs (uniforms, sneeze guards) are being incurred.							

**BRANT COUNTY BOARD OF HEALTH
REPORT #: 5.3**

DATE: July 15, 2020

**FROM: Jo Ann Tober, Chief Executive Officer
Brent Richardson, Director, Human Resources**

RE: Pandemic Pay Report

The Brant County Health Unit has been advised that the Ministry of Health will be providing the Board of Health with up to \$86,700 in one-time funding for the 2020-2021 funding year to support the Temporary Pandemic Pay initiative as part of the COVID-19 response in the public health sector. Temporary Pandemic Pay (TPP) is an additional \$4 per hour that will be paid to eligible workers on top of their hourly wages during the Temporary Pandemic Pay period. In addition there are TPP Lump Sum Payments of \$250 paid at the end of four designated four-week periods to eligible employees who work at least 100 hours during that period. Eligibility for TPP includes workers who meet the following criteria:

- work in an eligible role;
 - work in an eligible workplace providing in-person, publicly-funded services; and
 - physically attend and work at their respective workplaces between April 24, 2020 and August 13, 2020.
- It will be up to each Board of Health to determine and identify eligible employees and pay Pandemic Pay funds to each eligible employee in accordance with the eligibility/calculation requirements that are outlined as part of the terms and conditions governing the funding (Public Health Funding and Accountability Agreement).
 - The following Board of Health employees (in a full-time or part-time capacity) are eligible for Temporary Pandemic Pay:
 - Nurses (Infection Prevention and Control Nurses, Nurse Practitioners, Registered Nurses, Registered Practical Nurses, Public Health Nurses) that have consistent and ongoing risk of exposure to COVID-19 (i.e., provides face-to-face/in-person publicly-funded public health programs and services).
 - For additional clarity, all other Board of Health employees (including individuals employed in a management capacity) are not eligible for Temporary Pandemic Pay funding approved as part of the Public Health Funding and Accountability Agreement.
 - Employers will not be permitted to use Ontario government funds of any kind for the purpose of making other forms of COVID-19 related payments to employees who are otherwise ineligible for the government's own program for TPP. This includes (but is not limited to) any funds previously allocated to an employer for other programs, base funding allocation for operations or service delivery, etc.

As this initiative is very specific to one job classification (Nursing), it does not recognize all staff who have been working very hard to keep the citizens of Brantford and Brant County safe. It is very likely that public health staff will continue to be managing the emergency response for months to come. All staff have been impacted by the pandemic response, some directly working on COVID-19 and others working to keep public health programs delivered in a new and alternative environment. Many staff have been reassigned to new and challenging tasks and accepted new schedules including evening and weekend work. With the Orders under the state of Emergency, these have been undertaken without the compensation outlined in Collective Agreements.

Action:

1. Implement the Province's Pandemic Pay initiative as prescribed to Nurses only.

Options for Broader Staff Recognition:

1. Apply the criteria outlined for Pandemic Pay to additional classifications that have had consistent on-going exposure, (for example: Public Health Inspectors, Enforcement Officers, etc.) and apply the hourly premium and monthly stipend to additional classifications.
2. Apply a one-time monetary bonus to staff, or an additional one to three days in lieu time that would have no monetary value and will expire at year's end if not taken, or a combination of a one-time monetary bonus and additional lieu time.

FROM: Dr. Elizabeth Urbantke
Acting Medical Officer of Health

RE: Medical Officer of Health's Report

Emergency Department (ED) Visit Rates for Opioid Overdose

- For June, the rate of ED visits sits at 10.3 cases per 100,000. This is similar to the monthly average of 10.1 cases per 100,000 thus far for 2020. Overall, the trend shows a decrease over time for both Brant and Ontario.

Brantford Police Reported Overdoses/Deaths

- The number of incidents sits at 12 in June, which is roughly similar to the monthly average of 13 incidents thus far for 2020.
- For the first half of 2020, there were a total of 82 police responses to fentanyl and other opioid incidents whereas there were 63 incidents related to other drugs.

Naloxone Distribution, 2019 to 2020

- Naloxone distribution shows a 38.4% decrease in number of kits distributed compared to the same period last year. Due to the COVID-19 pandemic, many community agencies limited their hours of operations. However, an increase in pharmacy distribution was seen during this time. An increase in community-distributed naloxone kits was seen in May and June 2020 and is attributed to the mobile outreach van service that began operations in late-spring.

Needle Exchange Program Visitors and Needle Distribution

- The monthly trend shows a decrease in the number of visitors and number of needles distributed in the fall of 2019 into the spring of 2020.
- The COVID-19 pandemic resulted in 2 sites temporarily closing their doors, having only 2 sites operational thereby limiting access to the Needle Exchange Program.
- More recently, while the number of visitors was low, the number of needles increased to a similar monthly average as in the first three quarters of 2019. The increased distribution of needles is attributed to more clients picking up a larger quantity of needles per visit.
- Before the pandemic, it seems about half of the visitors were picking up equipment for themselves only and about one-third were picking up for themselves and others; however, this pattern appears to have switched during the pandemic with more people picking up harm reduction supplies for themselves and others compared to those picking up supplies just for themselves.

Needle Exchange Program Return Rate

- The number of needles returned to the Brant County Health Unit appears to be increasing. Earlier in 2020, the numbers show the return rate to be much higher than in previous months, including returning more needles than being distributed in those months.

FROM: Jo Ann Tober

RE: Chief Executive Officer Report

Provincial Approvals for 2020 Public Health Budgets

Budget approvals have not been received from the Ministry of Health and timelines have not been provided. In addition, no further information has been received about the availability of reimbursement for COVID-19 costs that may be beyond the Board of Health budget.

Annual Reconciliation Report, 2019

The Annual Reconciliation report for 2019 is nearing completion and will be submitted to the Ministry of Health by the July 31, 2020 deadline.

Resumption of Public Health Programs

A number of public health programs have resumed. General Immunization clinics, Sexual Health clinics and Dental clinics are now operational. School Immunization clinics also began on July 7 to provide the last dose of vaccine to eligible grade 7 and 8 students. A new online appointment system was developed to provide the capability for parents to book appointments for students for these clinics. Clinics are scheduled throughout July and August.

Ministry of Children, Community and Social Services (MCCSS) Funding

The Health Unit was notified on June 29, 2020 of our 2020-2021 notional allocation from MCCSS in the amount of \$1,030,735.00 for the provision of the Healthy Babies, Healthy Children Program. MCCSS does not require a budget submission at this time. The Ministry's expectation is that program and service delivery will continue as outlined in the current contract. Flexibility is being provided by facilitating the ability to reallocate funding across budget lines without prior funding approvals, deferring reporting, deferring/changing performance requirements and financial flexibility related to COVID-19 expenditures.

New Case and Contact Management (CCM) System

The Ministry of Health is implementing a new Provincial Case and Contact Management system to manage cases and contacts for COVID-19. This new system is built on the Salesforce platform and will replace the public health units' (PHU) use of the integrated Public Health Information System (iPHIS) for COVID-19 case and contact management and reporting. The goal of the new system is to streamline PHU processes through improved workflows. The changes will include the elimination of faxed lab results through direct integration of lab records from the provincial laboratory repository (OLIS) with the CCM solution. In addition, the new provincial system, Contact+ where individuals can self enter personal and contact information, will also be integrated to quick start case files of individuals who test positive for COVID-19. The target go-live date for the Early Adopter PHUs is the week of July 13, 2020 with subsequent PHUs onboarding in waves throughout the summer. BCHU has not been notified of our go-live date.

Public Health Ontario Leadership Change

Dr. Peter Donnelly, the President and Chief Executive Officer of Public Health Ontario, will not be returning from a medical leave which began in early April 2020. Colleen Geiger, Chief, Strategy, Stakeholder Relations, Research, Information and Knowledge, will continue in an acting capacity while the Board plans for a comprehensive search for a new President and CEO.

**BRANT COUNTY BOARD OF HEALTH
REPORT #: 7.1**

DATE: July 15, 2020

**FROM: Dr. Jo Ann Tober, Chief Executive Officer
Dr. Elizabeth Urbantke, Acting Medical Officer of Health**

RE: COVID-19 Report

An up-to-date report on COVID-19 numbers will be provided at the Board meeting.

**Confirmed COVID-19 cases by reported date (by week and over time), Brant,
March 2 to July 5, 2020**

	Date	# of cases	# of cumulative cases	Change from previous week, %
week 1	March 2-8	0	0	-
week 2	March 9-15	1	1	100.0
week 3	March 16-22	1	2	100.0
week 4	March 23-29	10	12	500.0
week 5	March 30-April 5	35	47	291.7
week 6	April 6 - 12	17	64	36.2
week 7	April 13-19	11	75	17.2
week 8	April 20-26	15	90	20.0
week 9	April 27-May 3	7	97	7.8
week 10	May 4-10	4	101	4.1
week 11	May 11-17	1	102	1.0
week 12	May 18-24	6	108	5.9
week 13	May 25-31	1	109	0.9
week 14	June 1-7	4	113	3.7
week 15	June 8-14	5	118	4.4
week 16	June 15-21	3	121	2.5
week 17	June 22-28	0	121	0
week 18	June 29-July 5	3	124	2.5

