Board of Health for
Peterborough Public Health
AGENDA
Governance Committee Meeting
Tuesday, May 23, 2017 – 5:00 – 6:30 p.m.
Dr. J. K. Edwards Board Room, 3rd Floor
Jackson Square, 185 King Street, Peterborough

1. Call to Order
Greg Connolley, Chair, Governance Committee

1.1. **Opening Statement**
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.

2. Confirmation of the Agenda

3. Declaration of Pecuniary Interest

4. Delegations and Presentations

5. Confirmation of the Minutes of the Previous Meeting

5.1. February 15, 2017

- Cover Report (p. 4)
- **a.** Minutes – February 15, 2017 (p. 5)

6. Business Arising From the Minutes

6.1 **Fundraising – Oral Update**
Larry Stinson, Director of Operations

7. Staff Reports

7.1. **Staff Report: Strategic Planning**
Dr. Rosana Salvaterra, Medical Officer of Health

- Staff Report (p. 9)

7.2. **By-Laws, Policies and Procedures for Review**
Dr. Rosana Salvaterra, Medical Officer of Health

- Cover Report (p. 14)

a. 2-151 Remuneration of BOH Volunteers (p. 15)
b. 2-153 Board Remuneration Review (p. 17)
c. 2-170 By-Law Number 8 Building Code Act - Sewage Systems (p. 18)
d. 2-200 Effective Governance By Effective Board Members (new) (p. 24)

8. Consent Items *(NIL)*

9. New Business

9.1. **Board Chair Position Description**
Dr. Rosana Salvaterra, Medical Officer of Health

- Cover Report (p. 28)

a. Duties of the Board of Health Chairperson (p. 29)

9.2. **Board Member Self-Evaluation**
Dr. Rosana Salvaterra, Medical Officer of Health

- Cover Report (p. 31)

a. BOH Self Evaluation Form (Current) (p. 32)
b. BOH Self Evaluation Form (Proposed) (p. 33)

9.3. **Accountability Framework and Organizational Requirements Consultation Document**
Dr. Rosana Salvaterra, Medical Officer of Health

- Cover Report (p. 35)

a. Accountability Framework and Organizational Requirements Consultation Document (p. 37)

10. In Camera to Discuss Confidential Matters

In accordance with the Municipal Act, 2001,
- *Section 239(2)(d), Labour relations or employee negotiations;*

11. Motions for Open Session

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

Thursday, August 17, 2017 – 5:00 – 6:30 p.m.
Dr. J. K. Edwards Board Room, 3rd Floor
Peterborough Public Health
Jackson Square, 185 King Street, Peterborough

13. Adjournment

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.

To: BOH Governance Committee

From: Dr. Rosana Salvaterra, Medical Officer of Health

Subject: **Meeting Minutes – February 15, 2017**

Date: May 23, 2017

Proposed Recommendation:

That the minutes of the Governance Committee meeting held February 15, 2017 be approved as circulated and provided to the Board of Health at its next meeting for information.

Attachment:

Attachment A – Governance Committee Meeting Minutes, February 15, 2017

Board of Health for
Peterborough Public Health
DRAFT MINUTES
Governance Committee Meeting
Wednesday, February 15, 2017 – 5:00 p.m.
Dr. J.K. Edwards Board Room, 185 King Street, Peterborough

Present:	**Deputy Mayor John Fallis** **Mr. Greg Connolley, Chair** **Councillor Gary Baldwin**
Regrets:	**Mayor Rick Woodcock**
Guest:	**Mayor Mary Smith**
Staff:	**Dr. Rosana Salvaterra, Medical Officer of Health** **Mr. Larry Stinson, Director of Operations** **Ms. Natalie Garnett, Recorder**

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1. Call to Order

Dr. Salvaterra called the Governance Committee meeting to order at 5:01 p.m.

2. Elections

2.1 Chairperson

Dr. Salvaterra called for nominations for the position of Chairperson for the Governance Committee for the Peterborough County-City Health Unit for the year 2017.

MOTION:
That Greg Connolley be appointed Chair of the Governance Committee for 2017.
Moved: Councillor Baldwin
Seconded: Deputy Mayor Fallis
Motion carried. (M-2017-001-GV)

Mr. Connolley assumed the Chair.

2.2 **Vice Chairperson**

Mr. Connolley called for nominations for the position of Vice Chairperson for the Governance Committee for the Peterborough County-City Health Unit for the year 2017.

MOTION:
That Councillor Baldwin be appointed Vice Chair of the Governance Committee for 2017.
Moved: Deputy Mayor Fallis
Seconded: Mr. Connolley
Motion carried. (M-2017-002-GV)

3. Confirmation of the Agenda

MOTION:
That the Agenda be accepted as circulated.
Moved: Deputy Mayor Fallis
Seconded: Councillor Baldwin
Motion carried. (M-2017-003-GV)

4. Declaration of Pecuniary Interest

5. Delegations and Presentations

6. Confirmation of the Minutes of the Previous Meeting

MOTION:
That the minutes of the Governance Meeting held November 1, 2016 be approved as circulated and provided to the Board of Health at its next meeting for information.
Moved: Deputy Mayor Fallis
Seconded: Councillor Baldwin
Motion carried. (M-2017-004-GV)

7. Business Arising from the Minutes

8. Staff Reports

8.1 **By-laws, Policies and Procedures for Review**

MOTION:
That the Governance Committee recommend that the Board of Health for the Peterborough County-City Health Unit approve the following:

- *2-90, Human Rights and Discrimination Policy, as revised.*

Moved: Councillor Baldwin
Seconded: Deputy Mayor Fallis
Motion carried. (M-2017-005-GV)

MOTION:
That the Governance Committee recommend that the Board of Health for the Peterborough County-City Health Unit approve the following:
- *2-92, Workplace Violence and Harassment Prevention Policy, as revised.*

Moved: Deputy Mayor Fallis
Seconded: Councillor Baldwin
Motion carried. (M-2017-006-GV)

MOTION:
That the Governance Committee recommend that the Board of Health for the Peterborough County-City Health Unit approve the following:
- *2-185, By-law Number 10, Conduct of Open and In-Camera Meetings, as revised.*

Moved: Deputy Mayor Fallis
Seconded: Councillor Baldwin
Motion carried. (M-2017-007-GV)

MOTION:
That the Governance Committee recommend that the Board of Health for the Peterborough County-City Health Unit approve the following:
- *2-402, Immunization Policy, new.*

Moved: Councillor Baldwin
Seconded: Deputy Mayor Fallis
Motion carried. (M-2017-008-GV)

9. Consent Items

10. New Business

10.1 Governance Committee Workplan (2017)

MOTION:
That the Governance Committee approve the Governance Committee 2017 Workplan, as amended.

Moved: Deputy Mayor Fallis
Seconded: Councillor Baldwin
Motion carried. (M-2017-009-GV)

11. In Camera to Discuss Confidential Matters

12. Motions from In Camera for Open Session

13. Date, Time and Place of Next Meeting

The next Governance Committee meeting will be held on Monday, May 24, 2017 at 5:00 p.m. in the Dr. J.K. Edwards Board Room, Peterborough County-City Health Unit, 185 King Street, Peterborough.

14. Adjournment

MOTION:
That the Governance Committee meeting be adjourned.
Moved by: Councillor Baldwin
Seconded by: Deputy Mayor Fallis
Motion carried. (M-2017-010-GV)

The meeting was adjourned at 6:26 p.m.

Chairperson

Medical Officer of Health

Staff Report

Strategic Planning

Date:	May 23, 2017
To:	Governance Committee
From:	Dr. Rosana Salvaterra, Medical Officer of Health
Original approved by	
Rosana Salvaterra, M.D.	

Proposed Recommendations

That the Governance Committee of the Board of Health for Peterborough Public Health:

- receive the staff report, *Strategic Plan,* for information;
- approve and recommend to the Board of Health approval of the proposed timelines of September 2017 to September 2018 for development of the next strategic plan;
- propose a method to identify board members to serve on a steering committee; and
- recommend the Board of Health set a budget of $25,000 - $30,000 to engage a consultant.

Financial Implications and Impact

The development of a strategic plan is often referred to as an investment, not a cost. Effective use of resources on issues that are the most important to the health of our community, using strategies that have the greatest impact is the objective of this type of planning. The total investment required to create a productive strategic plan will include staff and Board Member time, consultant fees and cost of engagement sessions. The total investment will eventually be determined by the Strategic Planning Steering Committee with Medical Officer of Health and Board Chair approval. The proposed investment for contracting a consultant is $25,000 to $30,000.

Decision History

The board has requested that staff prepare a report for Governance Committee by May 2017. To date, as part of its strategic plan review, the board has approved a revised Vision and Mission statement. The board approved revised Values at its May 10th meeting.

Background

The last time the board updated its strategic plan, Laridae Consulting was engaged to lead the process. Jonathan Bennett, CEO for Laridae, attended the May 28, 2012 meeting of the Governance Committee with a proposal that had been drafted by him and the Medical Officer of Health. Adjustments were made to the process to include a final list of consultations, in addition to an online survey, that were to be conducted by the consultant:

- One (1) City and three (30 County community evening sessions)
- Two (2) First Nations consultations
- Two (2) local/health care partner organizations focus groups
- Four (4) staff focus groups
- Two (2) youth focus groups.

The strategic planning process was launched on September 5th, also at a Governance Committee meeting. Governance Committee identified the board members that would serve on the Strategic Plan Steering Committee (SPSC), along with staff, that would work more closely with the consultant.

In the end, the community evening sessions were not successful and there was consensus that they should not be repeated in any future process. The online survey and focus groups were found to be valuable.

When the first draft of a proposed strategic plan came to the SPSC for review, members of the committee were unhappy with the product and undertook to rewrite the plan themselves, according to what they had heard in the consultations. In the end, it was the planning committee, and not the consultant, that wrote the board's 2013-2017 plan. Once the plan was completed, staff recognized that in future, different versions of a plan might be helpful to include as part of the next deliverable, as there are both external and internal users. Although the contract identified $23,400 as the total projected cost, because of the early withdrawal of the consultant, the actual cost to the board was $20,340.

Feedback from the last planning process

A debriefing session was conducted with those involved and the following evaluation was done:

Component	Grade
Process	C
Product	B+

What worked well?

- ✓ Focus group process, especially those with First Nations, Lighthouse Community Centre;
- ✓ Online survey; and
- ✓ Targeting and consulting with the various stakeholders in the most appropriate way for each group.

What improvements would be suggested for future attempts?

1. Begin the process one year earlier and ensure there are clear goals, roles and responsibilities articulated in the project charter. The actual time required was underestimated so more time needs to be built in to accommodate writing, editing and approvals;
2. Include at least one more manager in the steering committee, and bring the full management team into the "retreat" where the inputs are all considered and the priorities first emerge;
3. Use focus group with key stakeholders as a chance to bring a draft plan for validation;
4. More staff engagement, buy-in, fun, visuals and input on next steps/implementation. There were several suggestions on how to improve staff implementation, such as having a lead for each strategic direction etc. These were captured in notes that should be reviewed by the Steering Committee prior to finalizing the RFP for a consultant.

The Planning Context for 2017

The Province has just released a draft version of its proposed Accountability Framework for boards of health. To date, the expectation that board be engaged in strategic planning has not changed. The recommended length of a plan is stated as 3 to 5 years. In addition, there is a requirement that annual service plans and budgets be linked to the board's strategic plan. Because we are still awaiting the new version of the programs and standards, and because we will be transitioning to the new program standards in 2018, any board strategic planning must align with the provincial transformation agenda and the required changes to our organization and our mandate. For this reason, it would be wise to delay the active phase of the next strategic planning until the context and requirements can be better understood and we are much further along in the change process. In the meantime, the current strategic plan remains relevant and operative.

Capacity is an issue for the organization. Given the urgent and immediate priority of recruiting both a new Manager of Foundational Standards and a new Epidemiologist, we believe that these tasks are critical prerequisites for the collection and analysis of data needed to inform the planning process, and hence, should be completed first. We are hoping to have both positions filled in the next couple of months.

It is our recommendation that strategic planning be deferred until **September 2017**. This would mean that the new strategic plan would be developed in concert with the adoption of the new standards, and in time to guide our operational planning for 2019. In the meantime, the board's current strategic plan would continue to guide the priorities of the organization.

In researching for potential consultants, staff has learned that Simcoe Muskoka District Health Unit board has in fact decided to extend its existing strategic plan until the end of 2018 (one year) and will develop a new strategic plan starting in 2019 based on new Accountability Agreement requirements.

Rationale

The rationale for delaying the start of the strategic process has already been stated. If accepted, according to past experience and evaluation, the following steps are proposed to develop our next strategic plan:

1. Creation of a Strategic Planning Steering Committee to oversee the process.
2. Senior management to develop an RFP, in conjunction with the steering committee, for a consultant with clear scope, goals, roles, desired competencies and responsibilities described.
3. Issue request for proposals and review potential candidates for selection.
4. Identify data needs and build capacity needed to collect and analyze. This can be built into operational plans for 2017 and 2018 to fit timelines for decisions on strategic priority decisions.
5. Consultant and steering committee to develop a consultation and validation process and timeline that incorporates best practices, the lessons learned from the previous strategic planning process, and a communication plan to ensure all stakeholders are kept informed and engaged.

The board should probably remain flexible in its expectations regarding the length of its next strategic plan. Given the degree of both planned change, as well as the timing of two elections in 2018, the board may wish to complete a 3 year strategic plan, rather than a 5 year plan as it has in the past. The decision on the length or duration of the plan is probably best left until later in the process, after staff have shifted into new roles and the yet-to-be-defined LHIN-Public Health relationship has been clarified.

In conclusion, the board's strategic planning process will take about 12 months to complete. Based on a review of the last planning process, we have identified several steps that should be included. If the process is to begin in September, as recommended by staff, we will aim to have a steering committee fully constituted by then, ready to embark on this critical task. At its meeting in June, the board should approve the timeline and determine which members will serve on the SPSC. In addition, staff is recommending that the board identify a range of $25,000 to $30,000 for the engagement of an external consultant.

Strategic Direction

The board's current strategic direction(s) include the following:

- Community-Centred Focus
- Determinants of Health and Health Equity
- Capacity and Infrastructure
- Quality and Performance

Contact:

Dr. Rosana Salvaterra
Medical Officer of Health
(705) 743-1000, ext. 264
rsalvaterra@peterboroughpublichealth.ca

To: BOH Governance Committee

From: Dr. Rosana Salvaterra, Medical Officer of Health

Subject: By-Laws, Policies and Procedures for Review

Date: May 23, 2017

Proposed Recommendation:

That the Governance Committee recommend that the Board of Health for Peterborough Public Health approve the following:

- *2-151, Remuneration of Board of Health Volunteers;*
- *2-153, Board Remuneration Review;*
- *2-170, By-Law Number 8 - Building Code Act - Sewage Systems*
- *2-200, Effective Governance by Effective Board Members (revised, formerly entitled Duties and Responsibilities of Board Members)*

and retire:

- *2-270, Conduct of Board Members (combined with 2-200).*

Attachments

Attachment A – 2-151 Remuneration of BOH Volunteers
Attachment B – 2-153 Board Remuneration Review
Attachment C – 2-170 By-Law Number 8 Building Code Act - Sewage Systems
Attachment D – 2-200 Effective Governance By Effective Board Members

Board of Health
POLICY AND PROCEDURE

Section: Board of Health	**Number:** 2-151	**Title:** Remuneration of Board of Health Volunteers
Approved by: Board of Health		**Original Approved by Board of Health On** (YYYY-MM-DD)**: 2015-01-14**
Signature:		**Author:** Director ~~Corporate Services~~of Operations
Date (YYYY-MM-DD)**:** 2015-01-14		
Reference:		

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OBJECTIVE

The Board appreciates community members volunteering their time, wisdom and experience to help the organization achieve its mission and does not believe it appropriate for a volunteer to have to pay to generously give of their time when providing assistance to the Board.

POLICY

Volunteers on board of health Committees will be reimbursed for all "out-of-pocket" costs. Out-of-pocket costs include mileage, parking and any other expense the volunteer may incur while volunteering for the board of health. Mileage will be reimbursed at the current ~~PCCHU~~ Peterborough Public Health staff rate.

PROCEDURE

Volunteers should advise the ~~Administrative~~ Executive Assistant (EA) to the Medical Officer of Health of any expenses incurred, including the number of kilometers driven. Receipts should be submitted where available.

The ~~Administrative Assistant~~EA will prepare the required ~~cheque requisition~~paperwork for approval and payment.

Review/Revisions

On (YYYY-MM-DD)**:**
On (YYYY-MM-DD)**:**
On (YYYY-MM-DD)**:**
On (YYYY-MM-DD)**:**

Peterborough Public Health

Board of Health
POLICY AND PROCEDURE

Section: Board of Health	**Number:** 2-153	**Title:** Board Remuneration Review
Approved by: Medical Officer of Health		**Original Approved by Board of Health On** (YYYY-MM-DD)**: 2013-09-11**
Signature:		**Author:** Director ~~Corporate Services~~of Operations
Date (YYYY-MM-DD)**:** 2015-03-11		
Reference:		

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PROCEDURE

1. The Director of ~~Corporate Services~~Operations will prepare a report for the last meeting of the Governance Committee held each calendar year showing the per cent increase given to staff for the year ending that December, and the increase in the Consumer Price Index (CPI) for the previous year.

2. The Governance Committee will review this data and examine the current Board remuneration rate.

3. The Governance Committee will provide a recommendation on remuneration to the Board at its first meeting of the following calendar year. The adjustment recommended will be based on the increase in the CPI or the increase given to staff, which ever is lower. The increase will include an allowance in lieu of benefits.

Review/Revisions

On (YYYY-MM-DD)**: 2013-05-30**

On (YYYY-MM-DD)**:**

On (YYYY-MM-DD)**:**

On (YYYY-MM-DD)**:**

Board of Health
POLICY AND PROCEDURE

Section: Board of Health	**Number:** 2-170	**Title:** By-Law Number 8, Building Code Act – Sewage Systems
Approved by: Board of Health **Signature:** **Date** (YYYY-MM-DD)**:** 2016-11-09		**Original Approved by Board of Health On** (YYYY-MM-DD)**: 1998-03-11** **Author:**
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.

By-law Number 8
Building Code Act – Sewage Systems

Being a By-law to assume responsibility for administration and enforcement of the Building Code Act, as amended, and Regulations pursuant to the Building Code Act as it relates to sewage systems and matters of compliance.

WHEREAS Section 7 of the Building Code Act, 1992, as amended, empowers a Board of Health to pass certain by-laws respecting sewage system and change of use permits and inspections;

NOW THEREFORE the ~~Peterborough County-City Health Unit~~Peterborough Public Health enacts as follows:

Definitions

In this By-law:

1.1 "Act" means the Building Code Act, 1992, including amendments thereto;

1.2 "authorized agent" means the agent of the owner who is authorized in writing by the owner to act on his or her behalf;

1.3 "building" means a building as defined in Section 1 (1) of the Act;

1.4 "Building Code" means the regulations made under Section 34 of the Act;

1.5 “Chief Building Official” includes an inspector who has the same powers and duties as the chief building official, (a) in relation to sewage systems by virtue of subsections 3.1(3) or 6.2(4);

1.6 “Designated Inspector" means an inspector who has been appointed under Section 3.1, 4 or 6.2 of the Act;

1.7 "owner" means the registered owner of land on which a sewage system is located or

proposed to be located;

1.8 "permit" means written permission or authorization from an inspector to perform work authorized by this By-law and the Act;

1.9 "sewage system" means a sewage system as defined in Section 1.1.3.2 of the Building Code.

Permits

2.1 Classes of permits with respect to sewage systems and change of use of sewage systems and permit fees shall be as set out in Schedule "A" to this By-law.

Application for Permits

3.1 To obtain a sewage system permit, a revised sewage system permit or a change of use permit, the owner or an authorized agent shall submit a completed application in a form approved by the Designated Inspector. The approved form shall be available at the offices of ~~the Peterborough County-City Health Unit.~~Peterborough Public Health.

3.2 An application for a sewage system permit, a change of use permit or a revised sewage system permit shall be submitted to the Designated Inspector and shall:

3.2.1 identify and describe in detail the use and occupancy, or the proposed use and occupancy, of the lands and buildings to be serviced by a sewage system;

3.2.2 provide such sketch, scaled map of the site, site plan or survey as may be required by a Designated Inspector, and which will show the following:

a) the legal description, lot size and dimensions, existing rights of way, easements, municipal or utility corridors, driveways, parking areas, and the location of any unsuitable, disturbed or compacted areas;

b) the location of existing sewage systems, if any, and proposed sewage system;

c) size and design of proposed sewage system components;

d) the location of items listed in Column 1 of Tables 8.2.1.5.A, 8.2.1.5.B and 8.2.1.5.C of the Building Code; and

e) proposed access routes for system maintenance;

3.2.3 state the names, addresses and telephone numbers of the owner, and the authorized agent, if any;

3.2.4 the name, address and telephone number of the person installing or altering the sewage system;

3.2.5 where the person named in 3.2.4 above requires a license under the Act or the Building Code:

a) the number and date of issuance of the license; and

b) the name of the qualified person supervising the work to be done under the sewage system permit;

3.2.6 where the person who is to install or alter the sewage system is not known at the time of application the owner or authorized agent shall undertake to provide the information required in 3.2.4 and 3.2.5 above to the Designated Inspector as soon as it is available and, in any event, before any work is done under the permit;

3.2.7 provide test pits, as required by the Designated Inspector, for the evaluation of on-site conditions;

3.2.8 provide satisfactory evidence of compliance with municipal by-laws and Conservation Authority by-laws and regulations, when requested by the Designated Inspector;

3.2.9 such additional information as the Designated Inspector considers necessary to determine whether or not the proposed sewage system or change of use will conform to the requirements of the Act, the Building Code and any other applicable law;

3.2.10 in the application for a change of use permit, provide details of current and planned use and occupancy together with a sketch, site plan or survey and providing the information set out in 3.2.2;

3.2.11 provide detailed directions to the lands serviced or to be serviced from the nearest town, village or hamlet;

3.2.12 have an undertaking by the owner, or on behalf of the owner if the application is made by an authorized agent, to notify the Designated Inspector immediately of any changes of ownership if such change of ownership occurs before the permit is given final approval;

3.2.13 be signed by the owner or authorized agent who shall certify the truth of the contents of the application and any documents filed with the application;

3.2.14 be accompanied by the required fee.

3.3 Where an application for a sewage system permit or a revised sewage system permit contains an equivalent material, system or design for which authorization under section 9 of the Act is requested the owner or authorized agent shall provide the following information to the Designated Inspector:

3.3.1 a description of the proposed material, system or design for which authorization under Section 9 of the Act is requested;

3.3.2 any applicable provisions of the Building Code;

3.3.3 evidence that the proposed material, system or design will provide the level of performance required by the Building Code.

Fees for Permits

4.1 Fees for permits are set out in Schedule "A" to this By-law and are due and payable upon submission of an application for a permit.

4.2 In the case of withdrawal of an application, abandonment of all or a portion of the work or the non-commencement of a work the Designated Inspector shall determine the amount of paid permit fees that may be refunded to the applicant, if any, in accordance with Schedule "B" attached to this By-law.

Notice Requirements

5.1 In the case of a sewage system permit or a revised sewage system permit the owner or the authorized agent shall notify the Designated Inspector:

a) when work will commence;

b) prior to back-filling over sewage system; and

c) on completion of work.

5.2 The owner or the authorized agent shall not back-fill over the sewage system until Designated Inspector has inspected and approved the installation or alteration.

5.3 A permit remains outstanding until:

a) it has been revoked by the Chief Building Official; or

b) in the case of sewage system permit or a revised sewage system permit, all work has been completed and the Designated Inspector or the Assistant Designated Inspector has noted completion; or

c) in case of a change of use permit the Designated Inspector has noted that he/she has no objection.

Change of Use

6.1 In the case of a change of use permit the owner shall not occupy or use or allow occupancy and use of lands where there is a material change in use without first obtaining a change of use permit.

Forms and Orders

7.1 The Designated Inspector may prepare and use such forms for permit applications, inspection reports, and approvals as he or she deems appropriate.

7.2 The Designated Inspector may prepare and use such forms for Orders which he or she is authorized to make under the Building Code Act as he or she deems appropriate.

Read a first time this 11th day of March, 1998.
Read a second time this 11th day of March, 1998.
Read a third time and passed at a meeting of the Board of Health for the Peterborough County-City Health Unit this 11th day of March, 1998.

Schedule A
Sewage System Fees ~~*(effective May 18, 2014)*~~

Service	Type	Fee
Sewage System Permits	Permit for Class 4 Sewage System, design capacity less than or equal to 4500 litres per day	$700.00
	Permit for Class 4 Sewage System, design capacity greater than 4500 litres per day and less than 10,000 litres per day	$1,200.00
	Permit for Class 4 Sewage System Tank Replacement Only	$400.00
	Permit for Class 5 Sewage System (Holding Tank)	$700.00
	Permit for Class 3 Sewage System (Cesspool)	$500.00
	Permit for Class 2 Sewage System (Greywater System)	$500.00
	Sewage System Permit for Trench Bed repair or extension of 16 metres or less	$500.00
	Sewage System Permit for Filter Bed repair, replacement or extension of 6 square metres or less	$500.00
Change of Use Permit (Existing)	Existing System Inspection (Sewage Systems Permit for change of use or building addition, comments on minor variance, or rezoning)	$350.00
Rezoning or Minor Variance	Rezoning or minor variance comments requiring a site visit	$250.00
Severance or Subdivision Comments	First lot Each additional lot	$250.00 $150.00
Severance or Subdivision Re-inspection	First lot Each additional lot	$250.00 $150.00
Copies	Copies of Archived permits	$35.00
File Search	File search (e.g., Lawyer, real estate), copies and letter	$125.00
Certificate of Re-inspection	Inspection of On-site Sewage Systems (Mandatory)	$325.00

Schedule B

This is Schedule B to By-law Number 8 respecting refunds.

Status of Sewage Permit Application	Percentage of Fees Eligible for Refund
Application filed but there has been no processing or review of Application.	90%
Application filed, initial inspection of site and permit refused.	50%

Review/Revisions:

On (YYYY-MM-DD)**:** 2016-11-09 (Board, fee schedule only)
On (YYYY-MM-DD)**:** 2015-05-19 (Governance)
On (YYYY-MM-DD)**:** 2014-03-19 (Board, fee schedule only)
On (YYYY-MM-DD)**:** 2013-03-13 (Governance)
On (YYYY-MM-DD)**:** 2011-04-13 (Board, fee schedule only)
On (YYYY-MM-DD)**:** 2006-05-17 (Board)
On (YYYY-MM-DD)**:** 2006-03-09 (MOH)
On (YYYY-MM-DD)**:** 2003-07-11 (MOH)
On (YYYY-MM-DD)**:** 2001-09-07 (MOH)

Peterborough Public Health

Board of Health
POLICY AND PROCEDURE

Section: Board of Health	**Number:** 2-200	**Title:** ~~Duties and Responsibilities of Board Members~~Effective Governance by Effective Board Members
Approved by: Medical Officer of Health		**Original Approved by Board of Health On** (YYYY-MM-DD)**:** 1986-12-10
Signature:		**Author:**
Date (YYYY-MM-DD)**:** 2014-09-10		
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.

DEFINITIONS

"Associate" includes but is not limited to the parent, child, sibling, spouse or common law partner of the Board member, as well the spouse or common law partner of a parent, child, sibling of those persons, as well as any organization, agency, company or individual with a formal relationship to a member.

"Conflict of Interest" is a real or perceived set of circumstances that can act as an obstruction for a member in carrying out their fiduciary duties as a member of the Board of Health. The conflict of interest may result from a relationship, association, membership with or obligation to another organization or an associate.

POLICY

The Board of Health is the governing body, the policy maker of ~~the Health Unit~~Peterborough Public Health. It monitors all operations within the ~~Health Unit~~organization and is accountable to the ~~citizens~~ communities of Peterborough County and City, Curve Lake and Hiawatha First Nations, and to the Government of Ontario.

To achieve and maintain this expectation, board members must appreciate and accept that member competency, independence and ethical conduct are the foundational pillars that will allow the Board to meet its governance obligations.

Members of the Board are either elected officials who are appointed to the Board by their council, or are Provincial Appointees appointed by a Lieutenant Governor's Order in Council.

The duties of the Board of Health are carried out under the authority the Health Protection and Promotion Act and its Regulations. Board of Health members have the responsibility for oversight of the delivery of local public health programs and services by:

- Providing orientation training to every newly appointed member of the Board and ongoing training to all members to ensure that the Board is constantly aware of its function, authority and obligations in the provision of public health.

- Ensuring that the structure of the Board facilitates effective governance and respects partnerships with municipalities and First Nations.

- Operating in a manner that promotes an effective board, effective communication and transparency.

- Developing a shared vision for the organization, establishing the organization's strategic directions, and governing the organization to achieve their desired vision.

- Understanding their fiduciary roles and responsibilities, ensuring that their operations are based on the principles of transparency and accountability, and that Board of Health decisions reflect the best interests of the public's health.

- Ensuring that the Board is responsive to the needs of the local communities and shows respect for the diversity of perspectives of its communities in the way it directs the administration of ~~the health unit~~Peterborough Public Health in planning, operating, evaluating and adapting its programs and services.

- Ensuring that the administration of ~~the Board of Health~~Peterborough Public Health uses a proactive, problem solving approach to establishing its operational directions, demonstrates its organizational priorities and objectives through its actions on program delivery, and functions in an efficient and effective manner.

- ~~Deferring to the Chair or designate as the official spokesperson for the Board. The Board shall speak with one voice on all relevant matters. No member shall criticize Board of Health decisions publically.~~

CONDUCT *(note: this section pulled from policy 2-270)*

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.

To be an effective governance body, the Board must be staffed by members determined to function at the highest level of governance competency.

The Board expects its members to be fully prepared at meetings with current issue knowledge provided through agenda packages, enhanced by personal experience, research and discussion with other board members. This level of knowledge enhances effective decision making.

The individual member must retain independence in Board decision making and not commit to voting based on self-interest, advantage or being obligated to any entity or other member.

Board members must be aware of their role as one individual member of the collective board that functions as the oversight body for Peterborough Public Health. The Medical Officer of Health (MOH) and senior staff are responsible for the management of this public agency. Direction to the MOH will come the Board and not from individual directors or a group of directors.

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.~~2. ~~Board members must defer to~~ Tthe Chairperson of the Board or designate ~~as~~ is the official spokesperson for the Board. Once a decision has been made by the Board, the Board speaks as one. No individual member or group of members shall publically criticize any decision made by the Board of Health.

~~4. Full, honest and open debate is encouraged and required. However after a decision is made members must speak with one voice.~~

~~5.~~3. ~~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.~~4. Board members shall maintain confidentiality concerning all information relating to the Board of Health/Peterborough Public Health which is considered private and privileged.

~~7.~~5. ~~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.~~6. Board members are required to identify when they are in a conflict of interest and excuse themselves from discussion and decision making.

~~9.~~7. Board members may not use their position for personal gain or promotion. This includes activities related to political campaigns.

~~10.~~8. 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 Chairperson of the Board ~~-~~for matters pertaining to Board of Health business.

Review/Revisions

On (YYYY-MM-DD)**: 2017-XX-XX (policy 2-200 renamed, policy 2-270 retired)**
On (YYYY-MM-DD)**:** 2016-09-14 (review, no changes)
On (YYYY-MM-DD)**:** 2014-09-10
On (YYYY-MM-DD)**:** 2012-05-09
On (YYYY-MM-DD)**:** 1986-12-10

To: BOH Governance Committee

From: Dr. Rosana Salvaterra, Medical Officer of Health

Subject: Board Chair Position Description

Date: May 23, 2017

Proposed Recommendation:

That the Governance Committee receive the draft document, Duties of the Board of Health Chairperson, for information

Background:

Arising from the Board / Management Planning Session in February 2017, it was identified that the organization did not have a formal position description for the Board Chairperson. As a first draft, staff have identified duties of the Board of Health Chairperson as indicated in various Board policies.

Attachments

Attachment A – Duties of the Board of Health Chairperson

Duties of the Board of Health Chairperson

1. As per By-Law #3, Calling of and Proceedings at Meetings:

    - preside over board of health meetings;
    - call for a special meeting at the written direction of a majority of members;
    - cancel a meeting if conditions are met;
    - direct the preparation of an agenda for a special meeting;
    - ensure quorum is present;
    - decide on which delegations may present at a board of health meeting.

2. As per By-Law #5, Powers, Duties and Term of Office of the Chairperson and Vice-Chairperson of the Board of Health:

    - represent the board of health at public or official functions or designate the Vice-Chairperson or another Board member to do so;
    - be ex-officio, a member of all committees to which he/she has not been appointed a member.

3. As per By-Law #7, Execution of Documents:

    - sign any class of or particular contract, arrangement, conveyance, mortgage, obligation or other document.

4. As per By-Law #10, Conduct of Open and In-Camera Meetings:

    - the determination regarding whether a matter should be dealt with “In-camera” is the responsibility of the Chairperson, in consultation with the Medical Officer of Health and Board Secretary.
    - after a closed meeting, the Chairperson of the board should announce in open meeting that a closed meeting was held (and report what items were considered in closed session).

5. As per 2-270, Conduct of Board Members

    - act as the official spokesperson of the board of health;
    - ensure that all members are in compliance.

6. As per 2-280, Complaints – Public:

    - ensure that complaints brought to the attention of a board member which are not satisfactorily addressed by the Medical Officer of Health are investigated and resolved.

7. As per 2-284, Correspondence:

    - all paper and electronic correspondence addressed, or copied, to the Chair of the Board of Health will be reviewed by the Chair of the Board of Health and the Medical Officer of Health to determine what correspondence is to be included in Board of Health agenda packages.

8. As per 2-340, Medical Officer of Health:

    - meet with the MOH at the beginning and end of the Chair's term to review the annual work plan, which includes the setting of professional development goals.
    - schedule the performance appraisal before the end of the probationary period and then at least every two (2) years, preferably around the MOH's anniversary date.

Other/Additional:

- meet with the Medical Officer of Health to review and plan board of health meetings;
- approve vacation, conference and expense requests for the Medical Officer of Health;
- participate in new board member orientation (policy 2-251 is silent, should Chair be engaged?)

To: BOH Governance Committee

From: Dr. Rosana Salvaterra, Medical Officer of Health

Subject: Board Member Self-Evaluation

Date: May 23, 2017

Proposed Recommendation:

That the Governance Committee replace the current Board of Health Member Self-Evaluation Form with the updated version provided.

Attachments

Attachment A – Individual Board Member Self-Evaluation Form (current)
Attachment B – Individual Board Member Self-Evaluation Form (revised)

Peterborough Public Health

Individual Board Member Self-Evaluation Form

Part 1: Are you satisfied with your performance as a board member in the following areas?
*(Check **(X)** spaces that apply below)*

	VERY GOOD	***ADEQUATE***	***NEEDS WORK***
Input in policy development and decision-making			
Attendance			
Participation during meetings			
Preparation			
Knowledge of the organization's operations			
Knowledge of the community			
Understanding of role & responsibilities			
Other (please specify):			
Other (please specify):			
Other (please specify):			

Part 2: What factors contributed to your performance or lack of performance in the areas above:
(please be specific)

Part 3: Here's what I would need from the organization to maintain/increase my level of board commitment:

Part 4: Do you have any other comments or suggestions that will help the board increase its effectiveness?

Peterborough Public Health

Individual Board Member Self-Evaluation Form

Circle the response that best reflects your opinion. The rating scaled for each statement is:

(1) Strongly Disagree; (2) Disagree; (3) Agree; (4) Strongly Agree

As a Board of Health member:

I am aware of what is expected of me as a board member	1	2	3	4
I have a good record of meeting attendance	1	2	3	4
I participate fully in meeting discussions	1	2	3	4
I feel comfortable asking questions when I don't fully understand an issue presented to the BOH	1	2	3	4
I read the meeting package in advance of our board meeting	1	2	3	4
I maintain confidentiality of all board decisions and discussions when in-camera	1	2	3	4
I promote the work of our organization in the community whenever I have a chance to do so	1	2	3	4
I am aware of what is expected of me as a board member	1	2	3	4
I am satisfied with my overall performance as a Board of Health member	1	2	3	4

What strengths do I bring to the Board of Health?

What additional information/support do I need to be more effective as a Board of Health member?
How can the Board of Health's effectiveness or performance be improved in the next 12 months?
What other comments/suggestions would you like to offer related to the Board of Health's performance?

To: BOH Governance Committee

From: Dr. Rosana Salvaterra, Medical Officer of Health

Subject: Accountability Framework and Organizational Requirements Consultation Document

Date: May 23, 2017

Proposed Recommendation:

That the Governance Committee:

- *receive the Accountability Framework and Organizational Requirements Consultation Document for information; and,*
- *identify any feedback or questions for staff to submit to the Ministry of Health and Long-Term Care prior to the June 9, 2017 deadline.*

Background:

A memorandum was sent to Board Chairs and Medical Officers of Health on May 15, 2017, entitled 'Update and Next Steps regarding the Modernized Ontario Standards for Public Health Programs and Services and Accountability and Organizational Requirements'.

Among the documents provided were the proposed Accountability Framework and Organizational Requirements Consultation Document (Attachment A). The Ministry has requested feedback on this by Friday, June 9, 2017.

In addition, the Ministry advised there were key documents currently in development that will support/enable boards of health to fulfil their accountability requirements (e.g., templates for Annual Reports, Program Activity Reports, etc.). As well, there will be a new Accountability Agreement between the ministry and boards of health. Details will be forthcoming.

To oversee this entire process the Ministry will establish the Accountability Implementation Task Force to work with the Ministry to ensure the following:

- That accountability requirements and associated templates are aligned with program and service delivery requirements.
- The implementation of accountability requirements and practices are informed by best practices identified in the literature.
- That the accountability cycle is considerate of health unit planning and board of health approvals.
- That implementation of the requirements considers systems in place to support the requirements.
- Identify where exceptions may be warranted, and mitigation strategies to address capacity challenges where appropriate.

- Provide advice on /mechanisms for on-going input into accountability requirements and associated documents.
- Identify specific training needs of both board members and health unit staff as appropriate.

Attachments

Attachment A – Accountability Framework and Organizational Requirements Consultation Document

Ministry of Health and Long-Term Care

Accountability Framework and Organizational Requirements

Consultation Document

Population and Public Health Division

May 2017

Ministry of Health and Long-Term Care

THIS DOCUMENT IS FOR CONSULTATION PURPOSES ONLY AND IS SUBJECT TO CHANGE.

Ontario

Table of Contents

Policy Context

Ontario's health system is undergoing significant transformation, and public health is expected to play a key role in this transformation. Three major initiatives are underway to support public health to take on this role in this transformation:

1. **What is the work of public health in Ontario?** This is being addressed through the modernization of the standards for public health programs and services.
2. **What is the role of public health in integrated planning?** This is being addressed by the Public Health Work Stream.
3. **How does public health need to be organized across the province in order to function effectively within an integrated system?** This is being addressed through the Expert Panel on Public Health.

The province is continuing to experience tight fiscal constraints, with increased scrutiny and expectations regarding value for public expenditures. Boards of health and public health units face these same issues. It can be challenging to make a case for increased investments in public health funding within the current landscape. It is difficult for the Ministry of Health and Long-Term Care (the "ministry") to demonstrate impact at a population level and value for money/return on investment.

An Accountability Committee was convened to recommend an accountability framework for the public health sector in Ontario (see **Appendix 1** for membership). The Accountability Committee was tasked with:

- Developing and validating an overarching accountability framework;
- Articulating the scope of the areas within the accountability framework for boards of health (domains);
- Identifying the accountability requirements of boards of health in relation to each of the accountability domains; and,
- Identifying the tools and processes that are necessary to support board of health reporting on accountability requirements.

In developing the accountability framework, the Accountability Committee:

- Shared information on processes and tools public health units use to demonstrate accountability to their boards and municipalities;
- Reviewed findings and lessons learned from the ministry audits conducted of boards of health;
- Ensured the scope of the accountability framework covered the full scope of accountabilities of boards of health in their relationship to the ministry;
- Considered how to achieve a balance between ensuring compliance with service delivery expectations and supporting the achievement of intended outcomes; and,
- Considered how accountability can be implemented without creating excess burden on resources.

The Public Health Accountability Framework provides the opportunity for the ministry to include and/or highlight specific requirements related to the transformation of the system, including:

- Ensuring that boards of health fulfill their role in an integrated health system;
- Details on the specific activities of boards of health in areas such as use of demographics in program planning, descriptions of program delivery, risk management, and board governance; and,
- Reporting on unit costs of service delivery in order to demonstrate the value for money of public health programs and services.

Through enhanced transparency and demonstration for the value for money, public health will be better able to influence investment decisions that can support the re-orientation of the health system towards upstream prevention efforts.

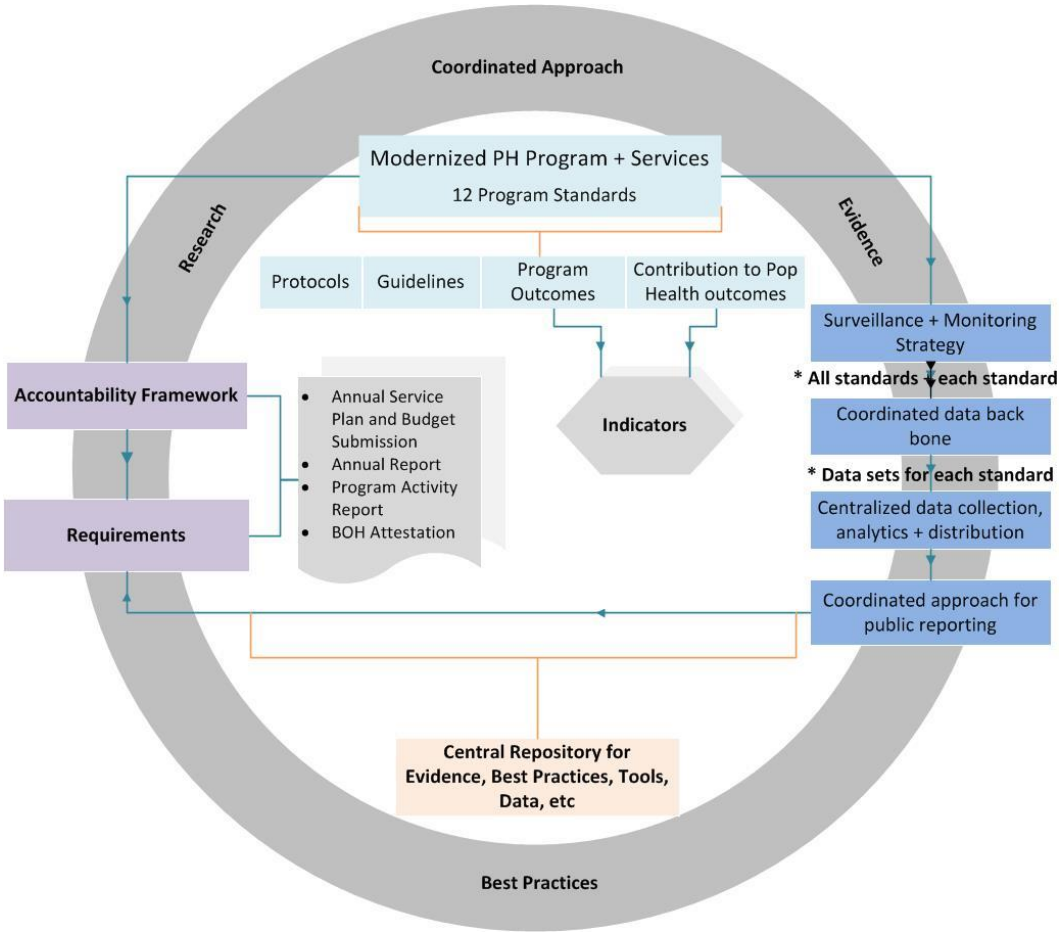
Modernization of the Ontario Public Health Standards

The modernized Ontario Standards for Public Health Programs and Services (OSPHPS) will be supported by protocols, guidelines, reference documents, and a suite of program and population level indicators and an integrated surveillance strategy that will support the implementation, monitoring and evaluation of programs and services, and the impact of public health interventions both across the province and within each public health unit catchment area.

This information will come together in a repository that will assist with analytics required at provincial, regional, and local levels, and a coordinated approach for public reporting. This will assist each board of health in managing its own governance, administration, and effective program and service planning as well as begin to demonstrate the value of these interventions at a regional level and impact on overall wellness of the population.

Figure 1 illustrates the coordinated approach of the modernized OSPHPS to ensure an integrated approach to reporting, data collection, and accountability.

Figure 1: Coordinated Approach – Modernized OSPHPS



Public Health Accountability Framework

As public health transforms, the approach to accountability must also adapt to reflect the new landscape and increased expectations for effectiveness, value, oversight, and quality of the delivery of public health programs and services. Enhanced accountability means that we can ensure investments in public health are improving programs and services that lead to better health for Ontarians. It also supports a strong public health sector that can demonstrate the value of public health and its contribution to population health outcomes.

As boards of health move to implement the expectations of the modernized OSPHPS and settle into their role within an integrated health system, the **Public Health Accountability Framework** (Figure 2) outlines the parameters and requirements for this work, how they do it, and results achieved. It articulates the expectations of the ministry to boards of health to promote a transparent and effective accountability relationship. Enhanced accountability supports the implementation of public health programs and services by ensuring boards of health have the necessary foundations related to the delivery of programs and services, financial management, governance, and public health practice.

Guiding principles underpinning this framework are:

- Well-articulated roles, responsibilities, and expectations for both the ministry and boards of health.
- Leveraging and aligning with current practices to reduce the burden on boards of health.
- Timely direction from the ministry on planning and performance expectations.
- Streamlined reporting to facilitate early identification of any financial, operational, and performance issues.
- Transparent reporting on performance results.
- Fair and effective assessment, engagement, and intervention strategies to address issues, manage risks, and strengthen performance.

Program requirements are outlined in the modernized OSPHPS. The organizational requirements as outlined in this document have been drawn from the *Health Protection and Promotion Act* (HPPA), Public Health Funding and Accountability Agreement, Ontario Public Health Organizational Standards, newly modernized OSPHPS, and recommendations from the ministry audits conducted of boards of health.

The Accountability Framework provides a vehicle for ensuring that all specific requirements that boards of health are responsible for meeting (both programmatic and organizational) are clearly communicated and can effectively be monitored.

Figure 2: Ontario's Public Health Accountability Framework

The Public Health Accountability Framework outlines the parameters and requirements to hold boards of health accountable for the work they do, how they do it, and the results achieved.

The Accountability Framework is composed of four Domains:

Domain	Delivery of Programs and Services	Fiduciary Requirements	Good Governance and Management Practices	Public Health Practice
Objectives of Domain	Boards of health will be held accountable for the delivery of public health programs and services and achieving program outcomes in accordance with ministry published standards, protocols, and guidelines.	Boards of health will be held accountable for using ministry funding efficiently for its intended purpose.	Boards of health will be held accountable for executing good governance practices to ensure effective functioning of boards of health and management of public health units.	Boards of health will be held accountable for achieving a high standard and quality of practice in the delivery of public health programs and services.

Requirements will incorporate one or more of the following functions:

The Accountability Framework will be supported by:

Accountability Documents	• **Accountability Framework Requirements**: Sets out requirements against which boards of health will be held accountable across all four domains. • **Ministry-Board of Health Accountability Agreement:** Establishes key operational and funding requirements for boards of health.
Planning Documents	• **Board of Health Strategic Plan:** Sets out the 3 to 5 year local vision, priorities, and strategic directions for each board of health. • **Board of Health Annual Service Plan and Budget Submission:** Outlines how boards of health will operationalize the strategic directions and priorities in its strategic plan in accordance with the Standards for Public Health Programs and Services.
Reporting Documents	• **Performance Reports**: Regular performance reports (programmatic and financial) are required by boards of health with the opportunity to report back on program achievements and finances and articulate local challenges/issues in meeting outcomes. • **Annual Report:** Boards of health provide to the ministry a report after year-end on the affairs and operations, including how they are performing on requirements (programmatic and financial), how they are delivering quality public health programs and services, how they are practicing good governance, and complying with various legislative requirements.

NOTE: The Accountability Framework refers to boards of health in order to respect the board of health as the body that is accountable to the ministry as per the *Health Protection and Promotion Act*. It is recognized that there is a delegation of authority for the day to day management and administrative tasks to the Medical Officer of Health (and Chief Executive Officer or other executive officers, where applicable).

Requirements within the Accountability Framework incorporate one or more of the following functions:

- **Monitoring and reporting** measures the activities and achievements of boards of health and assesses the results (to demonstrate value and contribution of public health).
- **Continuous quality improvement** encourages changes in processes to address identified problems and improve efficiency and effectiveness.
- **Performance improvement** ensures boards of health achieve the best results possible and contribute to local, provincial, and population health outcomes.
- **Financial management** ensures that resources are used efficiently and in line with local and provincial needs.
- **Compliance** ensures boards of health meet ministry expectations for required activities articulated in legislation, standards, funding agreements and policies.

Accountability across the domains will be demonstrated through accountability, planning, and reporting tools, such as:

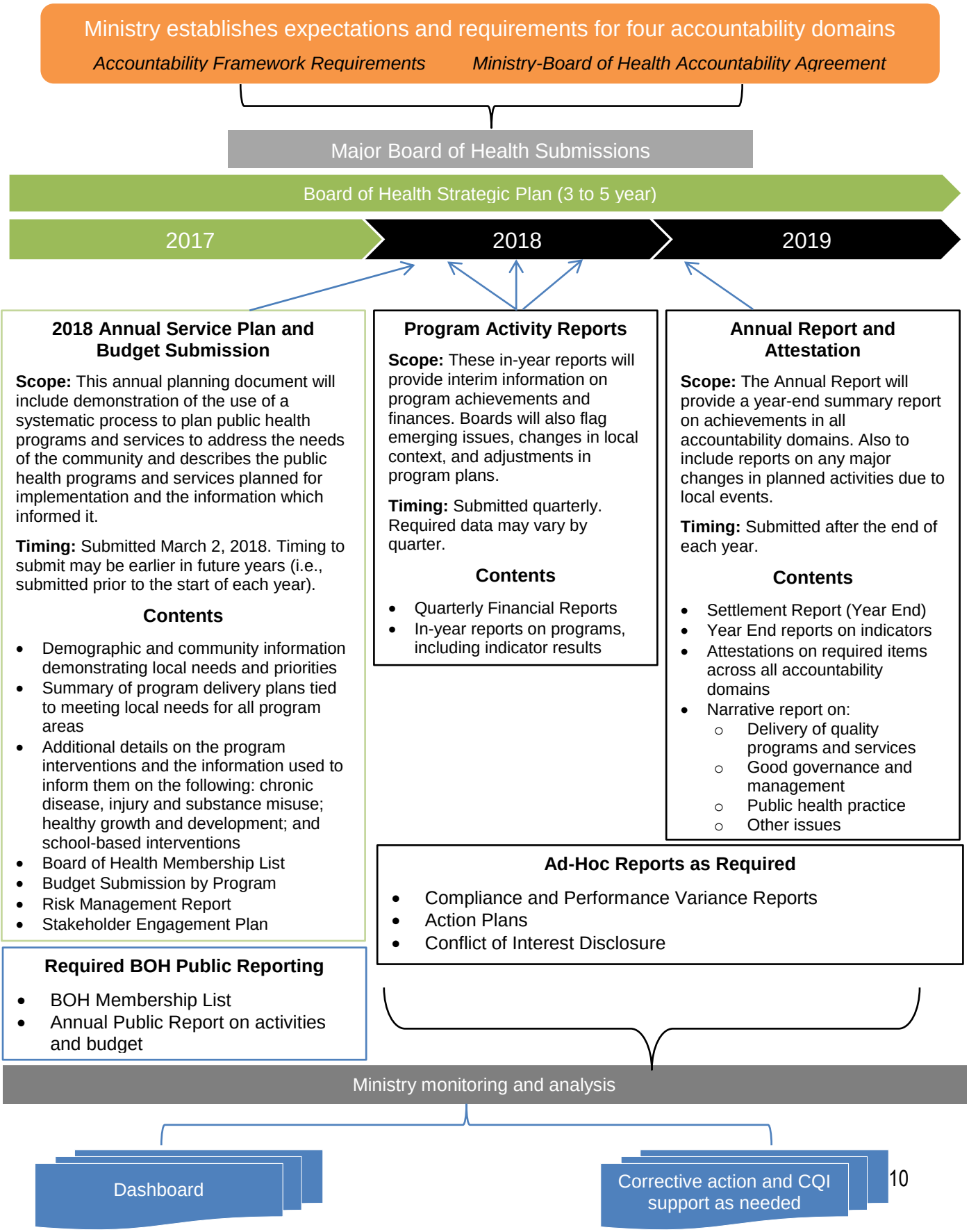
- The **Ministry-Board of Health Accountability Agreement**, which will establish key operational and funding requirements;
- **Board of Health Strategic Plan**, which will set out the 3 to 5 year vision, priorities, and strategic directions for each board of health;
- **Board of Health Annual Service Plan and Budget Submission**, which will outline how boards of health will operationalize the strategic directions and priorities;
- **Performance and other ad hoc reports**, which will provide interim information on program achievements and finances in-year; and,
- **Annual Report**, which will provide a year-end summary of board of health achievements and include attestations on required items across all accountability domains.

These tools will allow boards of health to demonstrate that they:

- Comply with all legal requirements and provide appropriate oversight for public funding and resources;
- Support a high standard and quality of public health practice and good governance and management practices that provide the foundation for the effective delivery of public health programs and service; and,
- Demonstrate the value that Ontarians receive for the funding invested in public health, and how that investment contributes to population health outcomes for all Ontarians.

Figure 3 provides an overview of the annual accountability reporting cycle for boards of health under the Public Health Accountability Framework.

Figure 3: Annual Accountability Reporting Cycle



Accountability Framework - Organizational Requirements

The ministry's expectation is that boards of health will be accountable for meeting all requirements included in legislation (e.g., HPPA, *Financial Administration Act*, etc.) and the documents that operationalize them (e.g., OSPHPS, Ministry-Board of Health Accountability Agreement, etc.).

Organizational requirements specified in the Accountability Framework are those requirements where additional reporting and/or monitoring will be required of boards of health. Reporting on these requirements may differ and the ministry plans to use a range of reporting and measurement approaches to assess board of health compliance with these requirements including:

- Routine board of health audits and the introduction of formal year-end attestations;
- Narrative reports and submitted documentation; and,
- Indicators and other metrics.

The type of approach used will vary depending on the level of detail deemed necessary and the measurability of each requirement. Reporting will be streamlined as much as possible through annual service plans and year-end reports.

Delivery of Programs and Services

Boards of health will be held accountable for the delivery of public health programs and services and achieving program outcomes in accordance with ministry published standards, protocols, and guidelines.

Objective of Requirements

The ministry has a due diligence responsibility to ensure that boards of health are delivering mandated programs and services that reflect the appropriate level of provincial consistency and local flexibility, and that the services delivered are effective in achieving their intended purposes.

Requirements and Rationales

Requirements*	Rationale
Boards of health are required to deliver programs in compliance with the OSPHPS, and all applicable legislation and regulations.	Duty of the board of health under the HPPA to provide for the delivery of public health programs and services to prevent the spread of disease and promote and protect the health of the populations in their public health unit.
Boards of health are required to comply with program provisions within the HPPA.	Meets legislative requirements.
Boards of health are required to undertake population health assessments including identification of priority populations, determinants of health and health inequities, and measure and report on them.	Demonstrates evidence-based determination of population need, reflects government priorities in Patients First, and brings a greater focus on local needs.
Boards of health are required to describe the following program interventions and the information used to inform them: chronic disease, injury and substance misuse; healthy growth and development; and, school-based interventions, including how health inequities will be addressed.	Demonstrates evidence-based determination of local needs and priorities, particularly in areas where local boards of health have greater flexibility.
Boards of health shall publicly disclose results of all inspections or information in accordance with the OSPHPS Protocols.	Demonstrates compliance with the OSPHPS.
Boards of health shall effectively prepare for emergencies to ensure timely, integrated, safe, and effective response to, and recovery from emergencies with public health impacts, in accordance with ministry policy and guidance documents.	Demonstrates compliance with the OSPHPS.
Boards of health shall collect and analyze relevant data to monitor trends over time and population inequities in outcomes, and communicate the population results in accordance with the OSPHPS Protocols.	Demonstrates compliance with the OSPHPS.
Boards of health shall have a strategic plan that establishes strategic priorities over 3 to 5 years, includes input from staff, clients, and community partners, and reviewed at least every other year.	Ensures boards of health are taking a longer term and higher level perspective to addressing local community needs and are establishing organizational priorities for change and growth.

* This list does not include all requirements for boards of health.

Fiduciary Requirements

Boards of health will be held accountable for using ministry funding efficiently for its intended purpose.

Objective of Requirements

The ministry has a due diligence responsibility to ensure that public health funding is used in accordance with accepted accounting principles, legislative requirements, and government policy expectations.

The ministry must also ensure that boards of health make efficient use of public resources by delivering high quality, effective program interventions, ensuring value for money.

Requirements and Rationales

Requirements*	Rationale
Boards of health shall comply with the terms and conditions of the Ministry-Board of Health Accountability Agreement.	Meets legislative and corporate requirements.
Boards of health are required to provide costing information by program.	To determine the actual cost of delivering public health programs and services in Ontario and value for money.
Boards of health shall submit budget submissions, quarterly financial reports, annual settlement reports, and other financial reports as requested.	Ensures full disclosure of use of funding. Supports analysis of compliance with program standards, HPPA, and accountability requirements.
If the ministry provides the grant to boards of health prior to their immediate need for the grant, boards of health shall place the grant in an interest bearing account at a Canadian financial institution and report interest earned to the ministry.	Meets corporate requirements. Ensures interest earned on publicly funded revenues is reinvested in public programs.
All revenues collected by boards of health for programs or services must be reported in accordance with the direction provided in writing by the ministry.	Meets corporate requirements. Including offset revenues ensures a more accurate analysis of use of financial resources.
Boards of health shall report any part of the grant that has not been used or accounted for in a manner requested by the ministry.	Ensures accountability for funding received from the ministry and that all funding used for the intended purpose.
Boards of health shall repay amounts as requested by the ministry.	Meets legislative requirements. Ensures that unused funds can be reinvested to address pressures in the health system.
Boards of health shall ensure that expenditure forecasts are as accurate as possible.	Ensures that unused funds can be reinvested to address pressures in the health system
Boards of health shall keep a record of its financial affairs, invoices, receipts and other documents, and shall prepare annual statements of its financial affairs.	Ensures fundamental accounting practices are in place. Basic tenant of modern controllership in broader public sector.
Boards of health shall comply with the financial requirements of the HPPA (e.g., remuneration, informing municipalities of financial obligations, passing by-laws,	Meets legislative requirements.

* This list does not include all requirements for boards of health.

Requirements*	Rationale
etc.), and all other applicable legislation and regulations.	
Boards of health shall use the grant only for the purposes of the HPPA and to provide or ensure the provision of programs and services in accordance with the HPPA, OSPHPS, and Ministry-Board of Health Accountability Agreement.	Ensures accountability for funding received from the ministry and that all funding used for the intended purpose
Boards of health shall spend grant only on admissible expenditures.	Ensures accountability for funding received from the ministry and that all funding used for the intended purpose.
All procurement of goods and services should normally be through an open and competitive process. Boards of health shall comply with the *Municipal Act* which requires that boards of health ensure that the administration adopts policies with respect to its procurement of goods and services.	Meets legislative requirements.
Boards of health shall ensure that the administration implements appropriate financial management and oversight which ensures the following are in place: a plan for the management of physical and financial resources; a process for internal financial controls which is based on generally accepted accounting principles; a process to ensure that areas of variance are addressed and corrected; a procedure to ensure that the procurement policy is followed across all programs/services areas; a process to ensure the regular evaluation of the quality of service provided by contracted services in accordance with contract standards; a process to inform the board of health regarding resource allocation plans and decisions, both financial and workforce related, that are required to address shifts in need and capacity; and, a budget forecast for the current fiscal year that does not project a deficit.	Ensures boards of health use internal transparency practices, and demonstrate organizational due diligence.
Boards of health shall negotiate a service level agreement for corporately provided services.	Ensures the efficient use of public resources as it reduces duplication in the provision of corporate services for boards of health which receive same from their municipal or regional governments.
Boards of health are required to have and maintain insurance.	Meets corporate requirements. Protection against general liability.
Boards of health shall maintain an inventory of all tangible capital assets developed or acquired with a value exceeding $5,000 or a value determined locally that is appropriate under the circumstances.	Meets corporate requirements. Ensures boards of health use internal transparency practices, and demonstrate organizational due diligence.
Boards of health shall not dispose of an asset which exceeded $100,000 without the ministry's prior written confirmation.	Meets corporate requirements. Ensures accountability for funding received from the ministry and that all funding used for the intended purpose.
Boards of health are not permitted to carry over the grant from one year to the next, unless pre-authorized in writing by the ministry.	Meets corporate requirements. Ensures accountability for funding received from the ministry and that all funding used for the intended purpose.
Boards of health shall maintain a capital funding plan, which includes policies and procedures to ensure that funding for capital projects is appropriately managed and reported.	Ensures boards of health have adequate plans in place to manage its sites.

Good Governance and Management Practices

Boards of health will be held accountable for executing good governance practices to ensure effective functioning of boards of health and management of public health units.

Objective of Requirements

The organizational requirements within this domain support the use of recommended best practices in governance and organizational processes. By adhering to these practices, boards of health will be able to improve the quality and effectiveness of programs and services, prioritize the allocation of resources, improve efficiency, and strive for resiliency in their organizational culture.

Requirements and Rationales

Requirements*	Rationale
Boards of health shall submit a list of board members.	Demonstrates compliance with the HPPA for board membership.
Boards of health shall operate in a transparent and accountable manner, and provide truthful and complete information to the ministry.	Full disclosure is a core component of accountability.
Boards of health shall ensure that members are aware of their roles and responsibilities and emerging issues and trends by ensuring the development and implementation of a comprehensive orientation plan for new board members and a continuing education program for continuing board members.	Ensures board members have the knowledge required to contribute to governance decisions.
Boards of health shall carry out obligations without a conflict of interest and shall disclose to the ministry an actual, potential, or perceived conflict of interest.	Basic tenant of modern controllership in broader public sector. A common best practice expectation of effective, accountable governance.
Boards of health shall comply with the governance requirements of the HPPA (e.g., number of members, election of chair, remuneration, quorum, passing by-laws, etc.), and all other applicable legislation and regulations.	Meets legislative requirements.
Boards of health shall ensure that the administration establishes a human resources strategy, based on a workforce assessment which considers the competencies, composition and size of the workforce, as well as community composition, and includes initiatives for the recruitment, retention, professional development, and leadership development of the public health unit workforce. Boards of health shall ensure that the administration establishes and implements written human resource policies and procedures which are made available to staff, students, and volunteers. All policies and procedures shall be regularly reviewed and revised, and include the date of the last review/revision.	Ensures use of a common best practice of effective management. Supports effective program delivery by ensuring policies and procedures for succession planning, labour relations, and staff retention are in place.

* This list does not include all requirements for boards of health.

Requirements*	Rationale
Boards of health shall engage in community and multi-sectoral collaboration with LHIN(s) and other relevant stakeholders in decreasing health inequities.	Demonstrates compliance with the OSPHPS.
Boards of health shall engage in relationships with Indigenous communities in a way that is meaningful for them.	Demonstrates compliance with the OSPHPS.
Boards of health shall provide population health information, including determinants of health and health inequities, to the public, LHIN(s)*, community partners, and health care providers, in accordance with the SPHPS. *Work is currently underway to define the parameters and expectations for the relationship between LHIN(s), boards of health, as well as LHIN CEOs and Medical Officers of Health or their designates.	Demonstrates compliance with the OSPHPS.
Boards of health shall develop and implement policies or by-laws regarding the functioning of the governing body, including: use and establishment of sub-committees; rules of order and frequency of meetings; preparation of meeting agenda, materials, minutes, and other record keeping; selection of officers; selection of board members based on skills, knowledge, competencies and representatives of the community, where boards of health are able to recommend the recruitment of members to the appointing body; remuneration and allowable expenses for board members; procurement of external advisors to the board such as lawyers and auditors (if applicable); conflict of interest; confidentiality; medical officer of health and executive officers (where applicable) selection process, remuneration, and performance review; delegation of the medical officer of health duties during short absences such as during a vacation/coverage plan.	Ensures boards of health demonstrate organizational due diligence. A common best practice expectation of effective, accountable governance.
Boards of health shall ensure that by-laws and policies and procedures are reviewed and revised as necessary, and at least every two years.	Ensures boards of health demonstrate organizational due diligence. A common best practice expectation of effective, accountable governance.
Boards of health shall provide governance direction to the administration and ensure that the board remains informed about the activities of the organization on the following: delivery of programs and services; organizational effectiveness through evaluation of the organization and strategic planning; stakeholder relations and partnership building; research and evaluations; compliance with all applicable legislation and regulations; workforce issues, including recruitment of medical officer of health and any other senior executives; financial management, including procurement policies and practices; and, risk management.	Ensures boards of health demonstrate organizational due diligence. A common best practice expectation of effective, accountable governance.
Boards of health shall have a self-evaluation process of its governance practices and outcomes that are implemented at least every other year and results in recommendations for improvements in board effectiveness and engagement.	Ensures boards of health are aware of the range of skills required for effective governance and are engaged in addressing significant gaps in skills or knowledge.
Boards of health shall ensure the administration develops and implements a set of client service standards.	Ensures boards of health are aware of client experiences as an input to program improvements (planning and evaluation).

Requirements*	Rationale
Boards of health shall ensure that the medical officer of health, as the designated health information custodian, maintains information systems and implements policies/procedures for privacy and security, data collection and records management.	Ensures use of a common best practice of effective management. Supports effective program delivery by ensuring data is available to plan, manage and evaluate programs. Supports reporting on program effectiveness.

Public Health Practice

Boards of health will be held accountable for achieving a high standard and quality of practice in the delivery of public health programs and services.

Objective of Requirements

The organizational requirements within this domain restate the key requirements of the new Effective Public Health Practice Standard within the Foundational Standards, and support the fostering of a culture of excellence in professional practice with boards of health.

A culture of quality and continuous organizational self-improvement is part of effective public health practice, which is an underpinning of effective program interventions, and therefore is necessary for the achievement of the desired goals and outcomes of public health programs and services.

Requirements and Rationales

Requirements*	Rationale
Boards of heath shall ensure that the administration establishes, maintains and implements policies and procedures related to research ethics.	Protects against breaches of confidentiality and other risks to participants. Also ensures that publicly funded research results will be considered valid and transferable.
Boards of health are required to designate a Chief Nursing Officer.	Chief Nursing Officer role articulates, models, and promotes a vision of excellence in public health nursing practice, which facilitates evidence-based services and quality health outcomes in the public health context.
Boards of health are required to demonstrate the use of a systematic process to plan public health programs and services to assess and report on the health of local populations describing the existence and impact of health inequities and identifying effective local strategies to decrease health inequities.	Demonstrates evidence-based determination of population need.
Boards of health shall support a culture of excellence in professional practice; ensure culture of quality and continuous organizational self-improvement. This includes, but is not limited to: measurement of client, community, and stakeholder/ partner experience to inform transparency and accountability; and, regular review of outcome data that includes variances from performance expectations and implementation of remediation plans.	Ensures boards of health have processes in place to support organizational change and growth, which will support organizational effectiveness.

* This list does not include all requirements for boards of health.

Common To All Domains

The following list of organizational requirements contains those that are relevant to all four domains of the Public Health Accountability Framework, and have been grouped together here to avoid duplication above.

Requirements and Rationales

Requirements*	Rationales
Boards of health shall submit an Annual Service Plan and Budget Submission to include all programs and services delivered by boards of health and program costing for ministry-funded programs.	Ensures programs and services are planned to meet community needs and in accordance with program standards. Budget submission will be used to determine the actual costs of providing services.
Boards of health shall submit action plans as requested to address any compliance or performance issues.	Action plans allow the ministry to negotiate the required actions of a board of health to mitigate situations where known issues may be creating a risk to the public's health or to the stability or competency of the organization.
Boards of health shall submit all reports as requested by the ministry.	Provides necessary documentation of accountability.
Boards of health shall have a formal risk management framework in place that identifies, assesses and addresses risks.	Ensures boards of health are aware of and are talking action to mitigate known issues that may be creating a risk to the public's health or to the stability or competency of the organization.
Boards of health shall produce an annual financial and performance report to the general public.	Allows boards of health to demonstrate their efficient use of public funding in protecting the public's health.
Boards of health shall comply with all legal and statutory requirements.	Meets legislative requirements.

* This list does not include all requirements for boards of health.

Considerations for Implementation

Change management strategies will support the implementation of the Public Health Accountability Framework and its requirements.

The ministry commits to implementing the Framework and requirements in a manner that acknowledges:

- Time and effort – maximize the use of existing internal reports or documentation as the basis for Annual Service Plan and Budget Submission, and build on the current year-end reporting process with boards of health.
- Design and use electronic templates for report submissions – which will support the ministry's review and analysis of the information.
- Evolution and adaptation – reporting requirements and templates are also expected to evolve over time based on experience with the information submitted and the principles of continuous quality improvement.

The ministry recognizes that it will take some time to adapt to the new requirements, and is planning for a phased-in approach to support change management within boards of health. At full implementation, boards of health will be required to submit their annual service plan prior to the beginning of their program year. Over the coming weeks and months, the ministry will be working with input from the field to develop templates and an implementation plan that will clearly communicate these expectations, identify supports needed and provide tools to assist.

Appendix 1: Membership of the Accountability Committee

Chair

Roselle Martino	Assistant Deputy Minister, Population and Public Health Division, MOHLTC

Members

Doug Heath	Chief Executive Officer, Thunder Bay District Health Unit (AOPHBA representative)
Mary Johnson	Board of Health Member, Eastern Ontario Health Unit (alPHa representative)
Karen Jones	Senior Corporate Management and Policy Consultant (City of Toronto representative)
Dr. Chris Mackie representative)	Medical Officer of Health, Middlesex London Health Unit (COMOH
Anne Schlorff	Director, Central Resources, Region of Waterloo Public Health (AOPHBA representative)
Jane Sager	Director (A), LHIN Liaison Branch, Health System Accountability and Performance Division (MOHLTC representative)
Janette Smith	Commissioner, Region of Peel (AMO representative)
Linda Stewart	Executive Director, Association of Local Public Health Agencies
Larry Stinson	Director of Operations, Peterborough Public Health (OPHA representative)
Cynthia St. John	Executive Director, Elgin St. Thomas Public Health (AOPHBA representative)

Committee Support (MOHLTC)

Accountability and Liaison Branch, Population and Public Health Division

Planning and Performance Branch, Population and Public Health Division

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