

**Board of Health for
Peterborough Public Health
AGENDA
Board of Health Meeting
Wednesday, November 9, 2016 – 5:30 p.m.
Dr. J. K. Edwards Board Room, 3rd Floor,
Peterborough Public Health,
Jackson Square, 185 King Street, Peterborough**

1. Call to Order

1.1. Opening Statement

Dr. Rosana Salvaterra, Medical Officer of Health

We acknowledge that where we meet is the land and territory of the Anishnaabeg [Ah-nish-naw-beg] people, and that we gather with gratitude to our Mississauga neighbours. We say “meegwetch” to thank them and other Aboriginal peoples for taking care of this land from time immemorial and for sharing this land with those of us who are newcomers. Out of that gratitude, we are called to treat the land, its plants, animals, stories, and its Peoples with honour and respect. We are all Treaty people.

1.2 Acting Board of Health Chair

Dr. Rosana Salvaterra, Medical Officer of Health

Reference:

[Board of Health By-Law 5, Powers, Duties and Term of Office of the Chairperson and Vice-Chairperson of the Board of Health](#) (**web hyperlink**)

2. Confirmation of the Agenda

2.1. Confirm Agenda for November 9, 2016

2.2. Consent Items to be Considered Separately

Board Members: Please identify which items you wish to consider separately for section 8, and advise the Chair when requested. For your convenience, circle the item(s) using the following list: 8.1a 8.1b 8.2a 8.2b 8.2c 8.2d 8.3a

3. Declaration of Pecuniary Interest

4. Delegations and Presentations

5. Confirmation of the Minutes of the Previous Meeting

- 5.1. [October 12, 2016](#) (p. 5)

6. Business Arising From the Minutes

7. Staff Reports

- 7.1. [Presentation: 2015 Peterborough Public Health Annual Report](#) (p. 15)

Dr. Rosana Salvaterra, Medical Officer of Health

- 7.2. [Presentation: Medical Officer of Health Compensation](#) (p. 16)

Dr. Rosana Salvaterra, Medical Officer of Health

- 7.3. [Staff Report: 2017 Cost-Shared Budget Approval](#) (p. 23)

Dale Bolton, Manager, Finance

Attachments:

- [Staff Report](#)
- [Draft 2017 PPH Cost-Shared Budget](#)
- [Draft PPH Cost-Shared Budget Forecast \(2018-21\)](#)

8. Consent Items

8.1. **Correspondence**

- a. [Correspondence for Direction](#) (p. 30)

Attachments:

- [Letter from MPP Sylvia Jones – Hepatitis C](#)
- [Letter from Gordon Fleming – Tobacco Industry Lobbying](#)

- b. [Correspondence for Information](#) (p. 38)

Attachments:

- [Letter from MPP Laurie Scott – Lyme Disease](#)
- [Letter from MPP Leal – Public Health Budgets](#)
- [Letter from Minister Bennett - CLFN Drinking Water](#)

- Letter from Minister McMahon - Rowan's Law Advisory Committee
- Letter to Councils - 2016 NFB Costing
- Letter to Ministers Ballard, Hoskins and Jaczek - 2016 NFB Costing
- Letter to the ESCSM - food literacy
- Letter to Minister Philpott – Bill S-228
- Universal Hot Meal Program – Chatham Kent

8.2. **Staff Reports**

- a. **Staff Report: Q3 2016 Public Health Programs Report** (p. 57)
Patti Fitzgerald, Assistant Director, Chief Nursing & Privacy Officer

Attachments:

- [Staff Report](#)

- b. **Staff Report: Q3 2016 Corporate Services Report** (p. 59)
Larry Stinson, Director of Operations

Attachments:

- [Staff Report](#)
- [Q3 2016 Social Media Overview](#)
- [Q3 2016 Financial Overview](#)

- c. **Staff Report: Guarding Minds at Work Update** (p. 68)
Brittany Cadence, Manager, Communications Services

Attachments:

- [Staff Report](#)
- [GM@W Steering Committee Terms of Reference](#)

- d. **Staff Report: Renewal of County By-laws – Mandatory and Non-Mandatory Re-Inspections of On-site Sewage Systems** (p. 74)
Atul Jain, Manager, Inspection Services

Attachments:

- [Staff Report](#)
- [Proposed County By-law –Mandatory Re-inspection of On-site Sewage Systems](#)
- [Proposed County By-law –Non-mandatory Re-inspection of On-site Sewage Systems](#)

8.3. **Committee Reports**

- a. **Governance Committee** (p. 94)
Greg Connolley, Chair, Governance Committee

Attachments:

- [Committee Report](#)
- [Governance Committee Minutes, August 2, 2016](#)
- [2-152 Board Leadership and Committee Membership Selection](#)
- [2-270 Conduct of Board Members](#)
- [2-300 Medical Officer of Health](#)
- [2-345 Medical Officer of Health Absence](#)
- [2-400 Naming Rights](#)

9. **New Business**

- 9.1. [Smudging of 185 King Street](#) (p. 111)
Dr. Rosana Salvaterra, Medical Officer of Health

10. **In Camera to Discuss Confidential Matters**

In accordance with the Municipal Act, 2001:

- *Section 239(2)(b) personal matters about an identifiable individual, including Board employees;*
- *Section 239(2)(d) labour relations or employee negotiations;*

11. **Motions for Open Session**

12. **Date, Time, and Place of the Next Meeting**

Date: December 14, 2016

Time: 5:30 p.m.

Location: Dr. J. K. Edwards Board Room, 3rd Floor, Peterborough Public Health, Jackson Square, 185 King Street, Peterborough.

13. **Adjournment**

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**Board of Health for
Peterborough Public Health
DRAFT MINUTES
Board of Health Meeting
Wednesday, October 12, 2016 – 5:30 p.m.
Lower Hall, Administrative Building
123 Paudash Street, Hiawatha First Nation**

In Attendance:

Board Members:

**Mr. Scott McDonald, Chair
Deputy Mayor John Fallis
Ms. Kerri Davies
Councillor Henry Clarke
Councillor Gary Baldwin
Councillor Lesley Parnell
Mr. Gregory Connolley
Chief Phyllis Williams
Mayor Mary Smith, Vice Chair
Mayor Rick Woodcock**

Staff:

**Mr. Larry Stinson, Director of Operations
Ms. Natalie Garnett, Recorder
Dr. Rosana Salvaterra, Medical Officer of Health
Ms. Alida Tanna, Executive Assistant
Ms. Patti Fitzgerald, Assistant Director, Chief Nursing and Privacy
Officer
Ms. Donna Churipuy, Manager, Healthy Living
Ms. Sarah Tanner, Manager, Oral Health, Facilities & Quality
Improvement
Ms. Brittany Cadence, Supervisor, Communication Services**

Regrets:

Mr. Andy Sharpe

Guest:

Councillor Art Vowles

1. Call to Order

Mr. McDonald, Chair, called the meeting to order at 5:30 p.m.

Mr. Tom Cowie led the group in an opening prayer.

1.2. **Acknowledgement of Service – Scott McDonald**

Dr. Salvaterra advised that Mr. McDonald's term on the Board of Health is at an end and he was presented with a small gift. Mr. McDonald was thanked for his contributions to the Board.

2. **Confirmation of the Agenda**

2.1 **Confirm Agenda for October 12, 2016**

MOTION:

That the agenda be approved as circulated.

Moved: Councillor Parnell

Seconded: Deputy Mayor Fallis

Motion carried. (M-2016-100)

2.2 **Consent Items to be Considered Separately**

No items were passed as part of the Consent Agenda.

3. **Declaration of Pecuniary Interest**

4. **Delegations and Presentations**

4.1. **Hiawatha First Nations Update**

Julie Thompson, Health Assistant, L.I.F.E. Services Centre provided an update on the issues/activities underway at Hiawatha First Nation.

MOTION:

That the Hiawatha First Nations Update be received for information.

Moved: Councillor Clarke

Seconded: Mayor Smith

Motion carried. (M-2016-101)

5. **Confirmation of the Minutes of the Previous Meeting**

5.1. **September 14, 2016**

MOTION:

That the minutes of the Board of Health for the Peterborough Public Health meeting held on September 14, 2016, be approved as circulated.

Moved: Councillor Clarke

Seconded: Mr. Connolley

Motion carried. (M-2016-102)

6. **Business Arising From the Minutes**

6.1 **Presentation: Vision and Mission Statements**

Ms. Sarah Tanner, Manager, Oral Health, Facilities & Quality Improvement led a discussion on the Vision and Mission Statements.

MOTION:

That “Peterborough Public Health works with partners to promote and protect the health of communities in Curve Lake and Hiawartha First Nations and the County and City of Peterborough” be adopted as the Mission Statement.

Moved: Councillor Baldwin

Seconded: Councillor Clarke

Motion carried. (M-2016-103)

MOTION:

That the Staff Presentation “Vision and Mission Updates” be received for information.

Moved: Councillor Parnell

Seconded: Deputy Mayor Fallis

Motion carried. (M-2016-104)

6.2 **Presentation: Smoke Free Multi-Unit Housing Update**

Ms. Donna Churipuy, Manager, Healthy Living, provided a presentation on “Smoke Free Multi-Unit Housing Update”.

MOTION:

That the Staff Presentation “Smoke Free Multi-Unit Housing Update” be received for information.

Moved: Councillor Parnell

Seconded: Deputy Mayor Fallis

Motion carried. (M-2016-105)

6.3 **Staff Report: Promoting Food Literacy for Children, Youth and Educational Institutions**

Dr. Rosana Salvaterra, Medical Officer of Health, provided a presentation on, “Promoting Food Literacy for Children, Youth and Educational Institutions”.

MOTION:

That the Board of Health for Peterborough Public Health:

- *receive the Staff Presentation "Promoting Food Literacy for Children, Youth and Educational Institutions" be received for information;*
- *support the petition initiated by Ontario Home Economics Association, urging the Government of Ontario to make at least one food and nutrition course compulsory in secondary schools; and*
- *send a letter to the Executive Steering Committee for the Standards Modernization chaired by Dr. David Jones, supporting the Ontario Society of Nutritional Professionals in Public Health's (OSNPPH) position to include food literacy rather than food skills for priority populations in the revised Ontario Public Health Standards.*

Moved: Councillor Parnell

Seconded: Chief Williams

Motion carried. (M-2016-106)

7. Staff Reports

8. Consent Items

8.1 Correspondence

a. Correspondence for Direction

b. Correspondence for Information

MOTION:

That the Board of Health for Peterborough Public Health receive the following for information:

- *Letter dated September 19, 2016 from the Board Chair to Ministers Philpott and Hoskins regarding Lyme Disease.*
- *Letter dated September 23, 2016 from Minister Hoskins to the Board Chair regarding base and one-time finding for 2016.*
- *Letter dated September 30, 2016 from the Board Chair to Federal Ministers Philpott, Morneau, Brison, Sohi and Duclos regarding food security and universal hot meal programs in schools.*
- *Letter dated September 30, 2016 from the Board Chair to Ontario Ministers Hunter, Jaczek and Coteau regarding food security and universal hot meal programs in schools.*
- *Letter dated October 6, 2016 from the Board Chair to Minister Hoskins regarding the expansion of the publicly funded human papillomavirus (HPV) vaccination program and adequate funding.*

- *Updates from the Ministry of Health and Long-Term Care regarding the Modernization of the Ontario Public Health Standards:*
 - a. *Accountability Committee – Highlights #4*
 - b. *Executive Steering Committee - Highlights #4*
 - c. *Practice and Evidence Program Standards Advisory Committee – Highlights #2*
- Moved: Chief Williams
 Seconded: Deputy Mayor Fallis
 Motion carried. (M-2016-107)

8.2 **Staff Reports**

a. **Staff Report: Health Care Worker Influenza Immunization 2015-2016**

MOTION:

That the Staff Report “Health Care Worker Influenza Immunization 2015-2016” be received for information.

Moved: Councillor Fallis
 Seconded: Mayor Smith
 Motion carried. (M-2016-108)

b. **Staff Report: Food Insecurity in Peterborough**

MOTION:

That the Board of Health for Peterborough Public Health:

- *receive the staff report, Food Insecurity in Peterborough, for information;*
- *receive the Limited Incomes Report for information;*
- *send a letter to the Ministers of Health and Long-Term Care, Community and Social Services and Poverty Reduction, with copies local MPPs, the Ontario Chief Medical Officer of Health, the Association of Local Public Health Agencies, and Ontario Boards of Health, to share local findings from the Limited Incomes Report, and request that the Ontario government:*
 - *continues to monitor food insecurity rates yearly as part of the Canadian Community Health Survey;*
 - *participates in the development and implementation of a pan-Canadian government-led strategy that includes coordination of policies and programs to ensure all households have consistent and sufficient income to be able to pay for basic needs, including food; and*
- *that the report and cover letter indicating the situation is worsening be provided to local Councils.*

Moved: Mayor Smith
 Seconded: Councillor Parnell
 Motion carried. (M-2016-109)

c. **Staff Report: Amended 2016 Budget Approval – Cost-Shared Budget from the Ministry of Health and Long-Term Care**

MOTION:

That the Board of Health for Peterborough Public Health approve the amended 2016 provincial share of cost-shared budget for public health programs and services per summary below:

Programs Funded Jan. 1 to Dec. 31, 2016	2016 Provincial Share of Budget Request	2016 Provincial Share of Approved Request	Comments
Cost-Shared Budget* – Provincial Share	\$6,131,237	\$5,915,900	Shortfall of \$215,337. See “Financial Implications and Impact” section

**The Cost-Shared Budget above includes Mandatory Public Health Programs, Small Drinking Water Program, Mandatory Program Building Occupancy and the Vector Borne Diseases Program.*

Moved: Councillor Clarke

Seconded: Deputy Mayor Fallis

Motion carried. (M-2016-110)

d. **Staff Report: Amended 2016 Budget Approval – 100% Funded Programs and One-Time Funding from the Minister of Health and Long-Term Care**

MOTION:

That the Board of Health for Peterborough Public Health approve the amended 2016 budgets funded 100% by the Ministry of Health and Long-Term Care, and one-time funding as follows:

100% Ministry of Health and Long-Term Care (MOHLTC) Funded Programs

Programs Funded Jan 1. to Dec. 31, 2016	Type	2016 Budget Request	2016 Approved Budget	Comments
Healthy Smiles Ontario	100%	\$0	\$763,100	See “Financial Implications and Impact” section.
Chief Nursing Officer	100%	\$128,923	\$121,500	Overage will be covered through approved cost-shared budget.
Infection Prevention and Control Nurses	100%	\$91,867	\$90,100	Overage will be covered through approved cost shared budget.

Infectious Diseases Control	100%	\$247,300	\$222,300	No increase approved. See "Financial Implications and Impact" section.
Social Determinants of Health – Public Health Nurses	100%	\$185,030	\$180,030	Overage will be covered through approved cost shared budget.
Enhanced Safe Water	100%	\$15,500	\$15,500	No increase.
Enhanced Food Safety - Haines	100%	\$25,000	\$25,000	No increase.
Needle Exchange	100%	\$45,000	\$45,000	Approved as submitted. See "Financial Implications and Impact" section.
Smoke Free Ontario	100%	\$388,800	\$388,800	Approved as submitted.
Electronic Cigarettes Act: Protection and Enforcement	100%	\$29,300	\$29,300	Approved as submitted.

One-Time Funding Approvals – 2016 Programs – 100% MOHLTC Funded

	Type	2016 Budget Request	2016 Approved Budget	Comments
Pharmacist Integration – Universal Influenza Program (Jan 1- Aug 31, 2016)	100%	\$17,081	\$17,100	Funding will offset program expenditures incurred to date.
Immunization Clinics (Jan 1 – Dec 31, 2016)	100%	\$78,728	\$63,000	Funding sufficient for program needs given timing of approval.

Councillor Parnell left the meeting at 6:59 p.m. and returned at 7:03 p.m.

One-Time Funding Approvals – Apr 1, 2016 – Mar 31, 2017 – 100% MOHLTC Funded

	Type	2016 Budget Request	2016 Approved Budget	Comments
Mandatory Program: Wi-Fi Implementation	100%	\$44,000	\$38,300	Requested as cost shared but approved as 100% funded. Funding sufficient for program needs.
Public Health Inspector Practicum Program	100%	\$20,000	\$20,000	Approval for two students.
Panorama	100%	\$0	\$72,900	See “Financial Implications and Impact” section.
Smoke-Free Ontario: Expanded Smoking Cessation	100%	\$30,000	\$30,000	Approved as submitted.

Moved: Mayor Smith
 Seconded: Mr. Connolley
 Motion carried. (M-2016-111)

8.3

Committee Reports

a. First Nations Committee

MOTION:

That the Board of Health for Peterborough Public Health:

- *receive for information, meeting minutes of the First Nations Committee for June 14, 2016;*
- *approve the revised Terms of Reference for the First Nations Committee;*
- *that the Board of Health for Peterborough Public Health consider the use of Calls to Action from the Truth and Reconciliation Commission, and the United Nations Declaration on the Rights of Indigenous Peoples as part of its next strategic planning process;*
- *receive the staff report, Indigenous Health Strategy, for information;*
- *endorse the overall goal that and the indigenous health strategy be created for the Peterborough area;*

- recommend that PPH support local indigenous leaders and representatives in this process by partnering with the CE-LHIN to provide staffing to support the development of the strategy; and
- host a blanket exercise and invite staff and municipal partners to attend.

Moved: Mayor Smith
 Seconded: Ms. Davies
 Motion carried. (M-2016-112)

9. **New Business**

10. **In Camera to Discuss Confidential Matters**

MOTION:

That the Board of Health for Peterborough Public Health go In Camera to discuss one item under Section 239(2)(b) Personal matters about an identifiable individual, including municipal or local board employees, one item under Section 239(2)(c) A proposed or pending acquisition or disposition of land by the municipality or local board, and one item under Section 239(2)(d) Labour relations or employee negotiations, at 7:12 p.m.

Moved: Deputy Mayor Fallis
 Seconded: Mr. Connolley
 Motion carried. (M-2016-113)

MOTION:

That the Board of Health for Peterborough Public Health rise from In Camera at 8:40 p.m.

Moved: Councillor Parnell
 Seconded: Councillor Clarke
 Motion carried. (M-2016-114)

11. **Motions from In Camera for Open Session**

MOTION:

That the Board of Health for Board of Health for Peterborough Public Health approve of the closure of the Health Unit at noon on December 30, 2016 unless there is an emergency declared by the Medical Officer of Health.

Moved: Councillor Clarke
 Seconded: Councillor Parnell
 Motion carried. (M-2016-115)

12. **Date, Time, and Place of the Next Meeting**

The next meeting will be held November 9, 2016 in the Dr. J.K. Edwards Board Room, 3rd Floor, Peterborough Public Health, Jackson Square, 185 King Street, Peterborough, 5:30 p.m.

13. Adjournment

MOTION:

That the meeting be adjourned.

Moved by: Councillor Clarke

Seconded by: Deputy Mayor Fallis

Motion carried. (M-2016-116)

The meeting was adjourned at 8:41 p.m.

Chairperson

Medical Officer of Health

To: All Members
Board of Health

From: Dr. Rosana Salvaterra, Medical Officer of Health

Subject: **2015 Peterborough Public Health Annual Report**

Date: November 9, 2016

Proposed Recommendation:

That the Board of Health for Peterborough Public Health receive the presentation, *2015 Peterborough Public Health Annual Report*, for information.

NOTE: The presentation is in video format and will be shown at the meeting.

To: All Members
Board of Health

From: Dr. Rosana Salvaterra, Medical Officer of Health

Subject: **Medical Officer of Health Compensation**

Date: November 9, 2016

Proposed Recommendation:

That the Board of Health for Peterborough Public Health receive the presentation, *Medical Officer of Health Compensation*, for information.

Background:

At the November 1, 2016 Governance Committee Meeting, it was suggested that perhaps staff could orient members to the Medical Officer of Health compensation process and how this is determined.

How is the Medical Officer of Health Compensated?

A Guide for BOH Members

Presentation to: Board of Health
Presentation by: Dr. Rosana Salvaterra
Date: November 9, 2016



Peterborough

Public Health

Before 2008

- Boards of Health determined compensation rates for their MOHs
- Often reflected municipal rates for senior management but varied widely
- Generally not competitive with physician compensation elsewhere
- Led to 1/3 MOH positions vacancy rate
- Identified as problem in 2004 CRC/Operation Health Protection



Peterborough

Public Health

What happened in 2008?

- The OMA successfully negotiated a new agreement with the MOHLTC that included MOHs
- All MOHs were now obliged to become members of the OMA
- BOHs lost ability to negotiate independently as the province now assumed that role
- Province offered funding to boards to make up the difference b/w existing and negotiated rates



Since 2008

- MOHLTC and OMA negotiated the following template for MOH compensation:
 - Based on years of service (up to 4 years or more)
 - Level of preparation
 - MOH, AMOH and Acting MOH
 - MOH with or without CEO role
- Stipend for FRCPSC
- Stipend for on-call
- Supervising Stipend



Peterborough

Public Health

Then what?

- Last OMA-MOHLTC agreement resulted in reductions in MOH compensation including clawbacks
- Current 2016 guide provides no increase
- Current compensation formula:
 - \$278,617 base
 - \$5,000 FRCPSC stipend
 - \$12,000 On-call stipend



Peterborough

Public Health

Annual Process

- Boards and MOHs are required to apply annually
- BOH base funding is calculated and the difference between it and the MOHLTC salary grid is funded. If BOH base funding is greater, there is NO MOHLTC funding
- All benefits are reported
- Stipends, if applicable, are added



2017 Cost-Shared Budget Approval

Date:	November 9, 2016	
To:	Board of Health	
From:	Dr. Rosana Salvaterra, Medical Officer of Health	
<i>Original approved by</i>		<i>Original approved by</i>
Rosana Salvaterra, M.D.		Dale Bolton, Manager, Finance

Proposed Recommendation

That the Board of Health for Peterborough Public Health approve the 2017 cost-shared budget for public health programs and services in the amount of \$7,975,438. The cost-shared budget includes Mandatory Public Health Programs, Small Drinking Water Program, Mandatory Program Building Occupancy and the Vector Borne Diseases Program.

Financial Implications and Impact

The budget includes all cost-shared programs funded by the Ministry of Health and Long-Term Care (MOHLTC) as well as City, County and First Nations, but does not include other programs and services of the Health Unit funded 100% MOHLTC or by other Ministries of the Province. Please refer to Attachment A for further details.

Many assumptions are factored into the formulation of the budget for the purposes of determining costs including increases for salary and benefit due to contractual agreements and allowance for the impact of inflation rate on ongoing operating expenditures. The most significant variable in the calculation of the cost-shared budget is the cost of wages and benefits. For 2017 the staffing levels have been maintained at the previous year compliment or Full Time Equivalents (FTEs). Budgeted wages reflect the current collective agreements and a projection of settlement for the bargaining units including the Canadian Union of Public Employees (CUPE), the Ontario Nurses' Association (ONA) and the Ontario Public Service

Employees Union (OPSEU). The smallest bargaining unit agreement, OPSEU, expired March 31, 2016. Agreements for both CUPE and ONA will expire September 30, 2017.

The 2017 cost-shared budget presented reports a deficit from operations of \$142,133. The 2017 budget will be balanced, only if funded through the Property Reserve and Program Reserve. The use of reserve funds will help maintain program operations and services at existing levels. The Program Reserve would be reduced by approximately half of the current balance, if used in 2017 to balance the budget. The deficit amount for 2017 would have been significantly larger if it were not for the inclusion of deferred revenue in the amount of close to \$100,000.

The second most significant assumption considered in the budget is that there will be no anticipated increase in provincial funding and we have proposed no increase in funding from our funding partners. We have informed the City and County staff that they can expect a 0% increase in 2017. The budget has been calculated asking all local funding partners for no increase.

Decision History

The Health Protection and Promotion Act section 72(1) states that the budget for public health programs and services is the responsibility of the obligated municipalities. In 2004, the provincial government announced, “the Ministry will review Board of Health-approved budgets in relation to guidelines and approve its share according to the following” funding ratio; “75% province, 25% municipalities”.

The County of Peterborough, City of Peterborough fund the Health Unit based on census population data. Curve Lake First Nation and Hiawatha First Nation contribute based on funding agreements with the Board of Health.

Background

On December 9, 2015, the Board approved the 2016 cost-shared budget in the amount of \$8,174,982, including Mandatory Public Health, Small Drinking Water, Mandatory Program Building Occupancy and Vector Borne Diseases. The Provincial share of the cost-shared budget was \$6,131,237, an overall 2.9% budget increase which included occupancy costs for the new building.

In September of 2016, the board was notified that the Province did not approve the increase requested. The Province approved \$5,915,900, resulting in the shortfall of \$215,337, comprised of \$159,238 (2.9% increase) from the original budget submission which was not approved; and, the reallocation of \$56,162 in dental funding to the Healthy Smiles Ontario Program (HSO), as part of the newly integrated dental system. Although there was no increase in the provincial contribution to the cost-shared budget, the Province did provide some additional one-time opportunities, funded 100%. The Board also received a small portion of “equity funding” for Mandatory Programs as part of the new public health funding formula that

was introduced in 2015. This amount was clawed back under the Accountability Agreement clause related to the one-time increase in occupancy funding.

Historical Ministry approvals have been:

	<u>Increase</u>
Increase in 2016 over 2015	0.0%
Increase in 2015 over 2014	7.34% (includes increase to occupancy costs)
Increase in 2014 over 2013	2.00%
Increase in 2013 over 2012	2.00%
Increase in 2012 over 2011	1.62%
Increase in 2011 over 2010	2.85%
Increase in 2010 over 2009	3.0%

While the Province has not released a 2017 budget target, recent messages from the Ministry indicate no funding increase should be expected for 2017 for cost-shared programs. The budget presented is based on a 0% increase. The “equity funding” formula applied to the 2015 and 2016 budget may provide some additional funding for 2017, however it is uncertain if and how the Ministry will apply the formula.

For the 2017 budget the following assumptions have been made:

- 1) No reduction in net total FTE staffing;
- 2) Salaries are based on existing union settlements and projection of settlement for OPSEU; CUPE and ONA
- 3) There will be no new Pay Equity adjustments;
- 4) Non-union compensation projected as per April 1, 2017 approved rates;
- 5) General inflation will be 1%;
- 6) There will be no significant change in Influenza, HPV or Meningitis C immunization rates;
- 7) OMERS pension rates are known all other benefit costs are estimates;
- 8) Allocation of local contributions between the City and County are based on published 2011 population census data and First Nation contributions are an estimate of per capita cost based on population data provided by the First Nations.

A forecast (please see Attachment B) was prepared for the years of 2018 through 2021, to determine the impact on ongoing operations assuming no increase in funding from the province or local partners.

Given anticipated increased expenditures for salaries and benefits with contract settlements and general inflation, it will be very difficult to maintain existing levels of services. The forecast is based on similar assumptions used to calculate the 2017 budget. The preliminary 2018 projection reports a significant deficit of approximately \$350,000 for cost-shared budgets, if existing staffing levels and services are maintained at current levels. This deficit will continue to

grow over future years. If no additional funding is secured from the Ministry, existing staffing positions and services will be impacted. If program delivery expectations or funding levels do not change by January 2018, difficult decisions will need to be made regarding cuts to service and staffing.

Rationale

Under the *Ontario Public Health Standards*, the Board is required to approve an annual budget that does not forecast an unfunded deficit.

The 2017 cost-shared budget presented reports a deficit from operations of \$142,133. The 2017 budget will be balanced, if funded through the Property Reserve and Program Reserve and will not result in a deficit. The use of reserve funds will help maintain program operations and services at existing levels. The Program Reserve would be reduced by approximately half of the current balance, if used in 2017 to balance the budget.

Strategic Direction

The 2017 approved budget allows the Board to address all its strategic priorities.

Contact:

Dale Bolton
Manager, Finance
(705) 743-1000, ext. 302
dbolton@peterboroughpublichealth.ca

Attachments:

Attachment A – [Draft 2017 PPH Cost-Shared Budget](#)
Attachment B – [Draft PPH Cost-Shared Budget Forecast \(2018-21\)](#)

Peterborough Public Health

DRAFT 2017 PUBLIC HEALTH (Including SDW & VBD) BUDGETS – Operations Only (October 24, 2016)

	2017 Budget	2016 Budget	Change	% Increase	
EXPENDITURES					
1 Salaries and wages	5,485,443	5,228,397	257,046	4.92%	Increase based on estimate for contractual settlements and salary increments
2 Employee benefits	1,539,832	1,486,124	53,708	3.61%	Directly relates to increase in salaries and anticipated benefit rates
3 % benefits of salary and wages	28.07%	28.42%			
4 Staff Training	46,573	46,112	461	1.00%	
5 Board Training and Employee Recognition	50,988	47,879	3,109	6.49%	Increase for aLPHA membership and projected 2016 actual
6 Travel	40,000	46,165	-6,165	-13.35%	Savings anticipated based on 2016 year to date actuals
7 Building Occupancy	705,000	810,957	-105,957	-13.07%	Reduction based on anticipated expenses and ability to control costs
8 Office Expenses, Printing, Postage	36,172	34,824	1,348	3.87%	
9 Materials, Supplies	367,892	357,660	10,232	2.86%	Includes allowance for HPV loss due to program expansion
10 Office Equipment	12,713	12,587	126	1.00%	
11 Professional and Purchased Services	315,762	312,636	3,126	1.00%	
12 Communication costs	95,159	94,217	942	1.00%	
13 Information and Information Technology Equipment	60,583	89,686	-29,103	-32.45%	Reduction due to savings for fiber charge not required with new building
EXPENDITURES	8,756,117	8,567,244	188,873	2.20%	
FEES & OTHER REVENUES					
14 Expenditure Recoveries Flu, HPV, MenC	12,743	24,500	-11,757	-47.99%	Reduction based on 2016 actuals
15 Expenditure Recoveries & Offset Revenues	625,803	567,306	58,497	10.31%	Increase due to use of deferred funds to be expended in current year
FEES & OTHER REVENUES	638,546	591,806	46,740	7.90%	
NET EXPENDITURES - Cost Shared Budget	8,117,571	7,975,438	142,133	1.78%	
PARTNER CONTRIBUTIONS – 2017					
16 Ministry of Health & Long-Term Care	5,915,900	5,915,900	0	0.00%	
17 County of Peterborough	841,241	841,241	0	0.00%	
18 City of Peterborough	1,205,955	1,205,955	0	0.00%	
19 Curve Lake First Nation	9,328	9,328	0	0.00%	
20 Hiawatha First Nation	3,014	3,014	0	0.00%	
FUNDING PARTNER CONTRIBUTIONS	7,975,438	7,975,438	0	0.00%	
Projected Deficit	-142,133	0			
Property Reserves	50,000				Condo contribution funded by Property Reserve
Program Reserves	92,133				Program Reserve Funding available to offset Deficit in 2017
Balanced Budget - Net surplus in funding	0				

NOTICE: Proposed recommendations as noted within the posted agenda package may not be indicative of the final decision made by the Board of Health at the meeting. Should a member of the public or media outlet wish to confirm or clarify any Board position following the meeting, please contact the PPH Communications Manager or refer to the meeting summary issued shortly thereafter. Final motions are recorded in posted approved Minutes.

Salary & Benefit Assumptions

ONA & CUPE agreement increases October 1, 2017

OPSEU increase April 1, 2017

OMERS rates are not known, YMPE is estimate

All other benefits are based on estimated rate increases over 2016 rates

Increase to non-union compensation effective April 1, 2017

Other Assumptions

Budget includes Cost-shared: Mandatory programs, cost shared SDW , VBD and Flu, HPV and Men C activities.

Allows for 1% inflation in 2017.

Assumes province will continue funding 100% of enhanced MOH salary – agreement ends March 2016.

Absorbs loss from mandated expansion of HPV.

Allocation of local contributions between City and County based on published 2011 population census data.

First Nation allocations are estimate of per-capita cost based on band provided population number.

Peterborough Public Health

Draft November 2, 2016

DRAFT FORECAST PUBLIC HEALTH (Including SDW & VBD) BUDGETS – Operations Only

	2016 Budget	Proposed 2017 Budget	2018 Budget	2019 Budget	2020 Budget	2021 Budget
EXPENDITURES						
Salaries, wages and benefits	6,714,521	7,025,275	7,109,302	7,183,016	7,275,542	7,374,541
Staff / Board Training and Employee Recognition	93,991	97,561	98,537	99,522	100,517	101,522
Travel	46,165	40,000	40,400	40,804	41,212	41,624
Building Occupancy	810,957	705,000	705,000	705,000	705,000	705,000
Materials/Supplies and Office Supplies/Equipment	405,071	416,777	417,149	421,321	425,534	429,789
Professional and Purchased Services	312,636	315,762	318,920	322,109	325,330	328,583
Communication costs and Information Technology	183,903	155,742	157,600	159,176	159,176	160,768
EXPENDITURES	8,567,244	8,756,117	8,846,907	8,930,947	9,032,311	9,141,828
FEES & OTHER REVENUES						
Expenditure Recoveries Flu, HPV, MenC	24,500	12,743	12,743	12,743	12,743	12,743
Expenditure Recoveries & Offset Revenues	567,306	625,803	502,095	502,095	502,095	502,095
FEES & OTHER REVENUES	591,806	638,546	514,838	514,838	514,838	514,838
NET EXPENDITURES - Cost Shared Budget	7,975,438	8,117,571	8,332,069	8,416,109	8,517,473	8,626,990
PARTNER CONTRIBUTIONS						
Ministry of Health & Long-Term Care	5,915,900	5,915,900	5,915,900	5,915,900	5,915,900	5,915,900
County of Peterborough	841,241	841,241	841,241	841,241	841,241	841,241
City of Peterborough	1,205,955	1,205,955	1,205,955	1,205,955	1,205,955	1,205,955
Curve Lake First Nation	9,328	9,328	9,328	9,328	9,328	9,328
Hiawatha First Nation	3,014	3,014	3,014	3,014	3,014	3,014
FUNDING PARTNER CONTRIBUTIONS	7,975,438	7,975,438	7,975,438	7,975,438	7,975,438	7,975,438
Net Budget	0	-142,133	- 356,631	- 440,671	- 542,035	- 651,552
Condo reserve contribution from Property reserves		50,000				
Program reserves		92,133				
Balanced Budget - Net surplus in funding		0				

Forecast assumptions

No increase in Other Funding or Partner Contributions

Allowance for inflation for 2018 through 2021 of 1%

Allowance for increase of Salaries and Benefits for Contractual Agreements

To: All Members
Board of Health

From: Dr. Rosana Salvaterra, Medical Officer of Health

Subject: Correspondence for Direction

Date: September 14, 2016

1. Letter dated September 27, 2016 from MPP Sylvia Jones (Dufferin-Caledon), to the Board of Health regarding Bill 5 – the *Greater Access to Hepatitis C Treatment Act, 2016*. (p. 32)

Proposed Recommendation:

That the Board of Health for Peterborough Public Health:

- *receive the correspondence dated September 27, 2016 from Sylvia Jones, M.P.P., Dufferin-Caledon, to the Board of Health regarding Bill 5 – the Greater Access to Hepatitis C Treatment Act, 2016*
- *write a letter of support for the adoption of this legislation to the Hon. Dr. Eric Hoskins, Minister of Health and Long-Term Care, with copies to MPP Jones, local MPPs, the Ontario Chief Medical Officer of Health, the Association of Local Public Health Agencies, and Ontario Boards of Health.*

Rationale:

This proposed legislation would make treatment for Hepatitis C universal, based on a physician's recommendation. This would allow infected patients to have access to a cure before there is evidence of liver damage. It is recommended that the board endorse Bill 5 and communicate this support to Minister Hoskins, as requested.

NOTE: The enclosed infographic was added to this correspondence by staff for your reference.

2. Email dated October 31, 2016 from Gordon Fleming, Association of Local Public Health Agencies (aLPHa), regarding tobacco industry lobbying. (p. 37)

Proposed Recommendation:

That the Board of Health for Peterborough Public Health:

- *send a letter to municipal Councils in Peterborough County and City requesting that if approached by the tobacco industry and/or its front groups, they reject motions to lobby against higher tobacco taxes increases and other regulations; and,*
- *copy the Association of Local Public Health Agencies and the Ontario Campaign for Action on Tobacco (OCAT) on this correspondence.*

Rationale:

In 2012, Imperial Tobacco Canada provided a confidential presentation to its parent company British American Tobacco on its objectives and tactics behind a decade-long ongoing campaign to “keep the contraband issue alive”. The presentation shows how Imperial Tobacco uses retailer and other business associations including the Canadian Convenience Stores Association and the National Coalition Against Contraband Tobacco as front groups for their lobbying efforts aimed at preventing effective regulations and tax increases.

These front groups continue to lobby Queen’s Park against higher tobacco taxes and other regulations. Rothmans Benson and Hedges, has also started to ask municipal councillors for meetings to discuss contraband, most likely with the same kinds of messages that the National Coalition Against Contraband Tobacco and the Ontario Convenience Store Association have been using.

Ontario has the second lowest tobacco taxes among all of the provinces in Canada. Lower tobacco prices result in increased use whereas, tax increases on tobacco products deter smoking uptake, reduce tobacco consumption, increase smoking cessation, and address inequalities in smoking rates among social groups.



Sylvia Jones, MPP
Dufferin-Caledon

Room 443, Legislative Building
Toronto, Ontario M7A1A8

Tel: 416-325-1898

Fax: 416-325-1936

E-Mail: sylvia.jonesla@pc.ola.org

RECEIVED

OCT 28 2016

PETERBOROUGH COUNTY
CITY HEALTH UNIT

September 27th, 2016

Chair Scott McDonald and Members of the Board
Peterborough Public Health
Jackson Square, 185 King St.
Peterborough ON, K9J 2R8

Dear Members of the Board:

I want to make you aware of my private member's bill, Bill 5 - the *Greater Access to Hepatitis C Treatment Act, 2016*. If adopted, my private member's bill will ensure individuals with hepatitis C will receive greater access to highly effective treatments.

Currently individuals diagnosed with hepatitis C cannot access new treatments that have a 95 per cent effectiveness rate in curing hepatitis C until they meet restrictive clinical criteria that demand an individual's liver be halfway to cirrhosis.

Other provinces including Quebec, Prince Edward Island, and New Brunswick have begun the process of removing or loosening eligibility requirements for individuals to access publicly-funded treatment. That is why I introduced the *Greater Access to Hepatitis C Treatment Act*. If adopted, it will ensure every individual in Ontario with hepatitis C will receive treatment upon the recommendation from their physician, no matter what stage their disease is in. No longer will an individual have to wait and let their liver further deteriorate before receiving life-saving treatment.

Please find enclosed a pamphlet with further details about Bill 5. If you support my private member's bill, I encourage you to write a letter of support to the Minister of Health and Long-Term Care and urge the Minister to adopt this important legislation to combat hepatitis C. In addition I have enclosed a sample letter for your use. I would also appreciate receiving a copy of your letter to the Minister.

With your help, we can eliminate the single most burdensome infectious disease in Canada.

Sincerely,

A handwritten signature in black ink, appearing to be "S. Jones", written over a horizontal line.

Sylvia Jones, MPP
Dufferin-Caledon

September 27th, 2016

Hon. Eric Hoskins
Minister of Health and Long-Term Care
Hepburn Block
10th Flr
80 Grosvenor St
Toronto ON M7A2C4

Dear Minister Hoskins:

As you are no doubt aware, approximately 110,000 Ontarians are living with hepatitis C. Individuals can live with hepatitis C for many years without experiencing any symptoms, even though the disease slowly damages their liver. If left untreated, hepatitis C can lead to cirrhosis, liver cancer, and ultimately death.

Fortunately there is a cure for hepatitis C, with new treatments having shown a 95 per cent effectiveness rate in curing individuals. While new treatments have shown great promise in curing individuals with hepatitis C, many individuals cannot access these highly effective treatments until they meet restrictive clinical criteria that demand an individual's liver be halfway to cirrhosis.

I was pleased to hear about MPP Sylvia Jones' private member's bill, Bill 5 – the *Greater Access to Hepatitis C Treatment Act, 2016*. If adopted, MPP Jones' private member's bill would ensure every individual in Ontario with hepatitis C will receive treatment upon the recommendation from their physician, no matter what stage their disease is in. If Bill 5 is adopted, an individual will no longer have to wait and let their liver further deteriorate before receiving life-saving treatment.

I am interested in knowing if this is an initiative you will be pursuing. I look forward to hearing from you soon.

Sincerely,

(Organization's or Person's Name)

SYLVIA JONES, MPP

Dufferin-Caledon

244 Broadway
Orangeville ON L9W 1K5
Tel: 519-941-7751



Toll Free: 1-800-265-1603
E-mail: sylvia.jonesco@pc.ola.org
twitter @sylviajonesmpp
facebook Sylvia Jones

12596 Regional Road 50
Bolton ON L7E 1T6
Tel: 905-951-9382



Help Expand Access to Life-Saving Treatments for Hepatitis C

Currently there are approximately 110,000 Ontarians living with hepatitis C, while nearly half of individuals with hepatitis C are unaware they have this disease.

Individuals can live with hepatitis C for many years without experiencing any symptoms, even though the disease slowly damages their liver. If left untreated, hepatitis C can lead to cirrhosis, liver cancer, and ultimately death.

Hepatitis C is curable, with new treatments having shown a 95 per cent effectiveness rate in curing individuals with hepatitis C.

While new treatments have shown great promise in curing individuals with hepatitis C, many individuals cannot access these highly effective treatments until they meet restrictive clinical criteria that demand an individual's liver be halfway to cirrhosis.

Ontario is lagging behind in helping bring an end to this viral disease. Provinces including Quebec, Prince Edward Island, and

New Brunswick have begun the process of removing or loosening eligibility requirements for individuals to access publicly-funded treatment.

Without these highly effective treatments that cost approximately \$55,000, an individual with hepatitis C can cost the health care system up to \$330,000 in health costs.

"We have an opportunity to help eliminate the single most burdensome infectious disease in Canada. That is why I introduced my private member's bill, Bill 5 - the Greater Access to Hepatitis C Treatment Act, 2016."

"If adopted, my private member's bill will ensure every individual in Ontario with hepatitis C will receive treatment upon the recommendation from their physician, no matter what stage their disease is in. If Bill 5 is adopted, an individual will no longer have to wait and let their liver further deteriorate before receiving life-saving treatment."

Sylvia Jones, MPP - Dufferin-Caledon www.sylviajonesmpp.ca

How YOU Can Help

- I would like to hear your comments on Bill 5 - the Greater Access to Hepatitis C Treatment Act, 2016, and would appreciate your support. Please contact my office at sylvia.jonesla@pc.ola.org.
- To get a copy of Bill 5, go online to www.sylviajonesmpp.ca or call 416-325-1898.
- Share this information with friends, family and anyone who supports expanding access to life-saving treatments for hepatitis C.
- If you have questions, please email sylvia.jonesla@pc.ola.org.

Support for Bill 5

"Today we have drug therapies that can cure hepatitis C but if we limit access based on restrictive criteria, we will continue to have low numbers of people treated and ever increasing cases of liver cancer and avoidable deaths. Removing the criteria on treatment access can help save lives and over the long-term save the health care system millions in acute care costs associated with end stage liver disease and transplants. The Canadian Liver Foundation is therefore in full support of the Greater Access to Hepatitis C Treatment Act."

- Dr. Morris Sherman, Chairman, Canadian Liver Foundation

"In the absence of a coherent national plan to fight hepatitis C, Canada cannot fight this epidemic, let alone make good on our commitments to the WHO to eliminate this disease by 2030. Bill 5 is the first instance of a province attempting to take leadership on this issue and stop the needless suffering of hundreds of thousands of Canadians who are not sick enough to be eligible for a cure."

- Adam Cook, Action Hepatitis Canada

If you would like more information or have questions about Bill 5, please contact Sylvia Jones, MPP for Dufferin-Caledon at:

Room 443, Legislative Building, Queen's Park, Toronto, ON, M7A 1A8, (416) 325-1898 or
244 Broadway, Orangeville, ON, L9W 1K5, 1-800-265-1603 or
12596 Regional Road 50, Bolton, ON, L7E 1T6

Email: sylvia.jonesla@pc.ola.org

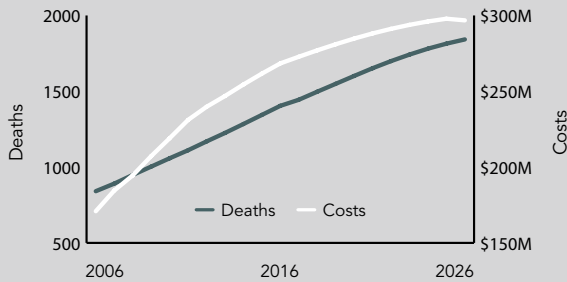
Working For You!

ACHIEVING ELIMINATION OF HEPATITIS C IN CANADA

Supporting Canada's commitment to Hepatitis C

THE PROBLEM

IN CANADA, OVER 250,000 PEOPLE ARE INFECTED WITH HEPATITIS C, BUT ONLY 40% HAVE BEEN DIAGNOSED AND ONLY 10-15% HAVE RECEIVED TREATMENT



The number of deaths and health care costs due to hepatitis C have **almost doubled in the past decade**



Indigenous communities, people who inject drugs, ethno-cultural communities, inmates and baby boomers are **more affected** than other groups of people

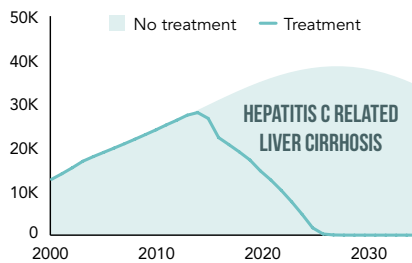


Hepatitis C prevention and care strategies are **fragmented across Canada**

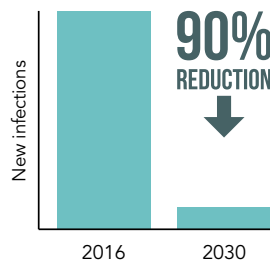
THE UNPRECEDENTED OPPORTUNITY



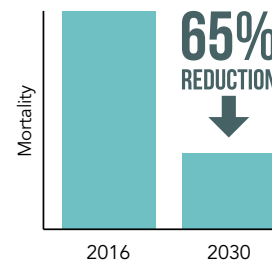
New hepatitis C therapies can **cure nearly 95%** of people treated



Successful hepatitis C treatment can **reduce** hepatitis C-related liver cirrhosis



The WHO has **set targets for eliminating viral hepatitis** as a major public health threat by 2030 and has called on all countries to develop National Action Plans



In Canada, Hepatitis C elimination is possible with concerted action

THE SOLUTIONS

APPLY AN EVIDENCE-BASED PUBLIC HEALTH APPROACH



Increase **screening** through risk-based and birth cohort-targeted strategies



Increase **access** to treatment for **all** people infected with hepatitis C



Enhance targeted prevention strategies for **populations at risk**

ADDRESS INEQUALITIES



Address **health inequities** especially for Indigenous communities and for people who inject drugs

REDUCE COST



Implement proven strategies for **reducing cost** of Hepatitis C medications to allow for universal access

THROUGH EFFECTIVE PARTNERSHIP, WE SUPPORT CANADA'S COMMITMENT TO HEPATITIS C AND THE DEVELOPMENT OF A NATIONAL ACTION PLAN



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From: allhealthunits-bounces@lists.alphaweb.org [mailto:allhealthunits-bounces@lists.alphaweb.org] **On Behalf Of** Gordon Fleming
Sent: Monday, October 31, 2016 12:32 PM
To: allhealthunits@lists.alphaweb.org
Subject: [allhealthunits] Tobacco Industry Lobbying

ATTENTION
CHAIRS, BOARDS OF HEALTH
MEDICAL OFFICERS OF HEALTH

Hi All,

You may have read about this last week, as it was prominently [reported in a number of media](#). Michael Perley from Ontario Campaign for Action on Tobacco (OCAT) asked me to forward the attached slide deck and the notice below to inform you that lobbying of local councils continues. Please share this with your elected colleagues:

“Although the (attached) slides date from 2012, the (tobacco industry) front groups continue to lobby Queen’s Park against higher tobacco taxes and other regulations. We’ve just learned that one of the other tobacco companies, Rothmans Benson and Hedges, has started to ask municipal councillors for meetings to discuss contraband, no doubt with the same kinds of messages that the National Coalition Against Contraband Tobacco and the Ontario Convenience Store Association have been using.

As this is the time of year when the Minister of Finance is preparing the 2017 Budget, the industry will ramp up its efforts to make sure that no tax increase is part of the Budget, so it’s an important time to prevent industry-inspired messages coming forward from municipalities to MPPs of all parties and the government. In fact, Board of Health motions calling on councils to explicitly reject motions from industry and/or its front groups, would be very helpful.”

Gordon Fleming, B.A., BAsC, CPHI(C)
Manager, Public Health Issues
Association of Local Public Health Agencies (alPHA)
2 Carlton Street, Suite 1306
Toronto, Ontario
(416) 595-0006, ext 23
(416) 595-0030 Fax

NOTE: The slide deck referenced in the email is included in the media story hyperlinked above.

To: All Members
Board of Health

From: Dr. Rosana Salvaterra, Medical Officer of Health

Subject: Correspondence for Information

Date: November 9, 2016

Proposed Recommendation:

That the Board of Health for Peterborough Public Health receive the following for information:

1. Letter dated October 11, 2016 from MPP Laurie Scott, in response to the Board Chair's letter dated September 20, 2016, regarding Lyme Disease. (p. 40)
2. Letter dated October 14, 2016 from Minister Bennett, in response to the Board Chair's original letter dated August 2, 2016, regarding drinking water at Curve Lake First Nation. (p. 41)
3. Letter dated October 13, 2016 from MPP Leal to Minister Hoskins regarding the timing of the release of public health budgets. (p. 42)
4. Letter dated October 31, 2016 from Minister McMahon to Dr. Salvaterra, regarding her appointment to the Rowan's Law Advisory Committee.* (p. 44)
5. Email dated November 2, 2016 to Municipal and First Nation Clerks regarding the 2016 Nutritious Food Basket costing. (p. 46)
6. Letter dated November 4, 2016 from the Board Chair to Ministers Ballard, Hoskins and Jaczek regarding the 2016 Nutritious Food Basket costing. (p. 48)
7. Letter dated November 4, 2016 from the Board Chair to the Executive Steering Committee for the Standards Modernization regarding food literacy. (p. 50)
8. Letter dated November 4, 2016 from Dr. Salvaterra to Minister Philpott regarding Bill S-228, An Act to amend the Food and Drugs Act (prohibiting food and beverage marketing directed at children). (p. 53)
9. Letters/Resolutions from other local public health agencies:
 - a. Universal Hot Meal Program Chatham Kent* (p. 55)
NOTE: *The Board has taken previously taken a position on this item.*

**Enclosures available upon request.*



Laurie Scott, MPP

Haliburton-Kawartha Lakes-Brock

Queen's Park Office:
Rm. 434, Main Legislative Bldg.
Queen's Park
Toronto, Ontario M7A 1A8
Tel. (416) 325-2771
Fax (416) 325-2904
E-mail: laurie.scott@pc.ola.org

Constituency Office:
14 Lindsay St., North
Lindsay, Ontario K9V 1T4
Tel. (705) 324-6654
1-800-424-2490
Fax (705) 324-6938
E-mail: laurie.scottco@pc.ola.org

October 11, 2016

The Honourable Dr. Jane Philpott
Health Canada
70 Colombine Driveway
Turkey's Pasture
Ottawa, ON K1A 0K9

The Honourable Dr. Eric Hoskins
Ministry of Health and Long-Term Care
10th Floor, Hepburn Block
80 Grosvenor Street
Toronto, ON M7A 2C4

Dear Ministers:

I am writing to add my voice to that of Peterborough's Public Health Department, which wrote to you on September 20th, 2016 to call for increased resources to help them deal with Lyme disease.

As you know, Lyme disease has become the predominant vector-borne disease of Ontario. Our Public Health Units require more resources so that they can properly conduct research, treatment, surveillance, and education regarding Lyme disease.

Please consider the Peterborough Public Health Department's request for an increase in funding to help deal with the growing issue of Lyme disease in Ontario.

Sincerely,

A handwritten signature in blue ink that reads "Laurie Scott".

Laurie Scott, MPP
Haliburton-Kawartha Lakes-Brock

cc: Peterborough Public Health

cc: Connie ✓

RECEIVED OCT 19 2016



JEFF LEAL, MPP
Peterborough

October 13, 2016

The Honourable Dr. Eric Hoskins
Minister of Health and Long-Term Care
10th Floor, Hepburn Block
80 Grosvenor Street
Toronto, Ontario
M7A 2C4

Dear Eric,

I recently had a meeting with Mr. Rick Woodcock, the Mayor of the Municipality of North Kawartha regarding the timing of the release of budget information for health units by your Ministry in the Province of Ontario. Municipalities work on a calendar year and the Province works on a fiscal year. Municipalities approve their budgets in the last quarter of the calendar year and often it is not known until September or October of the funding year what the Provincial allocation will be for health units. To quote Mayor Woodcock "During the approval process for the 2016 operating budget, I spoke against the approval because our source of income and level of funding could not be confirmed." As a voluntary member of the Board (Peterborough Public Health), appointed by the County of Peterborough, I asked the question as to who is responsible if the budget is not approved 10 to 11 months into the year when the money has been spent? There was no acceptable answer."

I would ask that this matter be reviewed.

Yours sincerely,

Original Signed by
Jeff Leal, MPP
Jeff Leal

Cc Mr. Rick Woodcock, Mayor of North Kawartha, PO BOX 550, 280 Burleigh Street, Apsley,
Ontario K0L 1A0

Mr. John Fallis, Deputy Mayor-Municipality of Cavan Monaghan, 988 County Rd 10, Millbrook,
Ontario K0A 1G0

Constituency Office

236 King Street, Peterborough, ON K9J 7L8

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BOH Meeting Agenda
November 9, 2016 - Page 41 of 111

Ministre des Affaires
autochtones et du Nord



Minister of Indigenous and
Northern Affairs

Ottawa, Canada K1A 0H4

OCT 14 2016

Mr. Scott McDonald
Chair, Board of Health
Peterborough Public Health
Jackson Square
185 King Street
PETERBOROUGH ON K9J 2R8

RECEIVED

OCT 19 2016

PETERBOROUGH COUNTY
CITY HEALTH UNIT

Dear Mr. McDonald:

Thank you for your letter of August 2, 2016, regarding your concerns about safe drinking water at the Curve Lake First Nation. I believe that this is an important issue that requires attention.

The Government of Canada is moving forward with a new long-term strategy to address important water, wastewater and solid waste infrastructure issues in First Nation communities. Budget 2016 proposes to address health and safety needs, ensure proper facility operation and maintenance, and end long-term boil water advisories on reserves within five years by investing an additional \$1.8 billion over five years, starting in 2016–2017. The Department's regional offices are prioritizing their funding allocations for this fiscal year to first address those First Nation communities under drinking water advisories.

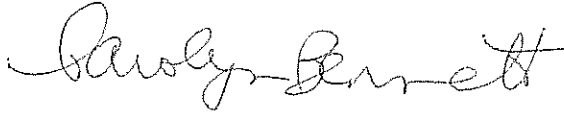
I wish to assure you that Indigenous and Northern Affairs Canada is taking steps to bring a reliable source of clean, safe drinking water to the Curve Lake First Nation. I understand that regional officials have been meeting regularly with the Curve Lake First Nation to discuss the next steps on a plan to move forward on the water treatment plant project. The Department will continue to work with the First Nation to improve water, wastewater and solid waste infrastructure in the community.

.../2

Canada

Thank you for taking the time to express your concerns for the health of the residents of the Curve Lake First Nation.

Sincerely,

A handwritten signature in cursive script, reading "Carolyn Bennett". The signature is written in dark ink and is positioned above the printed name.

Hon. Carolyn Bennett, M.D., P.C., M.P.

c.c.: The Honourable Maryam Monsef, P.C., M.P.
The Honourable David Zimmer, M.P.P.
The Honourable Jeff Leaf, M.P.P.

9th Floor, Hearst Block
900 Bay Street
Toronto, ON M7A 2E1
Tel: (416) 326-9326
Fax: (416) 326-9338

9^e étage, édifice Hearst
900, rue Bay
Toronto, ON M7A 2E1
Tél.: (416) 326-9326
Téléc.: (416) 326-9338



OCT 31 2016

Dr. Rosana Pellizzari Salvaterra
499 Hunter Street West
Peterborough, ON K9H 2M9

Dear Dr. Pellizzari Salvaterra:

On behalf of the Government of Ontario, I am pleased to confirm your appointment as a member of the Rowan's Law Advisory Committee ("the Committee"). Your appointment to serve at the minister's pleasure will begin as of the date of this letter and end no later than December 9, 2017.

As Minister of Tourism, Culture, and Sport, I recognize the importance of active and healthy lifestyles, especially for young people. Providing youth in our province with an environment that allows them to be safe while physically active is critical, and our government takes the issue of concussion awareness and prevention seriously. The province is supportive of concussion-related recommendations that encourage safe play and sport and promote the well-being of young athletes of all levels and abilities.

I am proud to have responsibility for overseeing Bill 149, Ontario's legislation to establish the Rowan's Law Advisory Committee to review the jury recommendations from the inquest into the tragic death of Rowan Stringer in 2013. I am grateful for your involvement as a valued member of the Committee. The Government of Ontario is committed to ensuring Ontario is a safe and supportive place for people of all ages and abilities to be physically active. The Committee's work will further these objectives by providing recommendations on how to implement the jury recommendations and on how to prevent, mitigate, treat and create awareness about head injuries in sports.

Pursuant to section 2(5) of the Rowan's Law Advisory Committee Act, 2016, as a member of the Advisory Committee, you will:

- Review the jury recommendations;
- Review legislation, policies and best practices from other jurisdictions with respect to head injuries;
- Make recommendations on how to implement the jury recommendations, how to prevent and mitigate head injuries in sports and how to create awareness about head injuries in sports; and
- Make any other recommendations that the Committee deems advisable with respect to head injury prevention or treatment.

As a member, I ask that you provide your best judgement and advice based on your experiences and expertise. I will be looking to members to engage key stakeholders, when appropriate, while also identifying issues that may not be readily apparent to the ministry. The government will then be well-positioned to implement the necessary recommendations to continue to support Ontario's athletes, coaches and parents.

As government appointees, members of the Committee are required to hold in strict confidence all confidential information received in their capacity as members of the Committee and to avoid all conflict of interest in the course of carrying out their responsibilities. Members are required to make appropriate disclosure without delay should any actual or potential conflict of interest arise during their tenure. Members will be asked to enter into a Participation Agreement reflecting these obligations.

Members of the Committee will be reimbursed for necessary travel and expenses incurred reasonably in carrying out the business of the Committee. Expenses will be reimbursed in accordance with Ontario's Management Board of Cabinet's *Travel, Meal and Hospitality Expenses Directive*. A copy of this Directive will be provided to you and ministry staff will be available to assist you in the reimbursement process.

Thank you for accepting this appointment. I am confident that your involvement will be a tremendously valuable contribution to the well-being of Ontarians. I look forward to your participation.

All my best,



Eleanor McMahon
Minister

cc: Honourable Dr. Eric Hoskins, Minister of Health and Long-Term Care
Honourable Mitzie Hunter, Minister of Education
Honourable Deb Matthews, Minister of Advanced Education and Skills Development
Honourable Michael Coteau, Minister of Children and Youth Services

Attachments:

- Terms of Reference

From: Alida Gorizzan

Sent: Wednesday, November 02, 2016 2:58 PM

To: 'achittick@nexicom.net'; BAngione@hbmtwp.ca; 'c.parent@northkawartha.on.ca'; crystal@douroddummer.on.ca; cwhite@asphodelnorwood.com; 'earthurs@cavanmonaghan.net'; 'hscott@osmtownship.ca'; kstevenson@trentlakes.ca; John Kennedy (JKennedy@peterborough.ca); Sally Saunders (ssaunders@county.peterborough.on.ca); Trisha Shearer (ExecutiveAsst@hiawathafn.ca); 'ShownaS@curvelake.ca'

Subject: CORRESPONDENCE: PPH Board of Health re: 2016 Nutritious Food Basket Costing

ATTN: CLERKS

Please share with your respective Councils.

The results of the [2016 Nutritious Food Basket Costing](#) for Peterborough Public Health was accepted at the October 12, 2016 Board of Health Meeting, and released to the public raising the concern that local poverty and food insecurity rates continue to rise. There is an urgent need to address the economic barriers that people living with low incomes experience in accessing nutritious food.

The cost of the Nutritious Food Basket in Peterborough City and County in May 2016 for a reference family of four (male between 31-50 years of age, female between 31-50 years of age, 14 year old boy, 8 year old girl) is \$907 per month. This represents a 22% increase in food costs since 2010. Despite the increasing costs of food, the real issue is that incomes are too low and many individuals and families just do not have enough money to pay for their basic needs including shelter and healthy food. This issue poses serious health risks for our community. Of particular concern in our community are those who live on fixed incomes and the 23.6% of children under the age of 18 years who live in households reporting moderate and severe food insecurity.

A single mother with two children whose source of income is Ontario Works can expect 48% of her income to be required for rent. According to Canada Mortgage and Housing, housing is affordable when it costs 30% or less of monthly income. Based on the Nutritious Food Basket calculations, this family would need to spend 34% of total income to eat a nutritious diet. After this mother pays for shelter and a healthy diet, she has only \$372 for all other monthly expenses. A single man receiving Ontario Works in Peterborough could expect 87% of their income to cover rental costs. In order to cover the costs of both shelter and a healthy diet, he would be in a deficit of \$204 each month. It is clear that social assistance rates in Ontario do not reflect the actual costs of shelter and nutritious food. Access to a healthy diet can impact positively impact health.

The report also notes actions that Peterborough residents can take to reduce food insecurity and poverty. Along with advocacy and supporting current food programs, buying local foods to support local farmers and the local economy is important. We recognize that Peterborough farmers must be able to make a decent income to grow our local food system.

Peterborough Public Health will be following the advancement of [Bill 6: An Act to amend the Ministry of Community and Social Services Act to establish the Social Assistance Research Commission](#). We support yearly Nutritious Food Costing, completed by Ontario's Public Health Agencies, be used to inform the process of determining Social Assistance Rates. We also look forward to seeing the Honourable Hugh Segal's discussion paper related to the design and implementation of a Basic Income Pilot for Ontario.

Alida Gorizzan

Executive Assistant to

*Dr. Rosana (Pellizzari) Salvaterra, Medical Officer of Health
and the Board of Health*



Jackson Square, **185 King St.**, Peterborough, ON K9J 2R8

P: 705-743-1000 or 1-877-743-0101, ext. 264 | F: 705-743-1810

E: agorizzan@peterboroughpublichealth.ca

www.peterboroughpublichealth.ca

November 4, 2016

Hon. Chris Ballard, MPP
Minister Responsible for the Poverty Reduction Strategy
cballard.mpp.co@liberal.ola.org

Hon. Dr. Eric Hoskins, MPP
Minister of Health and Long-Term Care
ehoskins.mpp.co@liberal.ola.org

Hon. Helena Jaczek, MPP
Minister of Community and Social Services
hjaczek.mpp@liberal.ola.org

Dear Honourable Ministers:

Re: Results of 2016 Nutritious Food Basket for Peterborough Public Health

We are writing to provide an update on food insecurity in our community. The results of the [2016 Nutritious Food Basket Costing](#) for Peterborough Public Health was accepted at the October 12, 2016 Board of Health Meeting, and released to the public raising the concern that local poverty and food insecurity rates continue to rise. There is an urgent need to address the economic barriers that people living with low incomes experience in accessing nutritious food.

The cost of the Nutritious Food Basket in Peterborough City and County in May 2016 for a reference family of four (male between 31-50 years of age, female between 31-50 years of age, 14-year old boy, 8-year old girl) is \$907 per month. This represents a 22% increase in food costs since 2010. Despite the increasing costs of food, the real issue is that incomes are too low and many individuals and families just do not have enough money to pay for their basic needs including shelter and healthy food. This issue poses serious health risks for our community. Of particular concern in our community are those who live on fixed incomes and the 23.6% of children under the age of 18 years who live in households reporting moderate and severe food insecurity.

A single mother with two children whose source of income is Ontario Works can expect 48% of her income to be required for rent. According to Canada Mortgage and Housing, housing is affordable when it costs 30% or less of monthly income. Based on the Nutritious Food Basket calculations, this family would need to spend 34% of total income to eat a nutritious diet. After this mother pays for shelter and a healthy diet, she has only \$372 for all other monthly expenses. A single man receiving Ontario Works in Peterborough could expect 87% of their income to cover rental costs. In order to cover the costs of both shelter and a healthy diet, they would be in a deficit of \$204 each month. It is clear that social assistance rates in Ontario do not reflect the actual costs of shelter and nutritious food. Access to a healthy diet can impact positively impact health.

We ask that you consider these real-life scenarios when considering decisions at the Cabinet table and within your Ministry that can impact food insecurity and the livelihoods and health of all Ontarians. In particular, we urge you to continue provincial monitoring of food insecurity rates through participation in the Canadian Community Health Survey Household Food Security Survey Module. We also request that the Ontario government participates in the development and implementation of a pan-Canadian government-led strategy that includes coordination of policies and programs to ensure all households have consistent and sufficient income to be able to pay for basic needs, including food. Both of these actions were proposed in the recent [Dietitians of Canada Household Food Insecurity Reports](#).

We will be following the advancement of [Bill 6: An Act to amend the Ministry of Community and Social Services Act to establish the Social Assistance Research Commission](#). We recommend that yearly Nutritious Food Costing, completed by Ontario's Public Health Agencies, be used to inform the process of determining Social Assistance Rates. We also look forward to seeing the Honourable Hugh Segal's discussion paper related to the design and implementation of a Basic Income Pilot for Ontario.

Yours in health,

Original signed by

Scott McDonald
Chair, Board of Health

/ag

cc: Dr. David Williams, Chief Medical Officer of Health, MOHLTC
Jeff Leal, MPP, Peterborough
Laurie Scott, MPP, Haliburton-Kawartha Lakes-Brock
Association of Local Public Health Agencies
Ontario Boards of Health

November 4, 2016

The Executive Steering Committee for the Standards Modernization
Dr. David Jones, Chair
c/o Paulina Salamo, A/Director, Public Health Standards, Practice and Accountability
Branch, Ministry of Health and Long-Term Care
Paulina.Salamo@ontario.ca

Dear Chair Jones and Members of the Executive Steering Committee:

Re: Ontario Public Health Standards Modernization/Review: Advocating for Food Literacy

We are writing to you to indicate our support of the revision of food skills to food literacy in the modernized Ontario Public Health Standards (OPHS). Currently, Boards of Health are mandated by the OPHS to provide opportunities for skill development in the areas of food skills and healthy eating practices for priority populations.¹ Priority populations may include pregnant and postpartum women, individuals of low socio-economic status, First Nations, and youth.

We, as a Board of Health, have reviewed the technical brief, "Ontario Public Health Standards Modernization/Review: Advocating for Food Literacy" submitted to you by the Ontario Society of Nutrition Professionals in Public Health (OSNPPH). This technical brief outlines the definition and role of food literacy in public health agencies, and steps public health can take to promote food literacy in collaboration with partners.

As described in the brief, a locally driven collaborative project (LDCP) through OSNPPH was conducted from 2012 to 2014.² This study's findings produced a food literacy definition that surpassed the food skills definition developed by the Ministry of Health. Food literacy was found to include not only personal factors, but also broader environmental factors. This study and the literature suggest that promotion of food skills alone is insufficient, and the broadened definition of food literacy needs to be addressed by public health programs.

We support the position of OSNPPH, and encourage that Boards of Health be mandated to promote skill development in areas of food literacy and healthy eating practices for priority populations, in the modernized OPHS.

Yours in health,

Original signed by

Scott McDonald
Chair, Board of Health

/ag

¹ Ministry of Health and Long Term Care (2008). Ontario Public Health Standards Retrieved from:
http://www.health.gov.on.ca/en/pro/programs/publichealth/oph_standards/docs/ophs_2008.pdf

² Desjardins, E. and Azevedo, E. (2013). "Making Something out of Nothing": Food Literacy among Youth, Young pregnant women and young parents who are at Risk for Poor Health, a Locally Driven Collaborative Project of Public Health Ontario. Retrieved from:
<https://www.osnpvh.on.ca/upload/membership/document/food-literacy-study.ldcpontario.final.dec2013.pdf>

November 4, 2016

The Honourable Dr. Jane Philpott
Health Canada
70 Colombine Driveway
Tunney's Pasture
Ottawa, ON K1A 0K9
Jane.Philpott@parl.gc.ca

Dear Minister Philpott:

Re: Bill S-228, *An Act to amend the Food and Drugs Act (prohibiting food and beverage marketing directed at children)*

Our board of health passed a motion three years ago (November 13, 2013) supporting marketing restrictions to children. As an Ontario physician, you will remember that in 2012, the Ministry of Health and Long-Term Care assembled a group of experts from many different sectors and walks of life to advise the government on how best to achieve its goal of reducing childhood obesity. The Healthy Kids Panel's recommendations identified "Changing the Food Environment" as one of the three pillars of a strategy and the restriction of marketing to children was identified as one of the steps. We were happy to see that Ontario was willing to consider taking action, but changes to marketing would be more effective if implemented at the federal level.

Young children cannot distinguish between truth and the claims of advertisement. Young children are still developing their palate and food preferences. Parents often complain that they feel powerless to fend off the food industry's well-funded and well positioned campaign to create a demand for their products. Ontario's schools have policies promoting healthy choices in foods and beverages, but leaving the nutritional protection of children up to schools is too little and too late. Clearly we need to do more to protect vulnerable children from the onslaught of marketing to allow families, schools and community agencies like public health to support these children in making healthy choices.

I am writing on behalf of my board of health, to express our support for your government's plan to consider marketing restrictions, similar to those imposed in Quebec, as part of your recently announced Healthy Eating Strategy. Protecting children from exposure to commercial marketing supports parents to instill healthy habits in their children. Research in this intervention has shown that effective marketing restrictions can prevent a substantial part of childhood obesity and allow children to grow up without the negative influences that powerfully shape food and beverage choices. We understand that national polling has revealed broad population support for interventions that would place limits on the advertising of unhealthy food and beverages to children.

I am also writing to express my gratitude for your government's openness to review Senator Greene-Raine's private member bill, Bill S-228, which, if passed by both Houses, would prohibit the advertisement of foods and beverages to children under the age of 13 years.

Peterborough Public Health is committed to protecting the health and wellbeing of the children who live in our communities. We commend you and your government for having the courage to think and act upstream, in order to create a healthier environment for families to raise these children.

We will eagerly follow the progress of your strategy, and will do everything within our power to support your efforts.

Sincerely,

Original signed by

Rosana Salvaterra, MD, MSc, CCFP, FRCPC
Medical Officer of Health

/ag

cc: Maryam Monsef, MP, Peterborough-Kawartha
Kim Rudd, MP, Northumberland-Peterborough South
Jamie Schmale, MP, Haliburton-Kawartha Lakes-Brock
Association of Local Public Health Agencies
Ontario Boards of Health

September 27, 2016

The Honourable Kathleen Wynne
Premier of Ontario
Legislative Building, Rm. 281
Queen's Park
Toronto ON M7A 1A1

The Honourable Chris Ballard
Minister Responsible for the Poverty Reduction Strategy
6th Floor, Mowat Block
900 Bay Street
Toronto ON M7A 1L2

Dear Premier Wynne and Minister Ballard:

RE: FOOD SECURITY IN THE DISTRICT OF THUNDER BAY

At its September 21, 2016 meeting, the Board of Health for the Chatham-Kent Public Health Unit considered a motion and a report from the Thunder Bay District Health Unit (attached) concerning Food Security in the District of Thunder Bay. This report specifically addresses the need for the implementation of a universal hot meal program in Ontario elementary and secondary schools.

This report has raised concerns among our Board of Health members about poverty and food insecurity issues. These pose serious risks for the health of our community and for the Province as a whole.

The Board felt there was significant evidence presented to support the recommendation for changes to current government policy in addressing food insecurity.

Sincerely,

Joe Faas, Chair
Chatham-Kent Board of Health

Attach.

.../2

cc: Rick Nicholls, M.P.P., Chatham-Kent – Essex
Monte McNaughton, M.P.P., Lambton – Kent - Middlesex
Association of Local Public Health Agencies
Ontario Boards of Health

Overall Compliance Status

Ontario Public Health Standard Mandated Programs	Status
Child Health	7/7
Chronic Disease Prevention	11/14
Food Safety	6/7
Foundational Standards	13/13
Health Hazard Prevention and Management	9/9
Infectious Diseases (including tuberculosis) Prevention and Control	24/24
Oral Health	14/14
Prevention of Injury and Substance Misuse	0/5
Public Health Emergency Preparedness	8/8
Rabies Prevention and Control	7/8
Reproductive Health	6/6
Safe Water	14/14
Sexual Health, Sexually Transmitted Infections and Blood-borne Infections	12/12
Vaccine Preventable Diseases	13/13
100% Funded Programs	Status
Healthy Babies, Healthy Children	ME
Infant and Toddler Development	ME
Safe Sewage Disposal	ME

ME: Meeting Expectations PME: Partially Meeting Expectations

Program Compliance Details

Chronic Disease Prevention

Hallie Atter, Manager, Community Health;

Program Compliance:

Requirement 3, 4, 11: Due to limited staff capacity, not all areas of focus listed in the Requirements can be completed. Areas that are not fully addressed include healthy eating, healthy weights, physical activity and alcohol use.

Food Safety

Atul Jain, Manager, Environmental Health

Program Compliance:

Due to staffing capacity, there was one high risk food premise that did not receive its second inspection by September 30, 2016. The inspection was completed in early October 2016.

Prevention of Injury and Substance Misuse

Hallie Atter, Manager, Community Health

Program Compliance:

Requirement 1,2,3,4 &5: All five requirements include comprehensive work to be completed in four areas. Due to staffing resource limitations including an extended leave of absence and portfolio changes we are partially compliant in all five Requirements.

Rabies Prevention and Control

Atul Jain, Manager, Environmental Health

Program Compliance:

Seven cases of animal bite reports were not received by Peterborough Public Health within 24 hours. Those agencies that did not report within 24 hours received a phone call, as well as written follow-up. Education and outreach will continue with these agencies into Q4. . All seven reports mentioned above received follow-up the next business day.

Communications

Brittany Cadence, Manager, Communications & IT Services

Media Relations

Activity	Q3 comparison	
	2016	2015
Total media products produced (news releases, audio files, letters to the editor, monthly Examiner columns, opinion editorials, Board of Health (BOH) meeting summaries, etc.)	31	26
Number of media interviews	15	18
Number of media stories captured directly covering PPH activities	75	100

Highlights:

A new ticketing system began operation on August 1, 2016, to track all communication work, including graphic design, social media posts, media relations support requests, consults, healthcare provider alerts, etc. The total number of tickets completed in the third quarter was 153. Please see Attachment A – Q3 2016 Social Media Overview.

Information Technology

Highlights:

- All servers (email, phone, file and backup) were 100% operational with no planned or unplanned downtime.
- In response to growing risk of ransomware attacks, IT staff implemented a system to mitigate the exposure to the PPH network.
- IT staff were successful in their B1 funding proposal to the Ministry for one-time funding to implement a new firewall and have initiated implementation.
- IT staff created a group policy to make updates to Ministry databases more efficient. This saves a great deal of time so IT staff no longer have to go to each staff computer individually to install necessary updates.

Finance

Dale Bolton, Manager, Finance

Highlights:

- The Ministry provided an approved budget for cost-shared Public Health Programs, 100% funded programs and some of the one-time funded projects requested on September 23, 2016.
- The updated Accountability Agreement has been reviewed and signed back.
- Based on the approved budget, a Third Quarter Report was prepared to identify the status for Ministry of Health and Long-Term Care funded programs, measured against approvals. Please see Attachment B for details.
- Most programs have operated within approved budgets.

- The Needle Exchange Program received an increase in provincial funding of 31.9% over 2015. Despite additional funding, year to date expenditures indicate there will not be sufficient funds to cover expenditures until end of the year, if program demand continues at the same level. Projected expenses to end of year are approximately \$5,000 above budget. Program activity is being evaluated. One-time funding will be requested to offset the program deficit.
- The Healthy Smiles Ontario Program received additional funding under the newly integrated dental program that came into effect January 1, 2016. The Ministry did not request a budget submission for 2016. The 2016 funding approval was based on projections from previous year operations and costs for implementation of the new protocols under the new HSO. The additional staff positions funded within this budget were not hired prior to the approval, as there was uncertainty regarding the expected funding for the current year.
- Current operating expenses and projected expenditures are well below the approved budget. Plans for full implementation of the HSO protocol with new budget amounts is in progress and expenditures will increase before year end.

Attachments:

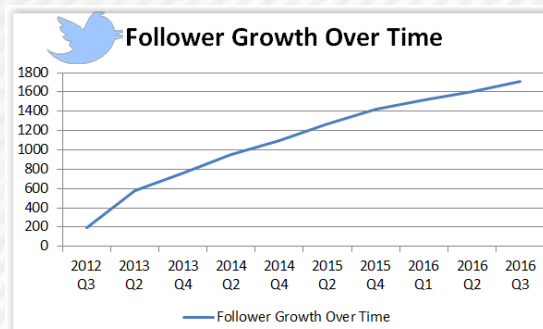
Attachment A – Q3 2016 Social Media Overview

Attachment B – Q3 2016 Financial Update

SOCIAL MEDIA Q3 REPORT

July 1 –
Sept 30

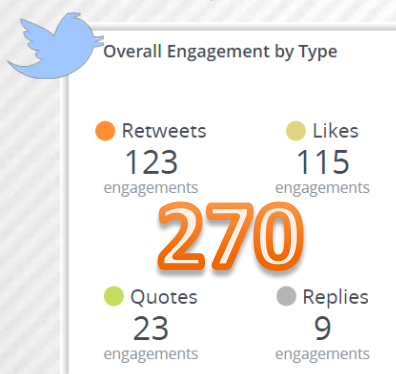
Breadth... How many people are connecting with us on our social media channels?



91 tweets Q3



Direct Engagement... How did people interact with us on social media?



most popular tweet

6.7%

engagement rate



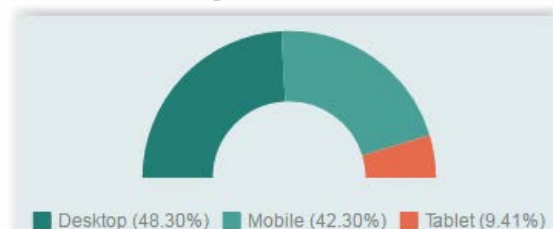
Depth... How are people reaching us and what are they looking for?

TOP 10

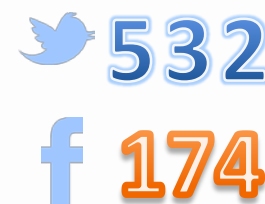
pages: peterboroughpublichealth.ca

Beaches Results : 8781
Contact Us: 2394
Employment: 2056
Sexual Health Clinic: 1819
Food Handler Class: 1350
Clinics & Classes: 706
Beach Testing Info: 701
Food Handler Course Dates: 660

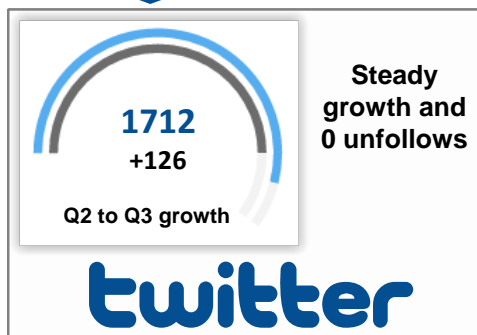
**website visitors
by device**



**Click throughs from
tweet/post to our website**



Loyalty... How are we doing at keeping our visitors engaged?



91.9% higher growth
than loss of fans

FROM

facebook



www.peterboroughpublichealth.ca

Customer Experience... What are people saying about us on social media?



Community Foundation @cfgp_
Sep 21

Congrats to @Ptbohealth on launching another #FoodforKids program!
#foodsecurity #healthyliving #Ptbo @PtboExaminer
thepeterboroughexaminer.com/2016/09/20/hea...



Lori Cameron @LoriQCameron
Sep 23

@Ptbohealth Thank you for fighting tobacco-never stop.

Campaigns... How did our coordinated social projects perform?

Twitter Ad Campaign - #smokefreemovies Sept 20 – 29

We ran a Twitter ad campaigns of 3 different (but similar) promoted tweets. Overall the campaign was successful in generating engagement and awareness of our topic #smokefree movies. The benefit to Twitter ads vs tweeting strictly though our account is the potential reach that we have. Promoted tweets are not just get seen by those who follow us but by any twitter account that meets the criteria we set i.e. demographics.

Ptbo Public Health @Ptbohealth 20 Sep 2016
Get vocal on social with @mf2sense about #smokefreemovies.
Did you know that ↑ time outdoors = ↓ tobacco exposure?
pic.twitter.com/MHIHOEbFq



22,342

impressions

844

engagements

4.1%

engagement rate

Glossary... What do these social media terms mean?

Engagements Total number of times a user interacted with a Tweet.

Engagement rate: Number of engagements divided by impressions

Impression: Times a user is served a Tweet in timeline or search results

Promoted Tweet: Are ordinary Tweets purchased by advertisers who want to reach a wider group of users to spark engagement

Impression: Times a user is served a Tweet in a timeline or search results

Handle: another word for username specific to Twitter and represented by an @ symbol (e.g. @Ptbohealth)

Mention: A Tweet that contains another user's @handle anywhere in the body of the Tweet. Used to "call out" to someone and will land in their notifications timeline.

Financial Update Q3 2016 (Finance: Dale Bolton)

Programs Funded January 1 to December 31, 2016									
	Type	2016	Approved by Board	Approved \$ By Province	Approved	Expenditures to Sept. 30	% of Budget	Funding	Comments
Mandatory Public Health Programs	Cost Shared (CS)	7,488,050	09-Dec-15	7,202,667	23-Sep-16	5,272,137	73.2%	MOHLTC	Operating within approved Ministry budget. Board approved \$8,174,982 which included Small Drinking Water (\$90,800), Vector Borne Disease (\$76,133) and Occupancy Cost (\$520,000) - See lines below. Ministry did not approve funding increase requested, however no impact on current year operations due to savings to date through One-Time Building funds up to March 2016.
Mandatory Public Health Programs - Occupancy costs	CS	520,000	09-Dec-15	518,267	23-Sep-16	367,825	71.0%	MOHLTC	Operating within budget. Expenditures on track to spend budget by year end.
Small Drinking Water Systems	CS	90,800	09-Dec-15	90,800	23-Sep-16	68,191	75.1%	MOHLTC	Operating within budget.
Vector- Borne Disease (West Nile Virus)	CS	76,133	09-Dec-15	76,133	23-Sep-16	54,295	71.3%	MOHLTC	West Nile Virus program finished end of September. Majority of expenditures have been reported to date. Anticipated being underspent for 2016.
Infectious Disease Control	100%	247,300	10-Feb-16	222,300	23-Sep-16	166,870	75.1%	MOHLTC	Operating within budget.
Infection Prev. & Control Nurses	100%	91,867	10-Feb-16	90,100	23-Sep-16	67,665	75.1%	MOHLTC	Operating within budget.

Healthy Smiles Ontario (HSO)	100%	0	NA	763,100	23-Sep-16	357,198	46.8%	MOHLTC	Operating within budget. Ministry did not require budget submission for 2016. Increase in funding of \$335,800 over 2015 approval of \$427,300 to support responsibilities for the program under Newly Integrated HSO program. Significant underspending for 2016 expected as staffing positions planned for Newly Integrated program were not hired to date, as there was no certainty of the total funding to be approved by the Ministry or our requirements under the new program.
Enhanced Food Safety	100%	25,000	10-Feb-16	25,000	23-Sep-16	20,261	81.0%	MOHLTC	Operating above budget. Program will operate within budget by end of year.
Enhanced Safe Water	100%	15,500	10-Feb-16	15,500	23-Sep-16	15,170	97.9%	MOHLTC	Operating above budget. Student position finished at end of August. Majority of program expenditures have been reported to date.
Needle Exchange Initiative	100%	45,000	10-Feb-16	45,000	23-Sep-16	37,786	84.0%	MOHLTC	Operating above budget based on Ministry approval. Budget approval increased 31.9% over prior year approval of \$34,100. Year to date expenditures are \$4,036 over budget. Action will be required to balance or additional funding will be sought.
Social Determinants of Health Nurses Initiative - Nurses Commitment	100%	185,530	10-Feb-16	180,500	23-Sep-16	135,556	75.1%	MOHLTC	Operating within budget.
Chief Nursing Officer Initiative	100%	128,923	10-Feb-16	121,500	23-Sep-16	91,247	75.1%	MOHLTC	Operating within budget.
Smoke Free Ontario (SFO) - Control	100%	100,000	10-Feb-16	100,000	23-Sep-16	73,602	73.6%	MOHLTC	Operating within budget.
SFO - Enforcement	100%	202,100	10-Feb-16	202,100	23-Sep-16	148,863	73.7%	MOHLTC	Operating within budget.

NOTICE: Proposed recommendations as noted within the posted agenda package may not be indicative of the final decision made by the Board of Health at the meeting. Should a member of the public or media outlet wish to confirm or clarify any Board position following the meeting, please contact the PPH Communications Manager or refer to the meeting summary issued shortly thereafter. Final motions are recorded in posted approved Minutes.

SFO - Youth Prevention	100%	80,000	10-Feb-16	80,000	23-Sep-16	59,102	73.9%	MOHLTC	Operating within budget.
SFO - Prosecution	100%	6,700	10-Feb-16	6,700	23-Sep-16	509	7.6%	MOHLTC	Operating within budget.
SFO - One Time Electronic Cigarettes Act - Protection & Enforcement	100%	29,300	10-Feb-16	29,300	23-Sep-16	22,034	75.2%	MOHLTC	Operating within budget.
Medical Officer of Health Compensation	100%	51,100	NA	Not approved to date	Funds being cashflowed at 2015/16 approval	38,274	74.9%	MOHLTC	Operating at 2016 approved budget. Still waiting for 2016/2017 approval from Province.
Healthy Babies, Healthy Children	100%	928,413	09-Mar-16	928,413	31-May-16	659,042	71.0%	MCYS	Operating within budget. Program savings due to gapping from part of year. Anticipate spending budget by year end as program is now operating with full staffing complement.

One-Time Programs Funded January 1 to December 31, 2016

	Type	2016	Approved by Board	Approved \$ By Province	Approved	Expenditures to Sept. 30	% of Budget	Funding	Comments
Pharmacist Integration into UIIP	100%	17,081	10-Feb-16	17,100	23-Sep-16	3,543	20.7%	MOHLTC	Program completed August 31, 2016. Underspending of funds due to timing of approval.
Enforcement of the Immunization of School Pupils Act	100%	78,728	10-Feb-16	63,000	23-Sep-16	0	0.0%	MOHLTC	Immunization clinics scheduled October through December for students. Anticipate being underbudget due to timing of Ministry approval.
Enhanced Mobility of Food Premises	CS	37,500			Not approved	0	0.0%	MOHLTC	Budget not approved by Province.
Health and Safety Risk Assessment	CS	7,910			Not approved	0	0.0%	MOHLTC	Budget not approved by Province.

NOTICE: Proposed recommendations as noted within the posted agenda package may not be indicative of the final decision made by the Board of Health at the meeting. Should a member of the public or media outlet wish to confirm or clarify any Board position following the meeting, please contact the PPH Communications Manager or refer to the meeting summary issued shortly thereafter. Final motions are recorded in posted approved Minutes.

Program Resource Support	CS	30,000			Not approved	0	0.0%	MOHLTC	Budget not approved by Province.
Workplace Mental Health Leadership Training	CS	22,000			Not approved	0	0.0%	MOHLTC	Budget not approved by Province.
Creating a Healthy, Complete Outdoor Play Spaces Toolkit	CS	30,000			Not approved	0	0.0%	MOHLTC	Budget not approved by Province.
Precarity Empl. Survey	CS	22,500			Not approved	0	0.0%	MOHLTC	Budget not approved by Province.
Rapid Risk Factor Surveillance System	CS	40,000			Not approved	0	0.0%	MOHLTC	Budget not approved by Province.

One-Time Programs Funded April 1, 2016 to March 31, 2017

	Type	2016	Approved by Board	Approved \$ By Province	Approved	Expenditures to Sept. 30	% of Budget	Funding	Comments
Enhanced Tobacco Cessation	100%	30,000	10-Feb-16	30,000	23-Sep-16	0	0.0%	MOHLTC	Budget approved as submitted. Efforts will be made to spend budget before March 31, 2017 within Ministry guidelines.
Panorama	100%	0	NA	72,900	23-Sep-16	0	0.0%	MOHLTC	Funding will be spent before March 31, 2017 within Ministry guidelines.
Public Health Inspector Practicum Project	100%	20,000	10-Feb-16	20,000	23-Sep-16	0	0.0%	MOHLTC	Funding will support the hiring of 2 practicum students for 12 weeks during Jan. - Mar. 2017.
WiFi Implementation	100%	44,000	10-Feb-16	38,300	23-Sep-16	0	0.0%	MOHLTC	Submitted as cost shared to Ministry at \$44,000. Approved 100% by Province. Adequate funds to complete project based on approval.

Programs funded April 1, 2016 to March 31, 2017									
	Type	2016 - 2017	Approved by Board	Approved \$ By Province	Approved	Expenditures to Sept. 30	% of Budget	Funding	Comments
Infant Toddler and Development Program	100%	245,220	March 9/16	245,220	Aug 16/16	120,148	49.0%	MCSS	Operating within budget.
Speech	100%	12,670	Annual Approval	NA	NA	6,335	50.0%	FCCC	Operating at budget.
Healthy Communities Challenge Fund		74,300	NA	NA	NA	38,093	51.3%		Operating above budget. Anticipate program costs will be within budget by end of March.

Funded Entirely by User Fees January 1 to December 31, 2016									
	Type	2016	Approved By Board	Approved \$ By Province	Approved By Province	Expenditures to Sept 30	% of Budget	Funding	Comments
Safe Sewage Program		382,389	12-Nov-14	NA	NA	285,858	74.8%	FEES	Expenditures are within budget. Revenue from User Fees are below budget resulting in a deficit of \$15,580. Anticipate increase in revenues in final quarter of year as final inspections are completed to offset current deficit.
Mandatory and Non-Mandatory Re-inspection Program		81,000	12-Nov-14	NA	NA	39,145	48.3%	FEES	Revenue from User Fees and operating expenditures are within budget.

Programs funded through donations and other revenue sources January 1 to December 31, 2016									
	Type	2016	Approved By Board	Approved \$ By Province	Approved By Province	Expenditures to Sept 30	% of Budget	Funding	Comments
Food For Kids, Breakfast Program		49,200	NA	NA	NA	36,507	74.2%	Donations	Budget based 2015 actuals. Operating within budget.
Other Programs and Workshops		6,765	NA	NA	NA	1,929	28.5%		Operating within budgets, including Breaking Down Barriers and Love My Life.

Update: Guarding Minds @ Work

Date:	November 9, 2016	
To:	Board of Health	
From:	Dr. Rosana Salvaterra, Medical Officer of Health	
Original approved by		Original approved by
Rosana Salvaterra, M.D.		Brittany Cadence, Manager, Communications

Proposed Recommendations

That the Board of Health for Peterborough Public Health receive the staff report, *Update: Guarding Minds @ Work*, for information.

Financial Implications and Impact

There are no financial implications from this report.

Decision History

At its June 10, 2015 meeting, the Board of Health formally adopted the National Standard on Psychological Health and Safety for the organization and endorsed the creation of the Guarding Minds at Work Steering Committee to oversee the implementation of the standard for Peterborough Public Health.

Background

Peterborough Public Health has made good progress on implementing the standard since the Board of Health's direction of June 2015. The Executive Committee approved the GM@W Steering Committee terms of reference on July 29, 2015 and since then the Committee has met monthly with a goal of implementing the GM@W resources which are designed to protect and promote psychological health and safety in the workplace in accordance with the National

Standard on Psychological Health and Safety. GM@W is based on 13 psychosocial factors, and beginning in 2014 all PPH staff have been reviewing short, interactive videos called “Huddle Talks” during team meetings to introduce each factor and foster dialogue about them as they relate to the PPH work environment. This foundational work was led by the Organizational Culture Committee, and all teams had completed this orientation to GM@W by May 2016.

GM@W outlines a very clear process to help organizations identify which psychosocial factors (PSFs) are strengths or need improvement in the workplace, and how to lead staff to action to build a psychologically healthier environment. The GM@W Steering Committee used this process as a roadmap for their work in 2015-2016. The Steering Committee completed an Organizational Review for each PSF, which helped them understand how their assessments stacked up against other committee members and the aggregate staff survey results. In June 2016, the committee launched the 68-question GM@W staff survey, and developed a number of incentives and communications to increase the response rate. When the survey closed on July 15, 2016, a total of 104 PPH staff had completed it, resulting in an 83% response rate, which is considered very high when compared to other organizations.

The aggregate results are organized by each PSF, as well as by individual question. Results were shared with union representatives and all staff and managers. The results identified four PSFs where more than 50% of respondents strongly agreed that the PPH workplace rated well. It’s worth noting that for the “engagement” factor, more than 75% of staff strongly agreed that the PPH workplace rated well.

Areas of Strength, According to the 2016 GM@W Staff Survey:

Psychosocial Factor	Definition
Psychological competencies and requirements	A work environment where there is a good fit between employees’ interpersonal and emotional competencies and the requirements of the position they hold.
Involvement and influence	A work environment where employees are included in discussions about how their work is done and how important decisions are made.
Engagement	A work environment where employees feel connected to their work and are motivated to do their job well.
Protection of physical safety	A work environment where management takes appropriate action to protect the physical safety of employees.

Two areas were identified by staff as needing improvement. This was determined by the PSFs where more than 3% of staff responded that they “strongly disagreed” that the PPH workplace rated well.

Areas Needing Improvement, According to the 2016 GM@W Staff Survey:

Psychosocial Factor	Definition
Organizational culture	A work environment characterized by trust, honesty and fairness.
Civility and respect	A work environment where employees are respectful and considerate in their interactions with one another, as well as with customers, clients and the public.

With these results in hand, next steps for the GM@W Steering Committee are to workshop some solutions with staff using the time dedicated during All-Staff Day on November 29, 2016. The Steering Committee has come up with a program of activities that will recognize the psychological health and safety strengths of the PPH work environment, while collaborating on initiatives and ideas that will improve organizational culture and civility and respect in the workplace. After the All-Staff Day exercise, the Steering Committee will review the ideas generated by staff and develop a work plan to implement them within the next 12 months so there is time to determine if they are having an impact prior to the next GM@W staff survey in 2018 (using the same tool).

Now that the GM@W Steering Committee is leading this work, the Organizational Culture Working Group (OCWG) was officially dissolved in September 2016. The current GM@W Steering Committee consists of many members from the former OCWG.

Strategic Direction

This work achieved to date and future plans to create a safe and supportive workplace helps PPH serve as a role model in implementing the new National Standard on Psychological Health and Safety, as well as fulfill objectives as set out in the Strategic Plan under the *Quality and Performance* strategic direction.

Contact:

Brittany Cadence
Communications Manager, and Chair, GM@W Steering Committee
(705) 743-1000, ext. 391
bcadence@peterboroughpublichealth.ca

Attachments:

Attachment A – Guarding Minds at Work Steering Committee Terms of Reference



Organizational POLICY AND PROCEDURE

Section: Organization	Number: 4-38	Title: Guarding Minds at Work Steering Committee, Terms of Reference
Approved by: Medical Officer of Health		Original Approved by Executive Committee
Signature: _____		On (YYYY-MM-DD): 2015-05-19
Date (YYYY-MM-DD): 2015-07-29		Author: Medical Officer of Health
Reference:		

NOTE: This is a **CONTROLLED** document for internal use only, any document appearing in a paper form should **ALWAYS** be checked against the online version prior to use.

Goal

To operationalize the Board of Health's commitment to providing a psychologically safe, secure and health promoting work environment for all its employees.

Purpose

The Board of Health considers the mental health and psychological safety of its employees to be as important as other aspects of health and safety. The organization is committed to nurturing a supportive organizational culture, and building a mentally healthy workplace through appropriate policies, programs and services. A psychologically healthy and safe workplace has been defined in a national standard on [Psychological Health and Safety in the Workplace](#) as a "workplace that promotes workers' psychological well-being and actively works to prevent harm to worker psychological health, including in negligent, reckless or intentional ways". The implementation of a system to support this is not about assessing individual's mental health. It is about considering the impact of workplace processes, policies and interactions on the psychological health and safety of all employees.

Membership

The Guarding Minds at Work Steering Committee will be comprised of health unit employees representing the following organizational perspectives:

- Medical Officer of Health
- Management (Executive and/or Management Committee)
- Co-Chairs of the Organizational Culture Committee

- Human Resource Advisor
- Representative from Joint Occupational Health and Safety Committee
- Union Representation
- Health Promoter assigned to Workplace Health

Expected membership term is two years.

Chairperson

The Committee is directed by co-chairpersons who will be chosen from and by the members, annually, unless otherwise agreed by the members.

Reporting

The Committee will report to the Executive, Joint Occupational Health and Safety and Organizational Culture Committees via the general circulation of minutes, or through direct updates provided by a Committee representative as needed. The Board of Health will be kept informed.

Minutes

1. An assigned support staffperson will be responsible for recording the minutes of each meeting.
2. The minutes will be circulated in draft to Committee members for review and/or correction via email within two weeks of the meeting.
3. Once approved by the Committee, the Secretary or Chair must ensure that the minutes are saved electronically to a designated drive accessible to all staff, and issue a notice to staff of their availability.
4. Approved minutes will be added to the agendas of affiliated committees.

Frequency of Meetings

Meetings will be held monthly at a minimum.

Decision Making

The Committee will strive for consensus from those in attendance whenever possible, however, final decisions will be based on the opinion of a majority of members in attendance.

Terms of Reference

Terms of Reference will be reviewed by the Committee every two years, or more frequently as required.

Evaluation

The Committee will conduct a self-evaluation semi-annually, or more often as needed.

Review/Revisions

On (YYYY-MM-DD): 2015-05-19

On (YYYY-MM-DD):

On (YYYY-MM-DD):

On (YYYY-MM-DD):

Renewal of County By-laws – Mandatory and Non-Mandatory Re-Inspections of On-site Sewage Systems

Date:	November 9, 2016	
To:	Board of Health	
From:	Dr. Rosana Salvaterra, Medical Officer of Health	
<i>Original approved by</i>		<i>Original approved by</i>
Rosana Salvaterra, M.D.		Atul Jain, Manager, Environmental Health

Proposed Recommendations

That the Board of Health for Peterborough Public Health:

- receive this report for information; and
- recommend to the County of Peterborough that the attached (Attachment A and B) draft five year by-laws (with fee schedule) be approved, confirming that Peterborough Public Health:
 - will be the principal authority;
 - will conduct mandatory re-inspections of on-site sewage systems; and
 - will conduct non-mandatory re-inspections of on-site sewage systems in consultation with the local municipality, cottage associations, or other stakeholders.

Please note that the scope of this report does not include septic systems in Curve Lake or Hiawatha First Nations. Staff will explore what assistance we can provide to our First Nation partners in meeting their needs.

Background

Under Part IV of the Clean Water Act, the principal authority is required to conduct inspections of on-site sewage systems located in “vulnerable areas” as outlined in source protection plans.

In the geographical area included in this Health Unit, the Otonabee Region Conservation Authority working with the Lower Trent Conservation Source Protection Committee has identified, mapped and geocoded these vulnerable areas in its source protection plans and has provided our local public health agency with the number and location of sewage systems that require mandatory re-inspection.

Otonabee Region Conservation Authority has identified through their Source Protection Plan, a total of 134 on-site systems that require mandatory re-inspection within this district, which includes; 18 in Asphodel-Norwood, 3 in Cavan Monaghan, 15 in Douro-Dummer, 11 in Havelock-Belmont-Methuen, 18 in Otonabee-South Monaghan, 5 in the City of Peterborough, 1 in Selwyn, and 63 in Trent Lakes.

Financial Implications and Impact

The sewage system inspection program currently offered by the Peterborough Public Health (PPH) is a full cost-recovery program. Fees generated by applications, permits and file searches are used to offset all operational expenses. The extension to this by-law would be based on the same approach, minimizing financial risk to the Board of Health.

Decision History

The Ontario Building Code (Ontario Regulation 350/06) was recently amended by Ontario Regulation 315/10. This Regulation establishes and governs mandatory sewage system maintenance inspection programs. These programs must be administered in certain areas of Ontario, by principal authorities – defined by the Building Code Act as a municipality, a board of health or a conservation authority.

Most of these amendments came into force on January 1, 2012. The balance of the Regulation, pertaining to certain areas around the Lake Simcoe shoreline and watershed, came into effect on January 1, 2016.

The Board of Health for the Peterborough County-City Health Unit has previously made a decision in regards to this matter (September, 2013) confirming PPH as the principal authority and proposing PPH conduct the mandatory re-inspection of on-site sewage systems from January 1, 2014 to December 31, 2016 (3 years).

Delivery Options and Rationale

There are two options for the delivery of the mandatory re-inspections of on-site sewage systems:

- (i) Peterborough Public Health
- (ii) County of Peterborough or Local Municipalities

Since non-mandatory inspections are not required to meet requirements under the Building Code, there are three options for the delivery of the non-mandatory re-inspection of on-site sewage systems:

- (i) Peterborough Public Health
- (ii) County of Peterborough
- (iii) Local municipalities, cottage associations or stakeholders

In consideration of the costs and benefits of these options, it is recommended that this organization be the delivery agent for both the mandatory and non-mandatory re-inspections. Based on our review, it would be most beneficial to the property owners within the County, City of Peterborough and the local municipalities for the reasons outlined below.

Peterborough Public Health:

- is currently the principal authority;
- has successfully conducted sewage system inspections for more than 25 years;
- houses the historical files and corporate memory on the locations of sewage systems identified for mandatory and non-mandatory re-inspections;
- can ensure cost neutrality, professional delivery of service and consistency;
- staff have the training, qualifications, and are appointed sewage system inspectors under the Building Code Act;
- sewage system inspectors have the ability and professional experience to identify other health hazards;
- is a neutral third party (i.e., can be objective) separate from the local municipality or other interest groups; and
- already has an administrative support system and a current sewage system database already in place

If Peterborough Public Health is not chosen for delivery of re-inspections, in addition to not satisfying the benefits outlined above, the County, city and local municipalities, cottage associations or stakeholders would require:

- time for transition; and
- an investment for recruitment, training and the appointment of staff.

If there are multiple providers for applications and re-inspections, this may create confusion for users and increase the potential for errors.

The preferred option based on this rationale is that PPH deliver the mandatory re-inspections of on-site sewage systems within the County and City of Peterborough and deliver the non-mandatory re-inspections of on-site sewage systems in cooperation with local municipality, cottage associations, or other stakeholders within the County of Peterborough.

Fee and Cost Recovery of Fee

A fee of \$350.00 will be designated for both the mandatory and non-mandatory re-inspection of on-site sewage system.

The fee noted above will ensure cost neutrality and recovery of expenses for PPH.

The township is responsible for re-payment of the fees to PPH and will determine a mechanism for re-payment that is most feasible for their residents.

Strategic Direction

Although this program is not part of the Ontario Public Health Standards, it is consistent with the goals of promoting and protecting the health of the population in Peterborough County and City.

The delivery of this program also supports our efforts to improve “Quality and Performance”, assess partnerships and leverage those that address local needs, and therefore also a “Community-Centred Focus” in the area of environmental health.

Contact:

Atul Jain
Manager, Environmental Health
(705) 743-1000, ext. 259
ajain@peterboroughpublichealth.ca

Attachments:

Attachment A – [Proposed County By-law –Mandatory Re-inspection of On-site Sewage Systems](#)
Attachment B – [Proposed County By-law –Non-mandatory Re-inspection of On-site Sewage Systems](#)

Attachment A

Mandatory Re-Inspection of On-site Sewage Systems Agreement

This Agreement dated as of the day of xx, 2016 and authorized by the Corporation of the County of Peterborough By-law No. 2016-XX .

Between:

Board of Health for The Peterborough County-City Health Unit
(hereinafter called the "Board of Health")
of the First Part

- And –

The Corporation of the County of Peterborough
(hereinafter called the "Municipality")
of the Second Part

Whereas this Agreement is being entered into pursuant to the Building Code Act (hereinafter called the "Act"), for the purpose of delegating to the Board of Health certain responsibilities under the Act and the Building Code, as they are from time to time amended, as set out herein with respect to the re-inspection of on-site sewage systems (with a capacity of less than 10,000litres per day);

Now therefore in consideration of the mutual covenants herein contained, the parties hereto hereby agree as follows:

Article One General

Section 1.01 Application: This Agreement shall be applicable to all lands where no municipal sewers are available in the Municipality (hereinafter called the "Lands").

Section 1.02 Duties: The Board of Health shall faithfully carry out its duties hereunder in accordance with the Act and the Building Code in force from time to time, this agreement and any other legislation contemplated hereunder.

Article Two Definitions

Section 2.01 in this Agreement,

- (i) "Sewage System" means any works for the collection, transmission, treatment and disposal of sewage or any part of such works to which the Act applies with a capacity of less than 10,000 litres;
- (ii) "Inspector" means an inspector appointed under section 3.1(2) of the Building Code Act, 1992 as amended;

Article Three Services of the Board of Health

Section 3.01 **Services:** The Peterborough County-City Health Unit shall provide the following services in relation to the Lands:

- (i) Review the files in relation to the properties that the on-site sewage system is required to be re-inspected (i.e., mandatory - on-site sewage systems located in "vulnerable areas" as outlined in source protection plans).
- (ii) Conduct a re-inspection of the on-site sewage system identified in (i).
- (iii) Issue a "Certificate of Re-inspection" to the property owner indicating that the on-site sewage system does not require an upgrade/replacement at the time of the re-inspection.
- (iv) If (iii) is not satisfied, then issue a "notice of upgrade/replacement" to the property owner requiring them to upgrade or replace their on-site septic system.
- (v) Receive and process applications and requests related to activities listed in paragraph
- (vi) Inspect properties prior to the issuance of a permit for the construction, installation, establishment, enlargement, extension or alteration of a Sewage System.
- (vii) Issue permits under the Act and Building Code relating to Sewage Systems (a "Permit").
- (viii) Following the issuance of a permit, inspect and re-inspect when necessary, Sewage System installations to ascertain compliance with the permit and other requirements under the Act or Building Code.
- (ix) Maintain adequate records of all documents and other materials used in performing the duties required under this Agreement.

(x) Upon reasonable notice by the Municipality, provide reasonable access to the Municipality of all records kept under subsection 3.01 (ix).

(xi) Respond to inquiries made by any person under the Freedom of Information and Protection of Privacy Act and related Regulation, as amended from time to time, or through any other legal channel.

(xii) Investigate complaints and malfunctioning Sewage Systems, undertake compliance counselling and preparation of reports for abatement action as it relates to existing and proposed Sewage Systems.

(xiv) Issue orders under the Act relating to Sewage Systems.

(xiii) Prepare documentation necessary for prosecution activities relating to Sewage Systems under the Act and Building Code. Administer proceedings relating to Sewage Systems pursuant to the Provincial Offenses Act, R.S.O. 1990, c. P.33.

(xvi) Provide all forms necessary for the administration of this Agreement.

(xvii) Be responsible for any other matters related to the administration or enforcement of the Act or Building Code relating to Sewage Systems.

Article Four Collection of Fees

Section 4.01 Mandatory Re-inspections of On-site Sewage Systems: The township is responsible for re-payment of the fees to Board of Health. The township will determine a mechanism for re-payment that is most feasible for their residents.

Section 4.03 Fee Schedule: It is agreed and understood that the fees charged in association with the provision of the above services shall be on a cost recovery basis. The Board of Health shall submit to County Council for approval the proposed fee schedule with supporting documentation verifying that the fees are not in excess of actual costs. The Municipality reserves the right to reduce any or all fees charged by the Board of Health, however, it is expressly understood that in doing so, the Board of Health may bill the Municipality directly for any costs not covered by the reduced fee schedule.

Section 4.03 Amendment of Fee Schedule: Any amendments to the fee schedule shall not be made by the Board of Health without the approval of County Council.

Article Five Inspectors

Section 5.01 **Qualifications:** The Board of Health shall appoint Inspectors who meet the requirement of the Act and the Building Code and shall issue a certificate of appointment to each appointed Inspector

Article Six Liabilities and Insurance

Section 6.01 **Liability of the Board of Health:** The Board of Health shall indemnify and save harmless the Municipality from and against all claims, demands, losses, costs, damage, actions, suits or proceedings by whomsoever made, brought or prosecuted in any manner based upon, arising out of, related to, occasioned by or attributable to the activities of the Board of Health in executing the work under this Agreement. The Municipality shall be named as an additional insured on the policy of the Board of Health. The Board of Health shall provide a certificate of insurance annually to the Municipality.

Section 6.02 **Insurance:** For the term of this Agreement, the Board of Health will, at its expense, maintain liability insurance contracts of the nature, in the amounts and containing the terms and conditions, if any, set out in Schedule B.

Article Seven Term and Termination of Agreement

Section 7.01 **Term:** This Agreement shall continue in force for a period of five (5) years commencing January 1 2017 and ending December 31 2021.

Section 7.02 **Termination:** This Agreement may be terminated by either party upon written notice being received six (6) months prior to the proposed termination date.

Article Eight Miscellaneous

Section 8.01 **Preamble:** The preamble hereto shall be deemed to form an integral part hereto.

Section 8.02 **Gender, etc.:** Whenever the singular form is used in the Agreement and when required by the context, the same shall include the plural, the plural shall include the singular and the masculine gender shall include the feminine and neuter genders.

Section 8.03 **Amendments:** This Agreement shall not be changed, modified, or discharged in whole or in part except by instrument in writing signed by the parties hereto, or their respective successors or permitted assigns, or otherwise as provided herein.

Section 8.04 **Assignment:** This Agreement shall not be assignable by either party hereto without the written consent of the other party being first obtained.

Section 8.05 **Notices:** Any notice, report or other communication required or permitted to be given hereunder shall be in writing unless some other method of giving such notice, report or other communication is expressly accepted by the party to whom it is given and shall be given by being delivered or mailed to the following addresses of the parties respectively:

(a) To the Board of Health:

Board of Health for the Peterborough County City Health Unit
185 King St.
Peterborough, ON
K9J 2R8
Attention: The Medical Officer of Health

(b) To the Municipality

The Corporation of the County of Peterborough
470 Water St.
Peterborough, ON
K9H 3M3
Attention: The County Clerk

Any notice, report or other written communication, if delivered, shall be deemed to have been given or made on the date on which it was delivered to any employee of such party, or if mailed, postage prepaid, shall be deemed to have been given or made on the third business day following the date on which it was mailed (unless at the time of mailing or within forty-eight hours thereof there shall be a strike, interruption or lock-out in the Canadian postal service, in which case service shall be by way of delivery only). Either party may at any time give notice in writing to the other party of the change of its address for the purpose of this Section 8.05.

Section 8.06 **Headings:** The section headings hereof have been inserted for the convenience of reference only and shall not be constructed to affect the meaning, construction or effect of this Agreement.

Section 8.07 **Governing Law:** The provisions of this Agreement shall be constructed and interpreted in accordance with the laws of the Province of Ontario as at the time in effect. In Witness Whereof the parties hereto have executed this Agreement as of the day and year first written above.

Board of Health for the Peterborough County-City Health Unit

Chairperson

Rosana Salvaterra, M.D.
Medical Officer of Health

We have the authority to bind the Board

The Corporation of the
County of Peterborough

J. M. Jones
Warden

Sally Saunders
Clerk

We have the authority to bind the Corporation

Re-inspection of On-site
Sewage Systems
Fees
in Effect until
December 31, 2021

Service Type	Fee
Certificate of Re-inspection	\$350.00

Schedule B
Insurance Coverage of the
Peterborough County-City Health Unit

Professional and General Liability	\$5,000,000.00
Administrator's Errors and Omissions	\$5,000,000.00

Attachment B

Non-Mandatory Re-Inspection of On-site Sewage Systems Agreement

This Agreement dated as of _____ day of _____, 2016.

Between:

**Board of Health for The Peterborough County-City Health Unit
(hereinafter called the "Board of Health")
of the First Part**

- And -

**The Corporation of the County of Peterborough
(hereinafter called the "Municipality")
of the Second Part**

Whereas this Agreement is being entered into pursuant to the Building Code Act (hereinafter called the "Act"), for the purpose of delegating to the Board of Health certain responsibilities under the Act and the Building Code, as they are from time to time amended, as set out herein with respect to the re-inspection of on-site sewage systems (with a capacity of less than 10,000 litres per day);

Now therefore in consideration of the mutual covenants herein contained, the parties hereto hereby agree as follows:

**Article One
General**

Section 1.01 Application: This Agreement shall be applicable to all lands where no municipal sewers are available in the Municipality (hereinafter called the "Lands"). A local municipality may choose not to participate with the Board of Health for the provision of a non-mandatory septic system re-inspection program.

Section 1.02 Duties: The Board of Health shall faithfully carry out its duties hereunder in accordance with the Act and the Building Code in force from time to time, this agreement and any other legislation contemplated hereunder.

Article Two Definitions

Section 2.01 in this Agreement,

- (i) "Sewage System" means any works for the collection, transmission, treatment and disposal of sewage or any part of such works to which the Act applies with a capacity of less than 10,000 litres;
- (ii) "Inspector" means an inspector appointed under section 3.1(2) of the Building Code Act, 1992 as amended;

Article Three Services of the Board of Health

Section 3.01 **Services:** The Peterborough County-City Health Unit shall provide the following services in relation to the Lands:

- (i) Review the files in relation to the properties that the on-site sewage system is required to be re-inspected (i those properties requested by the municipality (non-mandatory).
- (ii) Conduct a re-inspection of the on-site sewage system identified in (i).
- (iii) Issue a "Certificate of Re-inspection" to the property owner indicating that the on-site sewage system does not require an upgrade/replacement at the time of the re-inspection.
- (iv) If (iii) is not satisfied, then issue a "notice of upgrade/replacement" to the property owner requiring them to upgrade or replace their on-site septic system.
- (v) Receive and process applications and requests related to activities listed in paragraph (iv)
- (vi) Inspect properties prior to the issuance of a permit for the construction, installation, establishment, enlargement, extension or alteration of a Sewage System.
- (vii) Issue permits under the Act and Building Code relating to Sewage Systems (a "Permit").
- (viii) Following the issuance of a permit, inspect and re-inspect when necessary, Sewage System installations to ascertain compliance with the permit and other requirements under the Act or Building Code.

- (ix) Maintain adequate records of all documents and other materials used in performing the duties required under this Agreement.
- (x) Upon reasonable notice by the Municipality, provide reasonable access to the Municipality of all records kept under subsection 3.01 (ix).
- (xi) Respond to inquiries made by any person under the Freedom of Information and Protection of Privacy Act and related Regulation, as amended from time to time, or through any other legal channel.
- (xii) Investigate complaints and malfunctioning Sewage Systems, undertake compliance counselling and preparation of reports for abatement action as it relates to existing and proposed Sewage Systems.
- (xiv) Issue orders under the Act relating to Sewage Systems.
- (xiii) Prepare documentation necessary for prosecution activities relating to Sewage Systems under the Act and Building Code. Administer proceedings relating to Sewage Systems pursuant to the Provincial Offenses Act, R.S.O. 1990, c. P.33.
- (xvi) Provide all forms necessary for the administration of this Agreement.
- (xvii) Be responsible for any other matters related to the administration or enforcement of the Act or Building Code relating to Sewage Systems.

Article Four Collection of Fees

***Section 4.01 Non-Mandatory Re-inspections of On-site Sewage Systems:** The township is responsible for re-payment of the fees to Board of Health and will determine a mechanism for re-payment that is most feasible for their residents

Section 4.02 Fee Schedule: It is agreed and understood that the fees charged in association with the provision of the above services shall be on a cost recovery basis. The Board of Health shall submit to County Council for approval the proposed fee schedule with supporting documentation verifying that the fees are not in excess of actual costs. The Municipality reserves the right to reduce any or all fees charged by the Board of Health, however, it is expressly understood that in doing so, the Board of Health may bill the Municipality directly for any costs not covered by the reduced fee schedule.

Section 4.03 Amendment of Fee Schedule: Any amendments to the fee schedule shall not be made by the Board of Health without the approval of County Council.

Article Five Inspectors

Section 5.01 **Qualifications:** The Board of Health shall appoint Inspectors who meet the requirement of the Act and the Building Code and shall issue a certificate of appointment to each appointed Inspector

Article Six Liabilities and Insurance

Section 6.01 **Liability of the Board of Health:** The Board of Health shall indemnify and save harmless the Municipality from and against all claims, demands, losses, costs, damage, actions, suits or proceedings by whomsoever made, brought or prosecuted in any manner based upon, arising out of, related to, occasioned by or attributable to the activities of the Board of Health in executing the work under this Agreement. The Municipality shall be named as an additional insured on the policy of the Board of Health. The Board of Health shall provide a certificate of insurance annually to the Municipality.

Section 6.02 **Insurance:** For the term of this Agreement, the Board of Health will, at its expense, maintain liability insurance contracts of the nature, in the amounts and containing the terms and conditions, if any, set out in Schedule B.

Article Seven Term and Termination of Agreement

Section 7.01 **Term:** This Agreement shall continue in force for a period of five (5) years commencing January 1, 2017 and ending December 31, 2021.

Section 7.02 **Termination:** This Agreement may be terminated by either party upon written notice being received six (6) months prior to the proposed termination date.

Article Eight Miscellaneous

Section 8.01 **Preamble:** The preamble hereto shall be deemed to form an integral part hereto.

Section 8.02 **Gender, etc.:** Whenever the singular form is used in the Agreement and when required by the context, the same shall include the plural, the plural shall include the singular and the masculine gender shall include the feminine and neuter genders.

Section 8.03 **Amendments:** This Agreement shall not be changed, modified, or discharged in whole or in part except by instrument in writing signed by the parties hereto, or their respective successors or permitted assigns, or otherwise as provided herein.

Section 8.04 **Assignment:** This Agreement shall not be assignable by either party hereto without the written consent of the other party being first obtained.

Section 8.05 **Notices:** Any notice, report or other communication required or permitted to be given hereunder shall be in writing unless some other method of giving such notice, report or other communication is expressly accepted by the party to whom it is given and shall be given by being delivered or mailed to the following addresses of the parties respectively:

(a) To the Board of Health:

Board of Health for the Peterborough County City Health Unit
185 King St. W.
Peterborough, ON
K9J 2R8
Attention: The Medical Officer of Health

(b) To the Municipality

The Corporation of the County of Peterborough
470 Water St.
Peterborough, ON
K9H 3M3
Attention: The County Clerk

Any notice, report or other written communication, if delivered, shall be deemed to have been given or made on the date on which it was delivered to any employee of such party, or if mailed, postage prepaid, shall be deemed to have been given or made on the third business day following the date on which it was mailed (unless at the time of mailing or within forty-eight hours thereof there shall be a strike, interruption or lock-out in the Canadian postal service, in which case service shall be by way of delivery only). Either party may at any time give notice in writing to the other party of the change of its address for the purpose of this Section 8.05.

Section 8.06 **Headings:** The section headings hereof have been inserted for the convenience of reference only and shall not be constructed to affect the meaning, construction or effect of this Agreement.

Section 8.07 **Governing Law:** The provisions of this Agreement shall be constructed and interpreted in accordance with the laws of the Province of Ontario as at the time in effect.

In Witness Whereof the parties hereto have executed this Agreement as of the day and year first written above.

Board of Health for the Peterborough County-City Health Unit

Chairperson

Rosana Salvaterra, M.D. Medical Officer of Health

We have the authority to bind the Board

The Corporation of the County of Peterborough

J. Murray Jones Warden

Sally Saunders Clerk

We have the authority to bind the Corporation

Schedule A

Non-Mandatory
Re-inspection of On-site
Sewage Systems Fee
In Effect until
December 31, 2021

Service Type	Fee
Certificate of Re-inspection	\$350.00

Schedule B
Insurance Coverage of the
Peterborough County-City Health Unit

Professional and General Liability	\$5,000,000.00
Administrator's Errors and Omissions	\$5,000,000.00

To: All Members
Board of Health

From: Greg Connolley, Chair, Governance Committee

Subject: **Committee Report: Governance**

Date: November 9, 2016

The Governance Committee met last on November 1, 2016. At that meeting, the Committee requested that the following items come forward to the Board of Health:

1. Meeting Minutes – August 2, 2016

Proposed Recommendation:

That the Board of Health for Peterborough Public Health receive for information, meeting minutes of the Governance Committee for August 2, 2016.

2. By-Laws/Policies

Proposed Recommendation:

That the Board of Health for Peterborough Public Health approve the following:

- *2-152 Board Leadership and Committee Membership Selection (revised)*
- *2-270 Conduct of Board Members (revised)*
- *2-300 Medical Officer of Health (revised)*
- *2-345 Medical Officer of Health Absence (revised); and*
2-400 Naming Rights (revised).

Attachments:

[Attachment A – Governance Committee Minutes, August 2, 2016](#)

[Attachment B – 2-152 Board Leadership and Committee Membership Selection](#)

[Attachment C - 2-270 Conduct of Board Members](#)

[Attachment D - 2-300 Medical Officer of Health](#)

[Attachment E - 2-345 Medical Officer of Health Absence](#)

[Attachment F - 2-400 Naming Rights](#)

**Board of Health for
Peterborough Public Health
MINUTES
Governance Committee Meeting
Tuesday, August 2, 2016 – 4:30 – 6:00 p.m.
Dr. J. K. Edwards Board Room, 3rd Floor
Jackson Square, 185 King Street, Peterborough**

Present: Deputy Mayor John Fallis
Mayor Mary Smith
Mr. Greg Connolley, Chair
Mayor Rick Woodcock

Regrets: Mr. Scott McDonald

Staff: Dr. Rosana Salvaterra, Medical Officer of Health
Mr. Larry Stinson, Director of Operations
Ms. Alida Tanna, Recorder

1. Call to Order

Mr. Connolley called the Governance Committee meeting to order at 4:33 p.m.

2. Confirmation of the Agenda

MOTION:

That the Agenda be accepted as circulated.

Moved: Mayor Smith

Seconded: Deputy Mayor Fallis

Motion carried. (M-2016-020-GV)

3. Declaration of Pecuniary Interest

4. Delegations and Presentations

5. Confirmation of the Minutes of the Previous Meeting

5.1. May 3, 2016

MOTION:

That the minutes of the Governance Meeting held May 3, 2016 be approved as circulated and provided to the Board of Health at its next meeting for information.

Moved: Mayor Smith
Seconded: Deputy Mayor Fallis
Motion carried. (M-2016-021-GV)

6. Business Arising From the Minutes

6.1. Stewardship Committee

MOTION:

That the Governance Committee recommend to the Board of Health for Peterborough Public Health that it:

- *establish a Board of Health Stewardship Committee;*
- *appoint Board Members to the Committee; and*
- *approve 2-354, Stewardship Committee Terms of Reference.*

Moved: Mayor Woodcock
Seconded: Mayor Smith
Motion carried. (M-2016-022-GV)

Mayor Smith requested that a history with rationale be provided to the Board when this item goes forward for approval.

6.2. Skills Matrix

MOTION:

That the Governance Committee approve the skills matrix tool as amended, and provided it to Board Members at the September 9th meeting.

Moved: Mayor Smith
Seconded: Deputy Mayor Fallis
Motion carried. (M-2016-023-GV)

7. Staff Reports

8. Consent Items

8.1. Correspondence

8.2. Staff Reports and Presentations

a. Board By-Laws and Policies for Review

MOTION:

That the Governance Committee for the Board of Health Peterborough Public Health defer the following to a future meeting:

- *By-law 1, Management of Property*

Moved: Mayor Smith
Seconded: Mayor Woodcock
Motion carried. (M-2016-024-GV)

It was noted that further revisions to this document should include reference to capital assets.

MOTION:

That the Governance Committee for the Board of Health Peterborough Public Health refer the following to the Stewardship Committee once established:

- *By-law 2, Banking and Finance – be revised as recommended.*

Moved: Mayor Smith
Seconded: Deputy Mayor Fallis
Motion carried. (M-2016-025-GV)

MOTION:

That the Governance Committee for the Board of Health Peterborough Public Health advise the Board of Health at its next meeting that the Committee reviewed the following and recommends:

- *By-law 5, Powers, Duties and Terms of Office of the Chairperson and Vice-Chairperson of the Board of Health – be revised as recommended.*
- *Position Description, Medical Officer of Health – be revised as recommended.*
- *2-200 Duties and Responsibilities of Board Members – no revisions; and,*
- *2-284 Correspondence - no revisions.*

Moved: Mayor Smith
Seconded: Deputy Mayor Fallis
Motion carried. (M-2016-026-GV)

8.3. Committee Reports

9. New Business

9.1. Consent Agenda Training – Discussion

MOTION:

That the Governance Committee for the Board of Health Peterborough Public

Health request that staff arrange for consent agenda training at the next Board of Health meeting, and consider alternate formats for the agenda structure.

Moved: Deputy Mayor Fallis

Seconded: Mayor Smith

Motion carried. (M-2016-027-GV)

9.2. Board Membership - Discussion

Given that the Board will have a Provincial Appointment vacancy in November, Governance requested that staff coordinate recruitment for this position. Mayor Smith and Mr. Connolley advised they could be available for interviews, Mayor Woodcock offered to be an alternate, if necessary.

10. In Camera to Discuss Confidential Matters

11. Motions for Open Session

12. Date, Time, and Place of the Next Meeting

Tuesday, November 1, 2016 – 4:30 – 6:00 p.m.

Dr. J.K. Edwards Board Room, 3rd Floor, Peterborough Public Health
Jackson Square, 185 King Street, Peterborough

13. Adjournment

MOTION:

That the Governance Committee meeting be adjourned.

Moved by: Deputy Mayor Fallis

Seconded by: Mayor Smith

Motion carried. (M-2016-028-GV)

The meeting was adjourned at 5:57 p.m.

ACCESSIBILITY INFORMATION: Peterborough Public Health is committed to providing information in a format that meets your needs. To request this document in an alternate format, please call us at 705-743-1000.



Board of Health

POLICY AND PROCEDURE

Section: Board of Health	Number: 2-152	Title: Board Leadership and Committee Membership Selection
Approved by: Board of Health		Original Approved by Board of Health On (YYYY-MM-DD): 2015-06-10
Signature: _____		
Date (YYYY-MM-DD): 2015-06-10		
Author: Governance Committee		
Reference:		

NOTE: This is a **CONTROLLED** document for internal use only, any document appearing in a paper form should **ALWAYS** be checked against the online version prior to use.

PROCEDURE**Objective(s)**

1. To receive and review expressions of interest from Board of Health Members for Board leadership positions (Chair and Vice-Chair) as well as Committee appointments to ensure that the needs and composition of the Board leadership and its Committees are met.
2. To identify members of the community who may wish to volunteer on Board Committees.

Procedure

1. A call for expressions of interest will be issued by the Chair of the Governance Committee via e-mail on October 1st of each calendar year (or the closest Monday).
2. Board of Health Members will be sent an Expression of Interest Form (Appendix A) to complete and submit no later than fourteen (14) days after the initial call.
3. In non-municipal election years, forms will be reviewed by Governance Committee members in closed session at their November meeting.
4. In the event that some Committees are not fully subscribed, the Chair of the Governance Committee will follow up personally with Board Members to request their participation prior to the November meeting.
5. Board Members may also recommend appointments for community volunteer positions on a Board Committee using the Expression of Interest Form.

6. Based on the information gathered and the predetermined needs of the Board, the Committee will make a recommendation to the Board for leadership positions and Committee membership for the coming year at their January meeting.

Review/Revisions

On (YYYY-MM-DD):

On (YYYY-MM-DD):

On (YYYY-MM-DD):

On (YYYY-MM-DD):

EXPRESSION OF INTEREST FORM

Board of Health Leadership and Committee Membership

Name:	
Date:	

I am interested in the position of: [please tick desired position]

LEADERSHIP

- ☐ Board of Health Chair
- ☐ Board of Health Vice Chair

I am interested in serving on one or more of the following Committees: [please rank your preference from 1 – 3, with "1" being the most preferred and "3" being the least]

COMMITTEES

- ☐ First Nations Committee Member
- ☐ Governance Committee Member
- ☐ Stewardship Committee Member
- ☐ I am unable to participate in a Committee at this time.

BOARD-APPOINTED COMMUNITY VOLUNTEERS (optional)

I recommend the following community member for a Committee an appointment: to the Committee.

Committee:			
Name:			
Phone:		E-mail:	

Please describe why this individual would be a candidate for this appointment:

REVISED



Board of Health
POLICY AND PROCEDURE

Section: Board of Health	Number: 2-270	Title: Conduct of Board Members
Approved by: Board of Health		Original Approved by Board of Health On (YYYY-MM-DD): 1995-05-10
Signature: _____		Author: Governance Committee
Date (YYYY-MM-DD): 2014-11-12		
Reference: 2-120, By-Law #3, Calling of and Proceedings at Meetings 2-200 Duties and Responsibilities of Board Members		

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POLICY

The Board of Health expects of itself and its members ethical and prudent conduct. This commitment includes proper use of authority and appropriate decorum in group and individual behaviour when acting as Board members.

1. Board members must endeavour to represent the interests of the Board of Health in carrying out its mission.
2. Board members' interaction with the Medical Officer of Health (MOH) or with staff must recognize the lack of authority in any individual Board member or group of Board members.
3. Board members' interaction with the public, media, or other entities must recognize the limitation and inability of any Board member or Board members to speak for the Board. Board members must defer to the Chair or designate as the official spokesperson for the Board.
4. Full, honest and open debate is encouraged and required. However after a decision is made members must speak with one voice.
5. Board members will make no judgements on the performance of the Medical Officer of Health or staff except as that performance is assessed against explicit board policies by the official process.

6. Board members shall maintain confidentiality concerning all information relating to the Board of Health/~~Peterborough Public Health~~ ~~Peterborough County-City Health Unit~~ which is considered private and privileged.
7. Board members are obligated to prepare for meetings and to participate productively in discussion, always within the boundaries of discipline established by the Board.
8. Board members are required to identify when they are in a conflict of interest and excuse themselves from discussion and decision making.
9. Board members may not use their position for personal gain or promotion. This includes activities related to political campaigns.
10. For any operational public health matters, Board members are required to communicate directly with the MOH office, who will delegate as required. Board members may wish to communicate directly with the Chair for matters pertaining to Board of Health business.

Review/Revisions

On (YYYY-MM-DD): 2012-05-09

On (YYYY-MM-DD): 2014-11-12

On (YYYY-MM-DD):

On (YYYY-MM-DD):



Board of Health POLICY AND PROCEDURE

Section: Board of Health	Number: 2-300	Title: Medical Officer of Health
Approved by: Medical Officer of Health		Original Approved by Board of Health On (YYYY-MM-DD): 2013-04-13
Signature: _____		Author: _____
Date (YYYY-MM-DD): 2013-04-13		
References: Medical Officer of Health Position Description (<i>available upon request</i>) 2-345 Absence of the Medical Officer of Health Guidelines for the Allocation of Additional Compensation - Medical Officers of Health and Associate Medical Officers of Health (<i>released annually, available upon request</i>)		

NOTE: This is a **CONTROLLED** document for internal use only, any document appearing in a paper form should **ALWAYS** be checked against the online version prior to use.

POLICY

The Board of Health will hire a full-time Medical Officer of Health and may appoint one or more Associate Medical Officers of Health, with qualifications as set out in the *Health Protection and Promotion Act*. The Medical Officer of Health will report directly to the Board of Health on issues relating to public health concerns and to public health programs and services under the *Health Protection and Promotion Act* or any other Act. The Medical Officer of Health will be responsible to the Board of Health for the management of the public health programs and services.

The Medical Officer of Health is entitled to notice and to attend each meeting of the Board and every Committee of the Board. The Board may require the Medical Officer of Health to withdraw from any part of a meeting at which the Board or a Committee of the Board intends to consider a matter related to the remuneration or the performance of the duties of the Medical Officer of Health.

Following the 2008 Physician Services Agreement, the Ministry of Health and Long-Term Care has developed guidelines for MOH compensation that are renewed annually.

During short term absences (such as illness) where the absence is not expected to exceed five working days and when there is no associate Medical Officer of Health, the Medical Officer of Health in consultation with the Board Chair may arrange temporary coverage for an Acting Medical Officer of Health from the approved list (see 2-345 Absence of the Medical Officer of Health). The Board will be advised at the next scheduled Board meeting.

For longer term absences such as vacation, or if the Medical Officer of Health is unable to act the Board will appoint an Acting Medical Officer of Health. In cases where an absence must be arranged between Board meetings, the Board Chair in consultation may appoint an Acting Medical Officer of Health from the approved list (see 2-345 Absence of the Medical Officer of Health) pending an appointment by the Board.

The dismissal of a Medical Officer of Health must comply with requirements as set out in the Health Protection and Promotion Act.

Review/Revisions

On (YYYY-MM-DD):

On (YYYY-MM-DD):

On (YYYY-MM-DD):

On (YYYY-MM-DD):



Board of Health
POLICY AND PROCEDURE

Section: Board of Health	Number: 2-345	Title: Medical Officer of Health Absence
Approved by: Board of Health		Original Approved by Board of Health On (YYYY-MM-DD): 2013-04-13
Signature: _____		Author: Medical Officer of Health
Date (YYYY-MM-DD): 2013-04-13		

NOTE: This is a **CONTROLLED** document for internal use only, any document appearing in a paper form should **ALWAYS** be checked against the online version prior to use.

POLICY

During the absence or unavailability of the Medical Officer of Health for **Peterborough Public Health** ~~the Peterborough County-City Health Unit~~, the Medical Officer of Health or Associate Medical Officer of Health for any one of the following Health Units may be authorized as an Acting Medical Officer of Health for the Board of **Peterborough Public Health** ~~the Peterborough County-City Health Unit~~:

Haliburton Kawartha Pine Ridge Health Unit
Durham Region Health Department
Simcoe Muskoka District Health Unit

Review/Revisions

On (YYYY-MM-DD): 2015-09-09 (review, no changes)

On (YYYY-MM-DD): 2013-04-13

On (YYYY-MM-DD):

On (YYYY-MM-DD):



Board of Health
POLICY AND PROCEDURE

Section: Board of Health	Number: 2-400	Title: Naming Rights
Approved by: Board of Health		Original Approved by Board of Health On (YYYY-MM-DD): 2012-12-12
Signature: _____		
Date (YYYY-MM-DD): 2012-12-12		Author: Director Corporate Services
Reference: 2-190 Sponsorship		

NOTE: This is a **CONTROLLED** document for internal use only, any document appearing in a paper form should **ALWAYS** be checked against the online version prior to use.

POLICY:

Objective:

The Board of Health welcomes the opportunity to recognize and honour individuals whose generous donations of time, talent or financial assistance enhance the opportunities for the **organization Health Unit** to improve the health of our residents. This policy is to ensure consistency in naming assets after individuals. (For corporate donations, refer to Policy 2-190 Sponsorship).

Policy

Naming or re-naming rights for **Peterborough Public Health (PPH) PCCHU** assets shall enhance the Mission and Priorities of **PPH PCCHU**. Naming or re-naming may be established in perpetuity or for a defined and limited period of time.

PROCEDURE

1. Definitions:

Assets: Building(s) or substantial parts of buildings (rooms, wings, floors, segments), lectures, collections of books, research and education programs or any other opportunities that are thought suitable for naming.

Honourific naming: Naming to confer or imply honour or respect. This will generally involve recognition of outstanding individuals for extraordinary service to **PPH PCCHU**.

Philanthropic naming: Naming in recognition of an act of philanthropy; generally defined as a charitable gift to PPH PCCHU; the donor may select another individual or individuals for recognition.

2. Principles of Gift Acceptance:

Although PPH PCCHU is appreciative of all donations offered, it will not accept donations if such acceptance results in a loss of autonomy or integrity.

PPH PCCHU will not accept donations it determines may violate federal, provincial or municipal laws. Designated donations will be used for the purpose for which they are given. Non-designated gifts will be used for such purposes as PPH PCCHU determines most appropriate.

3. Naming Assets

3.1. Principles of Naming:

The following principles of naming will be taken into account when considering the naming of assets:

- Consistency will be sought so that naming choices result in comparable levels of recognition;
- Market value principles should be applied in assessing the worth of naming rights;
- Preference will be given to a naming that could avoid the necessity of change should activities change over time;
- Naming or renaming may be established in perpetuity or for a defined and limited period of time.

3.2. Procedures for Naming:

The following procedures have been developed in order to uphold these principles and to provide opportunity for careful and systematic reflection:

- The Executive Committee will evaluate a proposed naming or renaming including concerns that stakeholders may have;
- For major campaigns the Medical Officer of Health will propose a schedule of naming opportunities;
- Upon review the proposal will either be:
 - Declined;
 - Returned for further negotiation/review; or
 - Recommended to the Board for approval.
- The Medical Officer of Health will ensure that appropriate agreements with any external parties are in place prior to any public announcements about the naming. The terms of any such agreements concerning naming shall be consistent with this Policy.
- In an unusual circumstance that PPH PCCHU determines, at its sole discretion, that the naming of an asset may directly or indirectly have a negative impact on PPH's PCCHU's mission, priorities, autonomy or integrity (e.g., the donor is convicted of a serious

offence), the naming of the asset may be changed or discontinued irrespective of time commitments in related gift agreements or announcements; and,

- Notwithstanding any other provision of this policy, no naming will be approved or (once approved), continued that will call into serious question, or constitute a significant and continuing challenge to, the public respect or reputation of **PPH PCCHU**.

Review/Revisions

On (YYYY-MM-DD): 2014-11-03 (Governance, procedure incorporated)

On (YYYY-MM-DD): 2012-12-12 (Board)

On (YYYY-MM-DD):

On (YYYY-MM-DD):

To: All Members
Board of Health

From: Dr. Rosana Salvaterra, Medical Officer of Health

Subject: Smudging of 185 King Street

Date: November 9, 2016

Proposed Recommendation:

That the Board of Health provide staff with potential dates so that the ceremony can be scheduled.

Background:

When staff were planning the official opening of our new building in June 2016, initial arrangements were made with a Curve Lake Elder to hold a smudging ceremony, to purify our new workplace with the smoke of sacred herbs. Unfortunately, before this could be done, the Elder took ill and has not recovered sufficiently to participate in this ceremony at this time.

Liz Stone, the Executive Director of Nijkiwendidaa Anishnabekwewag Services Circle, and volunteer community member of the Board of Health's (BOH) First Nations Committee, has agreed to lead this ceremony on our behalf.

We are seeking potential times and dates from the BOH that we can use to schedule this ritual. Options include preceding your next meeting on December 14th (4:30 p.m.), or perhaps on a Saturday morning. We prefer to schedule this outside of regular working hours as some staff may be sensitive to the smoke. All staff and board members will be invited to attend, if they wish.