

**Board of Health for
Peterborough Public Health
AGENDA
Board of Health Meeting
Wednesday, January 13, 2021 – 5:00 p.m.
Electronic Meeting**

1. Call to Order

Dr. Rosana Salvaterra, Medical Officer of Health

1.1. Welcome and Opening Statement

Land Acknowledgement

We respectfully acknowledge that Peterborough Public Health is located on the Treaty 20 Michi Saagiig territory and in the traditional territory of the Michi Saagiig and Chippewa Nations, collectively known as the Williams Treaties First Nations, which include: Curve Lake, Hiawatha, Alderville, Scugog Island, Rama, Beausoleil, and Georgina Island First Nations.

Peterborough Public Health respectfully acknowledges that the Williams Treaties First Nations are the stewards and caretakers of these lands and waters in perpetuity, and that they continue to maintain this responsibility to ensure their health and integrity for generations to come. We are all treaty people.

Recognition of Indigenous Cultures

We recognize also the unique history, culture and traditions of the many Indigenous Peoples with whom we share this time and space. We give thanks to the Métis, the Inuit, and the many other First Nations people for their contributions as we strengthen ties, serve their communities and responsibly honour all our relations.

2. Elections and Appointments

2.1. Elections

- [Cover Report](#)

2.2. Committee Appointments

- [Cover Report](#)
 - a. [2021 Board of Health Members](#)
 - b. [2020 Committee Appointments](#)
 - c. [Board Leadership and Committee Membership Selection Procedure \(web hyperlink\)](#)

- d. [Terms of Reference, Governance Committee \(web hyperlink\)](#)
- e. [Terms of Reference, Indigenous Health Advisory Circle \(web hyperlink\)](#)
- f. [Terms of Reference, Stewardship Committee \(web hyperlink\)](#)

3. Establishment of Date and Time of Regular Meetings

- [Cover Report](#)

4. Establishment of Honourarium for 2021

- [Cover Report](#)

5. Confirmation of the Agenda

6. Declaration of Pecuniary Interest

7. Consent Items to be Considered Separately

Board Members: Please identify which items you wish to consider separately from section 13 and advise the Chair when requested. For your convenience, circle the item(s) using the following list: 13.1 13.2 a b c 13.3.1 13.3.2 13.4.1 a b c d e f g

8. Delegations and Presentations

9. Board Chair Report

10. Confirmation of the Minutes of the Previous Meeting

- [Cover Report](#)
- a. [December 9, 2020](#)

11. Business Arising From the Minutes

12. Staff Reports

12.1. Oral Report: 2020 Performance Report

- [Cover Report](#)

12.2. Oral Report: COVID-19 Update

- [Cover Report](#)

13. Consent Items

13.1. Correspondence for Direction

- Cover Report
- a. TPH Opioid Poisoning

13.2. Correspondence for Information

- Cover Report
- a. alPHa e-newsletter
- b. Reappointment Request
- c. COVID-19 One-Time Funding

13.3. Staff Reports

13.3.1. Staff Report: One-Time Funding for COVID-19 Extraordinary Costs

- Staff Report

13.3.2. Staff Report: Peterborough Public Health Summary of Evaluation of Initial Response to COVID-19

- Cover Report
- Summary

13.4. Committee Reports

13.4.1. Governance Committee

- Cover Report
- a. Governance Minutes, May 26, 2020
- b. 2-20 Authority and Jurisdiction (*web hyperlink*)
- c. 2-150 Remuneration of Members
- d. 2-190 Sponsorship
- e. 2-191 Sponsorship, EthicScan (*web hyperlink*)
- f. 2-261 Appointments, Provincial Representatives
- g. 2-284 Correspondence (*web hyperlink*)

14. New Business

15. In Camera to Discuss Confidential Matters (*nil*)

16. Motions for Open Session (*nil*)

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

Wednesday, February 10, 2021, 5:00 p.m.
Electronic Meeting

18. 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.

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.

**PETERBOROUGH PUBLIC HEALTH
BOARD OF HEALTH**

TITLE:	Elections
DATE:	January 13, 2021
PREPARED BY:	Alida Gorizzan, Executive Assistant
APPROVED BY:	Dr. Rosana Salvaterra, Medical Officer of Health

PROPOSED RECOMMENDATION

That the Board of Health for Peterborough Public Health consider the following recommendations for leadership positions for the Board of Health for 2021:

- *Board of Health Chairperson – Mayor Andy Mitchell*
- *Board of Health Vice-Chairperson – Councillor Henry Clarke*

BACKGROUND

Given that the Board follows Robert's Rules of Order for governing the calling of and proceedings of meetings (as per By-Law #3), elections must occur via nomination. Dr. Salvaterra will call for nominations for the position of Chairperson of the Board of Health for 2021. The elected Chairperson will call for nominations for the position of Vice-Chairperson of the Board of Health for 2021.

In October, staff reached out to members to assess interest in leadership and committee appointments. The Governance Committee reviewed responses at their meeting on December 15, 2020, and has proposed the recommendation noted above.

**PETERBOROUGH PUBLIC HEALTH
BOARD OF HEALTH**

TITLE:	Committee Appointments
DATE:	January 13, 2021
PREPARED BY:	Alida Gorizzan, Executive Assistant
APPROVED BY:	Dr. Rosana Salvaterra, Medical Officer of Health

PROPOSED RECOMMENDATIONS

1. *That the Board of Health for Peterborough Public Health appoint members to its Committees as follows:*

Indigenous Health Advisory Circle

Councillor Nodin Knott

Councillor Kathryn Wilson

Deputy Mayor Bonnie Clark

Governance Committee

Councillor Gary Baldwin

Mr. Andy Sharpe

Councillor Don Vassiliadis

Councillor Kathryn Wilson

Stewardship Committee

Councillor Henry Clarke

Deputy Mayor Matthew Graham

Councillor Nodin Knott

Dr. Hans Stelzer

2. *That the Board of Health for Peterborough Public Health appoint the following community members to the Indigenous Health Advisory Circle:*
 - *Ms. Angela Connors, Community Race Relations Committee of Peterborough*
 - *Ms. Lori Flynn, Nogojiwanong Friendship Centre*
 - *Ms. Kari Lepine, Métis Nation of Ontario Peterborough and District Wapiti Métis Council*
3. *That given the plan for the organization to activate its Incident Management System for the purposes of adding vaccine delivery to the current COVID-19 response, the Board of Health for Peterborough Public Health temporarily suspend Committee meetings for 2021 and authorize business normally directed to its standing Committees to be brought directly to the Board of Health, as needed.*

BACKGROUND

The Governance Committee met on December 15, 2020. At that meeting, the Committee supported the recommendations outlined in item 1. With respect to the Indigenous Health Advisory Circle membership, Lori Flynn and Kari Lepine are returning members. Angela Connors recently led the Board/Management training session on Anti-Black Racism in December, 2020.

The Chairperson serves as an ex-officio member on all Committees to which he/she has not been appointed a member.

Given the limited capacity of staff to support additional meetings due to the COVID-19 pandemic response and immunization effort, it is anticipated that Committee meeting dates will be scheduled in the latter part of 2021, if possible. Items that would normally be vetted through these Committees will come forward to the Board of Health directly. Examples can include policy revisions, budget approvals, engagement of auditors, etc.

ATTACHMENTS

- a. [2021 Board of Health Members](#)
- b. [2020 Committee Appointments](#)
- c. [Board Leadership and Committee Membership Selection Procedure](#) (*web hyperlink*)
- d. [Terms of Reference, Governance Committee](#) (*web hyperlink*)
- e. [Terms of Reference, Indigenous Health Advisory Circle](#) (*web hyperlink*)
- f. [Terms of Reference, Stewardship Committee](#) (*web hyperlink*)

2021 Board of Health
for Peterborough Public Health

Councillor Gary Baldwin, City of Peterborough

Deputy Mayor Bonnie Clark, County of Peterborough

Councillor Henry Clarke, City of Peterborough

Deputy Mayor Matthew Graham, County of Peterborough

Mayor Andy Mitchell, County of Peterborough

Councillor Nodin Knott, Curve Lake First Nation Representative

Mr. Andy Sharpe, Provincial Appointee

Dr. Hans Stelzer, Provincial Appointee

Councillor Don Vassiliadis, City of Peterborough

Councillor Kathryn Wilson, Hiawatha First Nation Representative

2020 Appointments to Committees

The Board Chairperson is an ex-officio member of all committees.

Governance Committee

Deputy Mayor Bonnie Clark

Mr. Greg Connolley

Mr. Andy Sharpe

Councillor Don Vassiliadis

Indigenous Health Advisory Circle

Councillor Nodin Knott

Mr. Michael Williams

Councillor Kathryn Wilson

Councillor Kim Zippel

Ms. Lori Flynn, Nogojiwanong Friendship Centre

Ms. Kari Lepine, Métis Nation of Ontario Peterborough and District Wapiti Métis Council

Stewardship Committee

Councillor Henry Clarke

Ms. Kerri Davies

Deputy Mayor Matthew Graham

Ms. Catherine Praamsma

Councillor Kathryn Wilson

**PETERBOROUGH PUBLIC HEALTH
BOARD OF HEALTH**

TITLE:	Date and Time of Regular Meetings
DATE:	January 13, 2021
PREPARED BY:	Alida Gorizzan, Executive Assistant
APPROVED BY:	Dr. Rosana Salvaterra, Medical Officer of Health

PROPOSED RECOMMENDATION

That the regular meetings for the Board of Health for Peterborough Public Health in 2021 be held on the following dates, or at the call of the Chairperson:

- January 13, February 10, March 10, April 14, May 12, June 9, September 8, October 13, November 10, December 8.*
- Meetings will be held electronically, or at Peterborough Public Health (185 King Street) when possible.*
- Electronic meetings will begin at 5:00 p.m., in person meetings will begin at 5:30 p.m.*

**PETERBOROUGH PUBLIC HEALTH
BOARD OF HEALTH**

TITLE:	Establishment of Honourarium for 2021
DATE:	January 13, 2021
PREPARED BY:	Alida Gorizzan, Executive Assistant
APPROVED BY:	Dr. Rosana Salvaterra, Medical Officer of Health

PROPOSED RECOMMENDATION

That the Board of Health for the Peterborough Public Health approve a 0.7% increase in honourarium for its members, representing a total amount of \$155.24.

BACKGROUND

The Board has an established policy and procedure for establishing honorariums for meeting attendance ([policy 2-150](#)) and for review of remuneration ([2-153](#)). Based on these policies, the Governance Committee is to request Board approval for changes to honorarium amounts at the first Board Meeting of the year and that the request be based on wage increases for unionized staff or the Ontario Consumer Price Index (CPI), whichever is less. The Governance Committee met last on December 15, 2020, to address this matter, and supports this recommendation.

In January 2020, the Board approved a 1.7% increase in honorarium. According to [Statistics Canada](#), the CPI Inflation rate for 2020 (available to October 2020) was 0.7%. The Board has ratified a wage increase for the Ontario Nurses' Association (ONA) of 1.5% in 2020. Therefore, the lower amount of increase at 0.7% is recommended.

The current honorarium rate is \$154.16 per meeting. Based on the above-noted increase, the 2021 rate would be \$155.24.

APPENDIX A

Peterborough Public Health (PPH) Principles for Corporate Sponsorship

PPH will focus on purposes consistent with its strategic priorities and comply with the following “Principles for Corporate Sponsorship” in soliciting all sponsorships. These Principles will be discussed with all sponsors during the early stages of discussions.

Principles for Commercial Support or Sponsorships

1. PPH will at all times maintain an independent position on public health issues and concerns.
2. PPH will solicit and accept support only for projects and activities that are consistent with the agency’s mission.
3. PPH will accept funds for informational and educational activities only when the content is to be determined or verified by PPH or an independent body of public health professionals designated by PPH.
4. PPH will maintain complete control of all funds provided from commercial supporters for educational activities.
5. PPH will not permit commercial product promotions as part of a Continuing Education activity.
6. Acknowledgments for commercial support will be limited to company name, logos or slogans which are an established part of the supporter’s identity, trade names, addresses and telephone numbers.
7. PPH’s intangible intellectual assets, including the agency’s name and logo, will be protected at all times. Sponsors will not be permitted to use PPH’s name or logo for any commercial purpose or in connection with the promotion of any product.
8. PPH will be vigilant at all times to avoid any real or apparent conflict of interest in accepting sponsorships.

Any situation that may be an exception to this Policy or these Principles will be reviewed by the Executive Committee in consultation with the Chair of the Board of Health. Together, they shall interpret this policy in good faith.

Review/Revisions

On (YYYY-MM-DD): 1994-06-08 (Board)

On (YYYY-MM-DD): 2001-08-07 (MOH review)

On (YYYY-MM-DD): 2011-09-11 (Board)

On (YYYY-MM-DD): 2013-05-08 (Executive Committee housekeeping change)

On (YYYY-MM-DD): 2013-08-29 (Governance Committee review)

On (YYYY-MM-DD): 2016-01-04 (Fundraising Committee review)

On (YYYY-MM-DD): 2018-02-14 (Board)

**PETERBOROUGH PUBLIC HEALTH
BOARD OF HEALTH**

TITLE:	Meeting Minutes, December 9, 2020
DATE:	January 13, 2021
PREPARED BY:	Natalie Garnett, Board Secretary
APPROVED BY:	Dr. Rosana Salvaterra, Medical Officer of Health

PROPOSED RECOMMENDATIONS

That the Board of Health for Peterborough Public Health approve the minutes of the meeting held on December 9, 2020.

ATTACHMENTS

- a. [Board of Health Minutes, December 9, 2020](#)

**Board of Health for
Peterborough Public Health
DRAFT MINUTES
Board of Health Meeting
Wednesday, December 9, 2020 – 5:00 p.m.
(Electronic Meeting)**

In Attendance:

Board Members:

Councillor Henry Clarke
Deputy Mayor Matthew Graham
Councillor Nodin Knott
Mayor Andy Mitchell, Chair
Mr. Andy Sharpe
Dr. Hans Stelzer
Councillor Don Vassiliadis
Councillor Kathryn Wilson
Councillor Kim Zippel

Regrets:

Deputy Mayor Bonnie Clark

Staff:

Ms. Brittany Cadence, Manager of Communications and IT
Ms. Donna Churipuy, Director of Public Health Programs
Ms. Natalie Garnett, Recorder
Ms. Alida Gorizzan, Executive Assistant
Dr. Rosana Salvaterra, Medical Officer of Health
Mr. Larry Stinson, Director of Operations

1. Call to Order

Mayor Mitchell, Chair, called the meeting to order at 5:00 p.m.

11. In Camera to Discuss Confidential Matters

MOTION:

That the Board of Health move into In Camera at 5:00 p.m. in accordance with the Municipal Act, 2001, Section 239(2):

(b), Personal matters about an identifiable individual, including Board employees;

(d), Labour relations or employee negotiations.

Moved: Deputy Mayor Graham

Seconded: Councillor Vassiliadis

Motion carried. (M-2020-098)

MOTION:

That the Board of Health for Peterborough Public Health rise from In Camera at 5:11 p.m.

Moved: Councillor Knott

Seconded: Councillor Wilson

Motion carried. (M-2020-099)

1.2 Farewell: Departing Board Member, Councillor Kim Zippel

Councillor Zippel was recognized for her service to the Peterborough Public Health Board over the past two years.

2. Confirmation of the Agenda

MOTION:

That the agenda of the Board of Health for the Peterborough Public Health meeting on December 9, 2020, be approved as circulated.

Moved: Councillor Clarke

Seconded: Councillor Knott

Motion carried. (M-2020-100)

3. Declaration of Pecuniary Interest

4. Consent Items to be Considered Separately

5. Delegations and Presentations

6. Confirmation of the Minutes of the Previous Meeting

6.1 November 12, 2020

MOTION:

That the minutes of the Board of Health for the Peterborough Public Health meeting held on November 12, 2020, be approved as circulated.

Moved: Councillor Knott

Seconded: Dr. Stelzer

Motion carried. (M-2020-101)

7. Business Arising From the Minutes

7.1 Staff Report: Current Status of the City of Peterborough By-law 08-77 (To Control the Idling of Vehicles in the City of Peterborough)

MOTION:

That the Board of Health for Peterborough Public Health receive the oral report, Anti-Idling Update, for information.

Moved: Councillor Clarke

Seconded: Deputy Mayor Graham

Motion carried. (M-2020-102)

8. Staff Reports

8.1 Staff Report: Endorsement of Bill 216 Food Literacy for Students Act, 2020

MOTION:

That the Board of Health for Peterborough Public Health:

- *receive the staff report, Endorsement of Bill 216 Food Literacy for Students Act, 2020, for information;*
- *endorse Bill 216 Food Literacy for Students Act, 2020, and*
- *send correspondence endorsing Bill 216 to:*
 - 1) *The Honourable Doug Ford, Premier of Ontario*
 - 2) *The Honourable Stephen Lecce, Provincial Minister of Education*
 - 3) *The Honourable Christine Elliott, Provincial Minister of Health*

FURTHER that a copy of this endorsement be forwarded to:

- 1) *Daryl Kramp, MPP Hastings-Lennox and Addington*
- 2) *Dave Smith, MPP Peterborough-Kawartha*
- 3) *Laurie Scott, MPP Haliburton-Kawartha Lakes-Brock*
- 4) *David Piccini, MPP Northumberland-Peterborough South*
- 5) *Marit Stiles (Davenport), Critic, Education*
- 6) *France G  linas (Nickel Belt), Critic, Health Care*
- 7) *Chairs of the Kawartha Pine Ridge District School Board, Peterborough Victoria Northumberland Clarington Catholic District School Board and Conseil Scolaire Catholique MonAvenir*
- 8) *Council of Ontario Medical Officers of Health*
- 9) *Association of Local Public Health Agencies*
- 10) *Ontario Dietitians in Public Health*
- 11) *Ontario Home Economics Association*
- 12) *Dianne Dowling, Chair, Food Policy Council for KFL&A*

Moved: Dr. Stelzer

Seconded: Councillor Zippel

Motion carried. (M-2020-103)

8.2 Oral Report: COVID-19 Update

Dr. Salvaterra provided a PowerPoint update on COVID-19.

MOTION:

That the Board of Health for Peterborough Public Health receive the oral report, COVID-19 Update, for information.

Moved: Deputy Mayor Graham

Seconded: Councillor Knott

Motion carried. (M-2020-104)

9. Consent Items

10. New Business

12. Motions for Open Session

MOTION:

That the Board of Health for Peterborough Public Health:

- *That staff be directed to ratify the contract with the Ontario Nurses Association union.*

Moved: Mr. Sharpe

Seconded: Dr. Stelzer

Motion carried. (M-2020-105)

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

Next Regular Meeting - Wednesday, January 13, 2021 at 5:30 p.m.

14. Adjournment

MOTION:

That the meeting be adjourned.

Moved by: Deputy Mayor Graham

Seconded by: Councillor Zippel

Motion carried. (M-2020-106)

The meeting was adjourned at 6:04 p.m.

Chairperson

Medical Officer of Health

**PETERBOROUGH PUBLIC HEALTH
BOARD OF HEALTH**

TITLE:	Oral Report: 2020 Performance Report
DATE:	January 13, 2021
PREPARED BY:	Donna Churipuy, Director of Public Health Programs Larry Stinson, Director of Operations Dr. Rosana Salvaterra, Medical Officer of Health

PROPOSED RECOMMENDATIONS

That the Board of Health for Peterborough Public Health receive the oral report, *2020 Performance Report*, for information.

**PETERBOROUGH PUBLIC HEALTH
BOARD OF HEALTH**

TITLE:	Oral Report: COVID-19 Update
DATE:	January 13, 2021
PREPARED BY:	Dr. Rosana Salvaterra, Medical Officer of Health

PROPOSED RECOMMENDATIONS

That the Board of Health for Peterborough Public Health receive the oral report, *COVID-19 Update*, for information.

**PETERBOROUGH PUBLIC HEALTH
BOARD OF HEALTH**

TITLE:	Correspondence for Direction – Opioid Poisoning In Toronto
DATE:	January 13, 2021
PREPARED BY:	Hallie Atter, Manager, Family and Community Health
APPROVED BY:	Donna Churipuy, Director of Public Health Programs Dr. Rosana Salvaterra, Medical Officer of Health

PROPOSED RECOMMENDATIONS

That the Board of Health for Peterborough Public Health (PPH):

- receive the letter dated December 20, 2020 from the Toronto Board of Health on the Opioid Poisoning Crisis in Toronto, for information; and
- request staff to re-engage community partners to explore new and innovative approaches, including the recommendations in the Toronto Board of Health report, to address the current trend of opioid poisonings impacting our local communities.

BACKGROUND

The opioid crisis is a complex health issue with multiple intersecting factors that needs a multifaceted and comprehensive suite of initiatives to contribute to the solution. With leadership from the Peterborough Drug Strategy, we use a four-pillar approach to the opioid crisis, which includes treatment, harm reduction, enforcement and prevention.

Research from other countries who have chosen to take a health rather than an enforcement-based approach to problematic drug use have demonstrated positive results.

In September 2018, the BOH received a staff report on advancing a public health response to drug policy. The original motion, which was endorsed by the board, included the following points regarding decriminalization:

- *Endorse the recommendations of Canadian Public Health Association's 2017 position statement on the decriminalization of personal use of psychoactive substances; and*
- *Direct staff to explore with community partners strategies for a local functional decriminalization approach.*

Since then, the Canadian Association of Chiefs of Police (CACP) released a position statement calling for decriminalization for personal use in July 2020.

City Clerk's Office

Secretariat
Julie Lavertu, Board Secretary
Toronto Board of Health
Toronto City Hall, 10th Floor, West Tower
100 Queen Street West
Toronto, Ontario M5H 2N2

Tel: 416-397-4592
Fax: 416-392-1879
E-mail: boh@toronto.ca
Web: www.toronto.ca/council

December 20, 2020

SENT VIA E-MAIL

To: Interested Parties

Subject: Opioid Poisoning Crisis in Toronto - Update (Item HL23.2) (see Part 13 of the Board of Health's decision on page 3 which is addressed to Interested Parties)

The Toronto Board of Health, during its meeting on November 16, 2020, adopted Item [HL23.2](#), as amended, and:

1. Reiterated its call urging the Federal Minister of Health to use the authority under the Controlled Drugs and Substances Act to permit the simple possession of all drugs for personal use, the need for which has become critical as the opioid poisoning crisis continues to worsen during the COVID-19 pandemic and, further, to support the immediate scale up of prevention, harm reduction, and treatment services.
2. Urged the Federal Minister of Health to provide additional funding for longer-term safer supply programs, injectable medications, and other safer supply options, including for stimulants.
3. Reiterated its request urging the Provincial Minister of Health to:
 - a. convene a multi-sectoral opioid overdose task force comprised of public health officials, community-based service providers, people with lived and living experience of drug use, and family members;
 - b. support and fund the implementation of a spectrum of safer supply options, including listing high-dose injectable formulations of hydromorphone on the Ontario Drug Benefit Formulary; and
 - c. dedicate funding for overdose-related grief and trauma supports for frontline workers, people who use drugs, and family members.
4. Urged the Provincial Minister of Health to:
 - a. create and fund an Urgent Public Health Need Site (UPHNS) program for Ontario to facilitate the implementation of these lifesaving services in a variety of settings;

- b. provide funding to pilot and evaluate virtual and/or telephone-based supervised consumption services as well as in-person peer supervision in congregate or residential settings to complement the current service options;
 - c. allocate some of the new treatment funding recently announced to evidence-based, on-demand treatment services in Toronto; and
 - d. designate harm reduction and treatment services as essential services and provide funding to ensure that these services can effectively operate and meet the needs of people who use drugs during the COVID-19 pandemic.
5. Requested the Provincial Minister of Health to reinstate funding for the Overdose Prevention Sites operated by Street Health and St. Stephen's Community House given the urgent and ongoing need for these lifesaving health services.
 6. Requested the Provincial Minister of Health to expand the criteria for naloxone distribution to allow service providers to administer naloxone to clients in their programs.
 7. Requested the Provincial Minister of Health to collect and provide socio-demographic data, such as sexual orientation, Indigenous identity, race or ethnicity, and income status, on fatal and non-fatal overdoses in Toronto to better understand who is being impacted to inform overdose responses.
 8. Urged the Health Professions Regulatory Advisory Council to review the regulatory changes in British Columbia, consult with current safer supply prescribers about the regulatory issues they are facing, and advise the Provincial Ministry of Health and the relevant regulatory colleges on how to address regulatory uncertainties to support the expansion of safer supply initiatives in Ontario.
 9. Requested the Medical Officer of Health to report on the status of conversations with the City of Toronto, enforcement agencies, and the Federal and Provincial Governments on decriminalizing the simple possession of drugs for personal use.
 10. Requested the Medical Officer of Health to work with the Executive Director, Social Development, Finance and Administration, to include the decriminalization of the simple possession of all drugs for personal use as a key plank in the City of Toronto's Community Safety and Wellbeing Plan in recognition of the differential and negative impacts that this criminal law has on equity-seeking groups in Toronto such as Black and Indigenous peoples.
 11. Requested the Medical Officer of Health, in consultation with the General Manager, Shelter, Support and Housing Administration, to continue to work with community partners toward urgently expanding the overdose prevention response and other harm reduction measures in shelters.
 12. Requested the Medical Officer of Health to work with community partners and City divisions on options to expand grief and trauma supports for people who use drugs, family members, and service providers who are impacted by the opioid poisoning

crisis.

13. Directed that the report (November 5, 2020) from the Medical Officer of Health be forwarded for information and consideration to all Boards of Health in Ontario, the Council of Medical Officers of Health, the Urban Public Health Network, the Canadian Public Health Association, the Ontario Public Health Association, the Ontario Medical Association, the Registered Nurses' Association of Ontario, the Canadian Association of Chiefs of Police, the Ontario Association of Chiefs of Police, the Federation of Canadian Municipalities, and the Association of Municipalities of Ontario.

To view this item and background information online, please visit:

- <http://app.toronto.ca/tmmis/viewAgendaItemHistory.do?item=2020.HL23.2>.

Yours sincerely,

Julie Lavertu

Julie Lavertu
Board Secretary
Toronto Board of Health

Sent (via e-mail) to the following individuals and organizations:

- Algoma Public Health Board of Health, c/o Lee Mason, Chair
- Brant County Board of Health, c/o John Bell, Chair
- Chatham-Kent Board of Health, c/o Councillor Joe Faas, Chair
- Durham Region Health and Social Services Committee, c/o Regional and Councillor Bob Chapman, Chair
- Eastern Ontario Health Unit Board of Health, c/o Syd Gardiner, Acting Chair
- Grey Bruce Health Unit Board of Health, c/o Mitch Twolan, Chair
- Haldimand-Norfolk Health Unit Board of Health, c/o Mayor Kristal Chopp, Chair
- Haliburton, Kawartha, Pine Ridge District Health Unit Board of Health, c/o Doug Elmslie, Chair
- Halton Region Board of Health, c/o Gary Carr, Halton Regional Chair
- Hamilton Board of Health, c/o Mayor Fred Eisenberger, Chair
- Hastings Prince Edward Public Health Board of Health, c/o Jo-Anne Albert, Chair
- Huron Perth Public Health Board of Health, c/o Councillor Kathy Vassilakos, Chair
- Kingston, Frontenac and Lennox & Addington Health Unit Board of Health, c/o Deputy Warden - Frontenac Islands Denis Doyle, Chair
- Lambton County Board of Health, c/o Kevin Marriott, County Warden and Chair
- Leeds, Grenville & Lanark District Health Unit Board of Health, c/o Doug Malanka, Chair
- Middlesex-London Health Unit Board of Health, c/o Maureen Cassidy, Chair
- Niagara Region Public Health & Social Services Committee, c/o Regional Councillor Pat Chiochio and Regional Councillor Barbara Greenwood, Co-Chairs
- North Bay Parry Sound District Health Unit Board of Health, c/o Nancy Jacko, Chair
- Northwestern Health Unit Board of Health, c/o Doug Lawrance, Chair
- Ottawa Board of Health, c/o Councillor Keith Egli, Chair

- Peel Board of Health, c/o Nando Iannicca, Regional Chair
- Peterborough Public Health Board of Health, c/o Mayor Andy Mitchell, Chair
- Porcupine Health Unit Board of Health, c/o Sue Perras, Chair
- Region of Waterloo Board of Health, c/o Karen Redman, Regional Chair
- Renfrew County and District Board of Health, c/o Janice Visneskie Moore, Chair
- Simcoe Muskoka District Health Unit Board of Health, c/o Deputy Mayor Anita Dubeau, Chair
- Southwestern Public Health Board of Health, c/o Warden Larry Martin, Chair
- Public Health Sudbury and Districts Board of Health, c/o Councillor René Lapierre, Chair
- Thunder Bay District Board of Health, c/o Councillor James McPherson, Chair
- Timiskaming Health Unit Board of Health, c/o Mayor Carman Kidd, Chair
- Wellington-Dufferin-Guelph Public Health Board of Health, c/o Mayor and Councillor George Bridge, Chair
- Windsor-Essex County Health Unit Board of Health, c/o Warden Gary McNamara, Chair
- York Region Community and Health Services Committee, c/o Regional Councillor Gino Rosati, Chair
- Gordon Fleming, Manager, Public Health Issues, Association of Local Public Health Agencies, Council of Medical Officers of Health
- Dr. Cory Neudorf, President, Urban Public Health Network
- Ian Culbert, Executive Director, Canadian Public Health Association
- Pegeen Walsh, Executive Director, Ontario Public Health Association
- Allan O'Dette, Chief Executive Officer, Ontario Medical Association
- Dr. Doris Grinspun, Chief Executive Officer, Registered Nurses' Association of Ontario
- Peter Cuthbert, Interim Executive Director, Canadian Association of Chiefs of Police
- Jeff McGuire, Executive Director, Ontario Association of Chiefs of Police
- Carole Saab, Chief Executive Officer, Federation of Canadian Municipalities
- Brian Rosborough, Executive Director, Association of Municipalities of Ontario

cc (via e-mail):

- Dr. Eileen de Villa, Medical Officer of Health, Toronto Public Health

**PETERBOROUGH PUBLIC HEALTH
BOARD OF HEALTH**

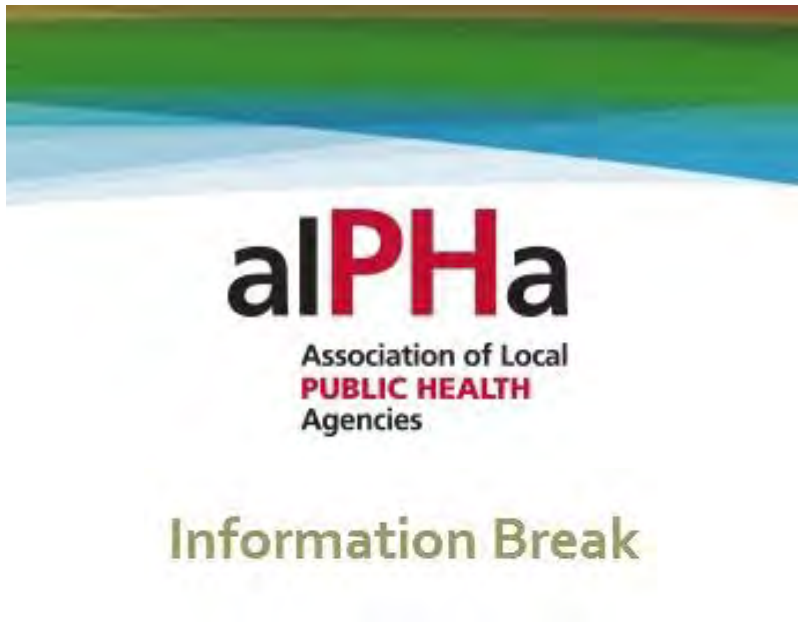
TITLE:	Correspondence for Information
DATE:	January 13, 2021
PREPARED BY:	Alida Gorizzan, Executive Assistant
APPROVED BY:	Dr. Rosana Salvaterra, Medical Officer of Health

PROPOSED RECOMMENDATIONS

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

- a. [alPHa e-newsletter dated December 18, 2020.](#)
- b. [Letter dated December 18, 2020 from the Board Chair and Dr. Salvaterra to Minister Elliott regarding the reappointment of Andy Sharpe.](#)
- c. [Letter dated December 30, 2020 from Minister Elliott to the Board Chair regarding one-time funding for 2020-21 for extraordinary costs related to the COVID-19 response.](#)

From: Loretta Ryan [mailto:loretta@alphaweb.org]
Sent: December 18, 2020 4:16 PM
To: All Health Units <AllHealthUnits@lists.alphaweb.org>
Cc: Board <Board@lists.alphaweb.org>
Subject: alPha Information Break - December 18, 2020



December 18, 2020

This update is a tool to keep alPha's members apprised of the latest news in public health including provincial announcements, legislation, alPha activities, correspondence and events. Visit us at alphaweb.org.

COVID-19

As part of the response to COVID-19, alPha continues to meet with key stakeholders. These include the Ministry of Health, the Office of the Chief Medical Officer of Health, the Ontario Medical Association, the Association of Municipalities of Ontario, the Dalla Lana School of Public Health and others. alPha also shares Situation Reports and COVID-19-related news with the membership. If you are not receiving the Situation Reports or news releases, please get in touch with the contact person at your health unit who distributes information on behalf of alPha.

[Visit the Ministry of Health's page on guidance for the health sector](#)
[View the Ministry's website on the status of COVID-19 cases](#)
[Go to Public Health Ontario's COVID-19 website](#)
[Visit the Public Health Agency of Canada's COVID-19 website](#)

Update on alPha's Annual General Meeting

Due to the COVID-19 pandemic and the extraordinary challenges placed upon the public health system, the alPHA Board of Directors, in the best interests of the **organization, made a decision in April 2020 to postpone alPHA's Conference and with** it the Annual General Meeting, Resolutions Session, and changeover of the alPHA Board which includes Boards of Health Section Executive Elections and confirmation of a new COMOH Executive.

Meetings were held and ongoing consultation was undertaken with legal counsel to determine the best option for our unique membership within the rules of our Constitution, our available resources, and in consideration of the demands on the public health system as it responds to COVID-19. After much deliberation and discussion by the alPHA Executive Committee and the alPHA Board, a decision has been made to hold the next alPHA Conference and Annual General Meeting on June 8th, 2021. The Association extends its thanks to the Board of Directors, members and staff for their work on this and the strong and ongoing support of alPHA during the pandemic.

alPHA is also very pleased to announce the alPHA Conference will be held online and hosted by the Northwestern Public Health Unit and that the Conference Chair is **Trudy Sachowski who also serves on alPHA's Board as the Chair of the Boards of Health Section. The Conference Planning Committee is chaired by alPHA's Executive Director, Loretta Ryan**, who is working with an excellent team of volunteers that are already hard at work. The Committee will play a key role in developing the program and helping to make this an outstanding event.

Hold the date – June 8th 2021 - and stay tuned for more information!

Boards of Health: Shared Resources

A [new page](#) has been created on alPHA's website for alPHA's Boards of Health members to facilitate the sharing of and access to orientation materials, best practices, by-laws, resolutions and other resources to support their work. If you are a member of an Ontario board of health and have a best practice, by-law or any other resource that you would like to make available to other Ontario boards of health, please send a file or a link with a brief description to gordon@alphaweb.org and it will be posted in the appropriate library.

https://www.alphaweb.org/page/BOH_Shared_Resources

Public Health Ontario Resources (PHO)

Public Health Ontario's main [COVID-19 page](#) is a gateway to a variety of resources and data reports that have been developed to help stakeholders navigate the unique challenges in their specific settings. PHO continues to provide educational and professional development through their Rounds sessions. In addition, PHO hosts and presents COVID-19 specific webinars focused on topics including: personal protective equipment, environmental cleaning and IPAC practices for congregate living settings. **Please visit PHO's [Events](#) page** for more information and to register for upcoming sessions.

Ontario Medical Association Resources (OMA)

To help ensure that all Ontarians are able to access accurate information about COVID-19, the Ontario Medical Association has included links to local public health units throughout their [Ask Ontario Doctors](#) website.

Rapid Risk Factor Surveillance System Update (RRFSS)

RRFSS is restarting in 2021!

The RRFSS survey will restart in February 2021, which means that health units will be able to once again collect much needed health data through the RRFSS telephone survey (including cell phone data). In addition, health units also have the option in 2021 of the new RRFSS on-line survey for collecting COVID-19 related data which was pilot tested this Fall.

Please go to the RRFSS website: <https://www.rrfss.ca/questionnaires> to see all available RRFSS modules including over 100 new COVID-19 related questions. For further information contact: Lynne Russell, RRFSS Coordinator: lynnerussell@rrfss.ca

ODPH Releases Position Statement and Recommendations on Responses to Food Insecurity

Ontario Dietitians in Public Health (ODPH) considers food insecurity to be an urgent public health problem and a serious human rights and social justice issue for all levels of government.

Please see the ODPH's position statement and recommendations on responses to food insecurity through the following [link](#).

Happy Holidays!

Thank you to all of our members for working tirelessly over the past year on behalf of public health and, in particular, the many efforts that were made and continue to be made in response to the COVID-19 pandemic. A special thank you to the many ALPHA volunteers, especially the ALPHA Board of Directors, who gave countless hours to further the work of the association.

All the best to everyone for a safe holiday season filled with warmth, happiness, and good health!

alpha's offices will be closed from noon on December 24th to January 1st, inclusive.

Association of Local Public Health Agencies
480 University Avenue, Suite 300 | Toronto ON | M5G 1V2
416-595-0006 | www.alphaweb.org | info@alphaweb.org

December 18, 2020

Hon. Christine Elliott,
Minister of Health
c/o Public Appointments, Agency Coordination & Corporate Initiatives Unit
Corporate Management Branch, Ministry of Health
56 Wellesley Street West, 2nd Floor
Toronto, ON M5S 2S3

Dear Minister Elliott,

RE: Reappointment Request – Mr. Andrew Sharpe

Please accept this letter as an expression of our support for the reappointment of Andrew Sharpe to the Board of Health (BOH) for the Peterborough County-City Health Unit (operating name, Peterborough Public Health).

The BOH would be delighted to have Mr. Sharpe continue on in his role as a Provincial Appointee. His term is set to expire on March 3, 2021. Mr. Sharpe has both municipal and personal experience to draw from given his former position of Deputy Reeve for the Township of Havelock-Belmont-Methuen. He has been a dedicated and involved member since his first appointment to the BOH by the County of Peterborough in 2007; he brings a rural perspective and understands the challenges inherent to the provision of services in remote areas.

During his time as Chair (2011-12), he played an integral role in developing the BOH's 2013-17 Strategic Plan, as well as in the pursuit of a new facility for Peterborough Public Health which came to fruition in 2015. Mr. Sharpe is an active and valued member, attending board and staff functions, and currently serves on the BOH's Governance Committee.

We hope that the Province will be able to make a timely decision on this matter so that our board will benefit from full and robust membership. The BOH is experiencing a significant gap in provincial representation with four members departing this year (three of whom sought reappointments).

Thank you in advance for your consideration of this request, should you have any questions or concerns, please do not hesitate to contact us.

Sincerely,

Original signed by

Mayor Andy Mitchell
Chair, Board of Health

Original signed by

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

cc: MPP Dave Smith, Peterborough-Kawartha

Ministry of Health

Office of the Deputy Premier
and Minister of Health

777 Bay Street, 5th Floor
Toronto ON M7A 1N3
Telephone: 416 327-4300
Facsimile: 416 326-1571
www.ontario.ca/health

Ministère de la Santé

Bureau du vice-premier ministre
et du ministre de la Santé

777, rue Bay, 5^e étage
Toronto ON M7A 1N3
Téléphone: 416 327-4300
Télécopieur: 416 326-1571
www.ontario.ca/sante



eApprove-72-2020-171

December 30, 2020

Mayor Andy Mitchell
Chair, Board of Health
Peterborough County-City Health Unit
185 King Street
Peterborough ON K9J 2R8

Dear Mayor Mitchell:

I am pleased to advise you that the Ministry of Health will provide the Board of Health for the Peterborough County-City Health Unit up to \$471,100 in additional one-time funding for the 2020-21 funding year to support extraordinary costs associated with monitoring, detecting, and containing COVID-19 in the province.

Dr. David Williams, Chief Medical Officer of Health, will write to the Peterborough County-City Health Unit shortly concerning the terms and conditions governing the funding.

Thank you for the important service that your public health unit provides to Ontarians, and your ongoing dedication and commitment to addressing the public health needs of Ontarians.

Sincerely,

A handwritten signature in blue ink that reads 'Christine J. Elliott'.

Christine Elliott
Deputy Premier and Minister of Health

c: Dr. Rosana Salvaterra, Medical Officer of Health, Peterborough County-City Health Unit

PETERBOROUGH PUBLIC HEALTH

BOARD OF HEALTH – STAFF REPORT

TITLE:	One-Time Funding for COVID-19 Extraordinary Costs
DATE:	January 13, 2021
PREPARED BY:	Larry Stinson, Director of Operations
APPROVED BY:	Dr. Rosana Salvaterra, Medical Officer of Health

PROPOSED RECOMMENDATIONS

That the Board of Health for Peterborough Public Health receive the staff report, *One-Time Funding for COVID-19 Extraordinary Costs*, for information.

FINANCIAL IMPLICATIONS AND IMPACT

The response to COVID required expenditures outside of the approved Annual Service Plan and beyond the 2020 budget approved by the Board of Health. The Ministry of Health provided the opportunity in September 2020 to apply for additional funds to offset these expenses. The intention of the Ministry is to provide funding to cover COVID costs above approved funding levels and remove any obligation for these costs from local funders.

DECISION HISTORY

The Board of Health approved the 2020 Budget at its November 2019 Board Meeting. With the onset of the COVID-19 Pandemic and move into emergency response in March 2020, many staff were redeployed and a considerable proportion of program delivery was suspended. Despite the fact that much of the response to COVID was achieved through redeployment, the additional needs pushed expenditures beyond approved funding levels. This was reported to the Board of Health monthly between April and June. In April, the Ministry of Health announced one hundred million dollars to cover extraordinary COVID-related expenses in the public health system and that details regarding eligible expenses and request processes would be forthcoming. In late August, local public health agencies received a request for submission for extraordinary COVID expenses. Based on to-date actual and projected 2020 costs, Peterborough Public Health submitted a request to the Ministry on September 15, 2020. On December 30, 2020 approval was received from the Ministry of Health for one-time funding for COVID extraordinary expenses of \$471,100.

BACKGROUND

The response to COVID required significant expenses related to staffing and overtime, increased communication, protective equipment and cleaning. As the provincial shutdown led to the suspension of many public health programs, in the early months of the response, the ability to redeploy staff and reallocation of unspent program expenses meant the majority of

expenses related to the COVID response could be managed within approved funding levels. As the province moved into recovery and essential public health programs came back online, the required funding for both COVID response and essential programs exceeded funding levels more significantly.

The announcement of specific funding to pay for extraordinary expenses related to COVID-19 response was welcomed. The request from PPH for COVID extraordinary funding in September 2020 took into account the actual costs up to the end of August 2020 and projected expenditures to December 31, 2020. The submission was also based on the submission request description and template which indicated the request should be for costs above the approved funding for the 2020 budget.

In November 2020, local public health agencies received a new template to submit their Q3 report, which would include expenditures to September 30 and projected expenditures to year end. The template automatically generated the calculation of extraordinary COVID expense funding required. Despite the fact that we had operated within the approved budget and submission request, the COVID recovery amount determined by the Ministry formula was significantly higher than the requested amount.

Upon further discussion with Ministry staff, they shared their formula for calculating expenses. The fundamental difference was that they were not allowing local share dollars to go towards COVID expenses, only the Ministry's initial 70% share and the 100% mitigation funding. This would result in an underspending of local share and an increased amount required from the province of \$100,631 (or total request of \$570,731).

The approved amount of \$470,100, being based on the initial request, is approximately \$100,000 less than is projected to be required (year-end settlements are still in process). In follow up with the Manager, Funding and Oversight for the Ministry of Health Public Health he has indicated that "Many public health units will require adjustments to the funding, and it is our commitment to ensure they are made (if they are required)." It is anticipated, therefore, that we will achieve a balanced budget with no negative impact on the Board of Health or local funders.

STRATEGIC DIRECTION

Achieving a balanced budget and ensuring appropriate funding for a COVID response helps us to achieve the strategic directions related to:

- Capacity and Infrastructure; and
- Quality and Performance.

**PETERBOROUGH PUBLIC HEALTH
BOARD OF HEALTH**

TITLE:	Peterborough Public Health Summary of Evaluation of Initial Response to COVID-19
DATE:	January 13, 2021
PREPARED BY:	Christie Nash, Health Promoter
APPROVED BY:	Dr. Rosana Salvaterra, Medical Officer of Health

PROPOSED RECOMMENDATIONS

That the Board of Health for Peterborough Public Health receive the report, *Peterborough Public Health Summary of Evaluation of Initial Response to COVID-19*, for information.

Note: The full document will be available next week should members wish to read the entire report.

ATTACHMENTS

- a. [Summary Report](#)

Peterborough Public Health

Summary of Evaluation of Initial Response to COVID-19

Introduction

The mission of Peterborough Public Health (PPH) is to work with partners to promote and protect the health of communities in Curve Lake and Hiawatha First Nations and the County and City of Peterborough. Guided by its values, PPH is committed to striving for equity by serving residents through a wide range of programs and services, **including responding to public health emergencies**.

One of PPH's core values is Excellence. We strive to be responsive to community needs and be resourceful and innovative in our efforts. We are committed to life-long learning, ethical practice, evidence-informed decision-making, and professionalism.

To uphold this value and to ensure accountability to the community we serve, we conducted an evaluation of our initial response to COVID-19. Our goal of the COVID-19 Incident Response was to minimize serious illness and overall deaths through public health measures and appropriate protective strategies and management of the health care system.

To support our evaluation, an Evaluation Framework was developed which outlined the purpose and scope of the evaluation. Additional tools were also developed to support the evaluation, including:

- A Logic Model to focus the evaluation and reinforce a shared understanding of PPH's roles and responsibilities in the initial response to COVID-19.
- A matrix of indicators to quantitatively measure the inputs and outputs in the Logic Model.
- A timeline of the initial response to COVID-19 outlining federal and provincial directives and significant events.

Evidence was collected from several sources including:

- An environmental scan of relevant internal documents and external reports.
- Two separate online surveys were conducted with community stakeholders and PPH staff to assess the strengths and challenges within PPH's initial response to COVID-19 from the employee experience and the community perspective.
- Key informant interviews were conducted with all Incident Management Team (IMT) members to collect detailed qualitative information from experts who could provide insight about strengths, challenges, opportunities, and recommendations for future waves of COVID-19 and emergency response planning.

The evaluation process has captured rich information from key stakeholders that spans high-level system and organizational thinking and planning to specific reflections on best practices and opportunities for strengthening activities and systems. PPH intends to review these findings and consider them as part of our planning for future waves in COVID-19 cases and mass vaccination campaign, and overall emergency management plans.

The following provides a high-level summary of the results from the evaluation findings.

Evaluation Results

On March 17, 2020 the Province of Ontario declared a State of Emergency due to the imminent arrival of the novel coronavirus known as COVID-19. Although there had been warning of the virus in late December 2019, there was no science or modelling to forecast what the virus could look like in Canada or the impact it would have on our local community. **The nature of the emergency response to COVID-19 was unparalleled in its complexity, unpredictability, and scale.**

With the first case in Peterborough presenting itself on March 12, 2020, **PPH rapidly mobilized as an organization to meet the needs of the community and contain the spread of the virus.** On March 13, 2020 PPH activated its Incident Management System (IMS). Using its experience with pandemics and range of expertise, over the 129 days of the Emergency Order the staff and management team at PPH worked tirelessly to meet the needs of the community.

Overall, the results of the initial response could be considered a success story in Peterborough. The number of cases held at a quarter to half of the provincial average. All outbreaks were contained, surveillance was effective, testing numbers were high, case and contact management was maintained, and the public, for the most part, adhered to public health guidelines.

As COVID-19 is a public health emergency, Peterborough Public Health (PPH) quickly emerged as a local leader in the coordinated response across Peterborough City and County, and Curve Lake and Hiawatha First Nations. **Applying a coordinated effort with community partners,** a rapid escalation of local response activities was mobilized **to ensure public health and safety and to support community informational needs.**

The response was highly influenced by the evolving science and unpredictability of the novel virus, directives from provincial and federal governments, scale of implementation of public health measures in the community, the intensity of public fear, and public interest in data.

Due to the nature of the virus and the emerging science, the response required the implementation of a significant number of public health measures to help contain the spread of the virus. These measures needed to be implemented differently throughout the community and various sectors. **All participants indicated that the entire community turned to PPH for leadership, support, and guidance.** It took a significant portion of PPH's resources to coordinate the communication and implementation of the public health measures. Additionally, **PPH was a leader in interpreting provincial directives, coordinating with community partners and leaders and communicating clear and consistent key messages.**

The level of public fear was unprecedented. Significant resources and capacity were required to actively and frequently communicate with the public to allay fears and provide updated local data and information through multiple channels. Activities to respond to enhance public communication included the establishment of 3 Hotlines, daily media briefings, development of educational resources which were uploaded on to the website, compilation of daily and weekly reports, and monitoring three social media channels.

Using its experience with pandemics and range of expertise, over the 129 days of the Emergency Order the staff and management team at PPH worked tirelessly to meet the needs of the community. Most notably in the following areas:

- Liaising with provincial and federal government representatives.
- Interpreting the directives ordered by both the provincial and federal governments.
- Coordinating the local emergency response with leading partner organizations, including Peterborough City and County, Curve Lake and Hiawatha First Nations, Peterborough Regional Health Centre (PRHC), local Primary Health Partners, local Emergency Medical Services (EMS), Peterborough Police, and the Ontario Provincial Police (OPP).
- Implementing three Hotlines (general inquiries, nursing inquiries, and negative results).
- Forming a Liaison Team to work across sectors to support the implementation of Public Health measures locally, including educational resource development and guidelines.
- Leading all case and contact management and the collection of local data.
- Providing surplus Personal Protective Equipment (PPE) and coordinating the purchasing and distribution of testing swabs to local partners.
- Supporting surveillance and high-risk facility management.
- Supporting the enforcement of public health measures.
- Spearheading all public communication with media, community partners, and public related to COVID-19.

Factors critical to supporting PPH's emergency response to COVID-19 included:

- **Strong, pre-existing local relationships with community leaders and partner organizations.** This collaborative effort supported agility and rapid adaptation to meet community needs as new information and directives emerged. This also reinforced united leadership and communication of key messages.
- **Experience, skills, adaptability, and deep commitment of the staff and management team at PPH.** Interorganizational teamwork and complementary expertise supported the innovative design of response activities to meet local community needs.
- **Expertise in interpretation of the science and provincial public health directives** was required to successfully adapt and implement in a local context.
- **Established public trust** for providing credible, evidence-based data and relevant information and respectful relationships with local media.

In addition to meeting the needs of the community in containing and preventing the transmission of COVID-19, it was imperative that PPH actively implement public health measures within the organization to ensure the safety and well-being of the staff and management teams. To support the response, community health programs were shut down and staff were re-deployed. PPH moved from an 8:30am-4:30pm, 5-day a week operation to a 24/7 response almost overnight.

PPH is a lean organization that is not funded adequately to respond to an emergency of this scale and duration. Due to the pace and volume of work over a long period of time, compounded by the prevalent stress and fear of the public, the initial response to COVID-19 has taken a toll on the staff and management team at PPH, in particular on mental health.

Peterborough Public Health can take pride in its achievements in meeting its intended outcome of decreased morbidity and mortality due to COVID-19. The capacity of PPH is strained, however, as it continues to maintain significant response activities for an extended period, while also operating its community health programs without additional support. Additionally, as the organization plans for a local mass vaccination campaign, investing in additional staff capacity is critical. Otherwise, the health and safety of the community will be at risk.

As noted earlier, PPH intends to consider these findings, as well as review recommendations and promising practices as part of our planning for future waves in COVID-19 cases, the imminent mass vaccination campaign, and overall emergency management plans.

**PETERBOROUGH PUBLIC HEALTH
BOARD OF HEALTH**

TITLE:	Governance Committee Report
DATE:	January 13, 2021
PREPARED BY:	Alida Gorizzan, Executive Assistant, on behalf of Andy Sharpe, 2020 Committee Interim Chair
APPROVED BY:	Dr. Rosana Salvaterra, Medical Officer of Health

PROPOSED RECOMMENDATIONS

- a. That the Board of Health for Peterborough Public Health receive meeting minutes of the Governance Committee from May 26, 2020.
- b. That the Board of Health for Peterborough Public Health approve policy 2-20 Authority and Jurisdiction (reviewed, no changes).
- c. That the Board of Health for Peterborough Public Health approve policy 2-150 Remuneration of Members (revised).
- d. That the Board of Health for Peterborough Public Health approve policy 2-190 Sponsorship (revised).
- e. That the Board of Health for Peterborough Public Health retire policy 2-191 Sponsorship, EthicScan.
- f. That the Board of Health for Peterborough Public Health approve policy 2-261 Appointments, Provincial Representatives (revised).
- g. That the Board of Health for Peterborough Public Health approve policy 2-284 Correspondence (reviewed, no changes).
- h. That the Board of Health for Peterborough Public Health send a letter to the Minister of Health regarding the status of provincial appointments to boards of health, with copies to the Premier of Ontario, Ontario Chief Medical Officer of Health, local Members of Provincial Parliament, and the Association of Local Public Health Agencies.

BACKGROUND

The Governance Committee met last on December 15, 2020. At that meeting, the Committee requested that these items come forward to the Board at its next meeting.

With respect to item h, the Committee inquired about the status of provincial appointments. Dr. Salvaterra recalled that correspondence was sent by alPHa in [May, 2020](#), and the Minister

responded in [July, 2020](#). The Committee requested that this come forward to the January Board of Health meeting, and staff have proposed the recommendation above.

ATTACHMENTS

- a. Governance Minutes, May 26, 2020
- b. [2-20 Authority and Jurisdiction \(web hyperlink\)](#)
- c. [2-150 Remuneration of Members](#)
- d. [2-190 Sponsorship](#)
- e. [2-191 Sponsorship, EthicScan \(web hyperlink\)](#)
- f. [2-261 Appointments, Provincial Representatives](#)
- g. [2-284 Correspondence \(web hyperlink\)](#)

**Board of Health for
Peterborough Public Health
MINUTES
Governance Committee Meeting
Tuesday, May 26, 2020 – 5:00 p.m.
Electronic Meeting**

Present: Deputy Mayor Bonnie Clark
Mr. Greg Connolley, Chair
Mayor Andy Mitchell
Mr. Andy Sharpe
Councillor Don Vassiliadis

Staff: Ms. Natalie Garnett, Recorder
Alida Gorizzan, Executive Assistant
Dr. Rosana Salvaterra, Medical Officer of Health
Mr. Larry Stinson, Director of Operations

1. Call to Order

The Chair called the meeting to order at 5:00 p.m.

2. Confirmation of the Agenda

MOTION:

That the Agenda be accepted as circulated.

Moved: Deputy Mayor Clark

Seconded: Councillor Vassiliadis

Motion carried. (M-2020-014-GV)

3. Declaration of Pecuniary Interest

4. Consent Items to be Considered Separately

5. Delegations and Presentations

6. Confirmation of the Minutes of the Previous Meeting

MOTION:

That the minutes of the Governance Meeting of February 27, 2020 be approved as circulated and provided to the Board of Health at its next meeting for information.

Moved: Councillor Vassiliadis

Seconded: Deputy Mayor Clark
Motion carried. (M-2020-015-GV)

7. Business Arising from the Minutes

7.1 New Draft Policy – 2-400, Exit Interviews for Vacating Board Members

MOTION:

That the Governance Committee recommend that the Board of Health for Peterborough Public Health approve the following: 2-400 Exit Interviews for Vacating Board Members (new).

Moved: Councillor Vassiliadis
Seconded: Deputy Mayor Clark
Motion carried. (M-2020-016-GV)

8. Staff Reports

8.1 Provincial Appointments and Committee Membership

It was noted that there are two additional Provincial Appointments expiring in 2020: Kerri Davies (October 21/20) and Greg Connolley (November 18/20).

MOTION:

That the Governance Committee recommend to the Board of Health for Peterborough Public Health at the November meeting: to appoint Kerri Davies, to the Stewardship Committee, and Greg Connolley, to the Governance Committee, as community appointees until year end.

Moved: Councillor Vassiliadis
Seconded: Deputy Mayor Clark
Motion carried. (M-2020-017-GV)

8.2 Closed Session and Electronic Meetings

MOTION:

That the Governance Committee recommend that the Board of Health for Peterborough Public Health approve the following: By-Law 10, Conduct of Open and In-Camera Meetings (revised).

Moved: Deputy Mayor Clark
Seconded: Mr. Sharpe
Motion carried. (M-2020-018-GV)

8.3 By-laws and Policies for Review

MOTION:

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

- 2-40 Vision, Mission and Values (reviewed, no changes)
- 2-80 Accessibility (reviewed, no changes)
- 2-342 Medical Officer of Health Selection (revised)

Moved: Councillor Vassiliadis

Seconded: Mr. Sharpe

Motion carried. (M-2020-019-GV)

8.4 Work Plan Review

MOTION:

*That the Governance Committee approve the Committee Work Plan; and,
That future Committee agendas include "Modernization", as a topic for discussion.*

Moved: Deputy Mayor Clark

Seconded: Councillor Vassiliadis

Motion carried. (M-2020-020-GV)

9. Consent Items

10. New Business

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 August 18, 2020, or at the call of the Chair.

14. Adjournment

MOTION:

That the Governance Committee meeting be adjourned.

Moved: Mr. Sharpe

Seconded: Councillor Vassiliadis

Motion carried. (M-2020-021-GV)

The meeting was adjourned at 5:49 p.m.

Chairperson

Medical Officer of Health

PETERBOROUGH PUBLIC HEALTH

Board of Health

POLICY AND PROCEDURE

Section: Board of Health	Number: 2-150	Title: Remuneration of Members
Approved by: Board of Health		Original Approved by Board of Health On (YYYY-MM-DD): 2014-01-08
Signature: <i>Original signed by Board Chair</i>		Author: Governance Committee
Date (YYYY-MM-DD): 2018-09-12		
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.

POLICY

Definitions

"Board" means the Board of Health for Peterborough Public Health;

"Council" means the municipal Councils of the Corporations of the County of Peterborough and the City of Peterborough, and Councils for Curve Lake First Nation and Hiawatha First Nation;

"Committee" means an assembly of two or more members appointed by the Board of Health;

"Meeting" means an official gathering of members of the Board or its committees in one place to transact business; and

"Member" means a person who is appointed to the board by a Council or the Lieutenant Governor-in -Council or a person who is appointed to a committee by the Board.

Policy

1. At its first regular meeting, the Board shall confirm which members shall be remunerated for attending meetings and shall determine the amount of the remuneration. The Board shall be provided with a recommendation from the Governance Committee on proposed adjustments or increases to support their decision.
2. The Board shall reimburse each member for all reasonable expenses incurred as a result of acting in his/her capacity as a member in accordance with the policies of the Board. This includes mileage which will be calculated based on PPH staff rates.

3. Community members appointed by the board to its Indigenous Health Advisory Circle will be asked to advise whether they would like to have their honourarium paid to them, or directed to the organization they are representing.
4. The Board shall reimburse each member for all reasonable expenses incurred by the attendance at conventions, conferences, seminars, etc. in accordance with the policies of the Board.
5. An honorarium will be paid to each member of the Board of Health who is eligible for compensation in accordance with the Health Promotion and Protection Act.
6. The amount of the honorarium will be established by the Board of Health at the first regular meeting of the Board of Health each year.
7. The honorarium will be paid to each eligible Board member who attends:
 - (a) a regular meeting of the Board;
 - (b) a committee meeting;
 - (c) a conference or convention; or
 - (d) a business meeting on behalf of the Board.
8. Board members wishing to attend a Committee meeting as an observer can do so however they will not be remunerated for their time or mileage. A Board member wishing to attend a Committee meeting for the purposes of orientation will receive a standard honourarium (as outlined in item 7) to a maximum of one meeting per Committee.
9. A Board member who attends one meeting (or consecutive meetings) that extend over six hours, will receive one and one half times the regular honorarium.
10. A Board member will be paid one half of the regular honorarium when required to attend to Board business not covered under item 6. This will include cheque signing when not carried out at regular meetings.
11. The Board Chair will be paid one half of the regular honourarium for scheduled briefing meetings between the Board Chair and Medical Officer of Health. The Vice Chair is welcome to participate, however, they would not be entitled to an honourarium.
12. Board members will not be compensated for attendance at community events unless representing the Chair of the Board of Health.
13. The quarterly financial report presented to the Board of Health will provide details of all expenses related to the activities of the Board of Health.
14. Meeting attendance by County representatives on the Board of Health will be forwarded to the County Clerk's office on a biannual basis.

Review/Revisions

On (YYYY-MM-DD): 2014-01-08

On (YYYY-MM-DD): 2016-04-13

On (YYYY-MM-DD): 2018-09-12

On (YYYY-MM-DD):

PETERBOROUGH PUBLIC HEALTH

Board of Health

POLICY AND PROCEDURE

Section: Board of Health	Number: 2-190	Title: Sponsorship
Approved by: Board of Health		Original Approved by Board of Health On (YYYY-MM-DD): 1994-06-08
Signature: <i>Original signed by Board Chair</i>		Author:
Date (YYYY-MM-DD): 2018-02-14		
Reference: Board of Health Vision, Mission and Values 2-40 Canadian Public Health Association Corporate Relations/Corporate Sponsorship Policy (Approved December 9, 2008. Link: http://www.cpha.ca/en/legal/sponsorship.aspx) Procedure - Sponsorship, EthicScan 2-191		

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:

Sponsorship

- A sponsorship arrangement is a business arrangement whereby the private sector partner commits resources (monies and/or in-kind resources) to support a specific project or activity, but does not share in the profits or underlying risks of the project. The private sector contributes funds to an event, program, or even a capital project and expects and receives a benefit (e.g. specific image and marketing opportunities) from the associated publicity.
- Sponsorship can occur when the two partners (e.g. Peterborough Public Health (PPH) and the private sector sponsor) share objectives and usually the private sector sponsor wants visibility. A sponsorship agreement covers a specific performance of work. The sponsor provides resources (e.g., money, staff, products, or services) and expects and receives a benefit (e.g. marketing or advertising opportunity).
- Sponsorship does not include paid advertising in PPH publications.
- Sponsorship funds are not tax receipted like donations.
- Gifts and donations are not classified as sponsorships.

Endorsement

A formal and explicit approval or a promotional statement for a product or service of a corporation.

High Profile Sponsorship

Any sponsorship that staff believe might damage or threaten the profile and credibility of the Board of Health.

Purpose

This policy describes specific criteria and a review and oversight process for evaluating potential relationships with corporate entities. This policy is intended to protect the mission and integrity of Peterborough Public Health (PPH) while supporting fundraising efforts.

Application

~~This policy applies to all sponsorships received by PPH, solicited or unsolicited. Government contribution agreements, grants and contracts; and “gift or donations” from private or not-for-profit sources are not classified as sponsorships and need not be evaluated.~~

General Assumptions

The general assumptions that will shape the acceptance of all sponsorships are:

- PPH will solicit and accept support only for projects and activities that are consistent with PPH’s vision, mission and values;
- acceptance of sponsorships must enhance, and will not impede, PPH’s ability to act in the best interest of the public at all times;
- PPH’s name, logo, and other intangible intellectual assets must be protected at all times.

1. Initial Evaluation of Sponsorships

The major determinants in evaluating sponsorships will be its value and from whom it is received. The proposed dollar amount will generally determine the level of review. ~~It~~

In addition, irrespective of the dollar amount of a sponsorship, high-profile sponsorships which involve organization-wide recognition or may be potentially contentious will require a review and recommendations by the Executive Committee and Board of Health review and approval. For smaller sponsorship (or advertising) opportunities, staff may request an Executive Committee review should there be a question of whether the sponsor organization’s values and principles are congruent with those of PPH.

It is expected that all sponsors, particularly those from the corporate sector, making sponsorships of any amount will comply with the PPH’s Principles for Corporate Sponsorship (see Appendix [A](#)) and the criteria as stated in this policy.

1.1 High-Profile Sponsorships

All high profile sponsorships, regardless of the amount, must be reviewed by the Executive Committee for sponsor adherence to the policy and presented with recommendations to the Board of Health. The Board of Health must review and approve all decisions related to the recognition of potential PPH sponsors that involve high-profile recognition to ensure that these decisions preserve the credibility and reputation of PPH.

1.2 Sponsorships valued at \$5,000 or more

All sponsorships of \$5,000 or more will be reviewed by the Executive Committee for sponsor adherence to the criteria as stated in this policy. The Executive Committee through the Medical Officer of Health will report its recommendations periodically to the Board of Health.

The Board of Health will make final decisions about sponsor adherence to the policy on sponsorships of \$25,000 or more.

1.3 Sponsorships valued at less than \$5,000

All sponsorships under \$5,000 will be reviewed for sponsor adherence to the policy by management staff applying the criteria outlined in this document, including:

1. unrestricted sponsorships (i.e., sponsorships which are not tied to specific programs or activities);
2. Sponsorships made in support of established PPH programs or activities; and
3. Sponsorships made in support of new programs or activities.

2. Criteria for Reviewing a Sponsorship: The Four Questions

Overall, the purpose of the review is to determine the balance of the benefit to the public in relation to the risks and costs of collaborating with the sponsor. On a case-by-case basis, the following conditions should be considered in determining the benefits and risks of accepting a sponsorship.

2.1 **Are the specified proposed uses of the sponsorship congruent with the mission and priorities of PPH?**

Issues to consider in determining this congruence include:

1. How do the proposed uses of the sponsorship relate to PPH's mission and priorities?
2. Why does the organization want to sponsor PPH?
3. How will the benefits to be derived from the intended purpose of the sponsorship compare with the PPH's resources required to fulfill the intended purpose?
4. Do the practices of the corporation fit with the adopted public policies of PPH? Recognizing that socially responsible practices are a cornerstone of PPH's policies, and that good corporate citizenship should embody socially responsible practices, the following are among the types of issues that should be considered in assessing the benefits and the risks of accepting sponsorships from outside organizations, especially corporations:
 - The types of core products or services produced or provided;
Note: Sponsorships will not be accepted from tobacco companies, baby formula, alcohol companies, and manufacturers of firearms and weapons of mass destruction.
 - Occupational health and safety conditions under which products or services are produced;
 - Employment practices, including commitment to diversity and a living wage;

- Commitment to protection of the environment;
- Record of regulatory compliance;
- Marketing and advertising practices;
- Research and development policy and practices;
- Human rights record;
- Sponsor's relevant public policy positions;
- Record of support to public health organizations or public health-related issues and organizations;
- Other past activities will be weighed in relation to CPHA's public policies and public reputation.

It is recommended that a discreet initial assessment by staff be done as a prospect is identified or is self-identified as in the case of unsolicited requests to partner with the PPH. The assessment will be based on available current knowledge, including web sites, a review of newspapers and contact with appropriate public health leaders. PPH members contacted will be held to a level of confidentiality as it relates to discussing PPH's pursuit of potential sponsors until the information is made public.

~~If As~~ appropriate, PPH staff will utilize the services of *EthicScan Canada Limited*, a Toronto-based business ethics consultancy, corporate responsibility research house and educational resource centre, the mission of which is to help organizations and individuals behave more ethically. *EthicScan* monitors the social, labour and environmental performance of 1500 companies in Canada. The organizations researched and independently-tracked include public and private Canadian corporations, non-publicly traded companies, and foreign-based transnationals operating in Canada. The areas of corporate social responsibility analysis include environmental performance, progressive staff policies, charitable giving and community responsibilities, sustainability management, military-related production, sensitive business activities, gender and family issues, and ethical sourcing and trading.

[A 'Partnership Screening Report' can be ordered via EthicScan \(\[www.ethicscan.ca\]\(http://www.ethicscan.ca\)\) by following Peterborough Public Health \(PPH\) procurement policies and procedures. Staff should also verify that a scan has not previously been done by the organization; completed scans are saved in the following shared network file: PCCHU > Sponsorships > Completed EthicScans.](#)

2.2 Are the sponsor's expectations pertaining to control, oversight, and outcome(s) of the sponsorship and/or project to which the funds are applied acceptable to PPH?

As stated in the Principles for Corporate Sponsorship, PPH will accept funds only when PPH has control of the content of the activity and when PPH has and maintains complete control of all funds.

Issues to consider:

1. Does PPH have editorial control over the content of educational materials and publications and input into their dissemination?
2. Will PPH be able to review and approve public statements about the project, its findings and/or implications? Will PPH be in control of the funds at all times?

3. Are expectations on outcome, responsibilities, methods of implementation, and duration of funding feasible and agreeable? (Any special expectations of the sponsor need to be explicit and documented).

2.3 Are the sponsor's expectations regarding recognition or acknowledgment of their support acceptable to PPH?

As stated in the Principles for Corporate Sponsorship, acknowledgments will be limited to company name, logos, slogans which are an established part of the supporter's identity, trade names, addresses and telephone numbers.

Issues to consider:

1. Is the extent to which the name of the corporation is affiliated with PPH and the proposed project defined by PPH acceptable to the sponsor?
2. What public recognition is expected by the sponsor?
3. Is the recognition appropriate for the amount of the sponsorship?
4. Is there an appearance of product endorsement?

2.4 Would acceptance of the sponsorship create any real or apparent conflicts of interest, and would the impact and/or benefits of accepting the sponsorship outweigh the risks of partnering with the sponsor?

In considering the following issues, PPH recognizes the need to adhere to its principles and to weigh the benefits and risks of accepting the sponsorship from the sponsor as opposed to weighing just the opportunity of not accepting the actual dollar sponsorship.

Issues to consider:

1. Are there any personal, financial, or professional gains for PPH staff, members or other volunteers, which create a conflict of interest?
2. What is the impact of the sponsorship and benefits to the public and public health?
3. Does the sponsor's image support or detract from PPH?
4. Do the impact and/or benefit outweigh the risks of collaborating with the potential sponsor?

3. Process for Reviewing a Sponsorship

3.1 Role of the Executive Committee:

The Executive Committee is responsible for:

1. Reviewing all sponsorships of \$5,000 or more for sponsor adherence to the criteria established in this policy;
2. Making the final decision about sponsor adherence to the policy on sponsorships of \$5,000-\$24,999;
3. Reporting to the full Board of Health through the Medical Officer of Health the outcomes of the reviews of sponsorships of \$5,000-\$24,999 and making

recommendations for the Board's consideration on sponsorships of \$25,000 or more;

4. Reviewing all sponsorships that provide high-profile recognition and making recommendations to the Board;
5. Identifying more efficient review procedures and/or gaps in the process; and
6. Proposing to the Board of Health modification to the policy.

Reviews of sponsorships may be done via conference calls or e-mail.

In the event that the Executive Committee cannot reach consensus, the Medical Officer of Health will carry the final decision (on sponsorships of \$5,000-\$24,999) or recommendation to the Board of Health (on sponsorships of \$25,000 and more).

APPENDIX [A](#)

Peterborough Public Health (PPH) Principles for Corporate Sponsorship

PPH will focus on purposes consistent with its strategic priorities and comply with the following “Principles for Corporate Sponsorship” in soliciting all sponsorships. These Principles will be discussed with all sponsors during the early stages of discussions.

Principles for Commercial Support or Sponsorships

1. PPH will at all times maintain an independent position on public health issues and concerns.
2. PPH will solicit and accept support only for projects and activities that are consistent with the agency’s mission.
3. PPH will accept funds for informational and educational activities only when the content is to be determined or verified by PPH or an independent body of public health professionals designated by PPH.
4. PPH will maintain complete control of all funds provided from commercial supporters for educational activities.
5. PPH will not permit commercial product promotions as part of a Continuing Education activity.
6. Acknowledgments for commercial support will be limited to company name, logos or slogans which are an established part of the supporter’s identity, trade names, addresses and telephone numbers.
7. PPH’s intangible intellectual assets, including the agency’s name and logo, will be protected at all times. Sponsors will not be permitted to use PPH’s name or logo for any commercial purpose or in connection with the promotion of any product.
8. PPH will be vigilant at all times to avoid any real or apparent conflict of interest in accepting sponsorships.

Any situation that may be an exception to this Policy or these Principles will be reviewed by the Executive Committee in consultation with the Chair of the Board of Health. Together, they shall interpret this policy in good faith.

Review/Revisions

On (YYYY-MM-DD): 1994-06-08 (Board)

On (YYYY-MM-DD): 2001-08-07 (MOH review)

On (YYYY-MM-DD): 2011-09-11 (Board)

On (YYYY-MM-DD): 2013-05-08 (Executive Committee housekeeping change)

On (YYYY-MM-DD): 2013-08-29 (Governance Committee review)

On (YYYY-MM-DD): 2016-01-04 (Fundraising Committee review)

On (YYYY-MM-DD): 2018-02-14 (Board)

PETERBOROUGH PUBLIC HEALTH

Board of Health

POLICY AND PROCEDURE

Section: Board of Health	Number: 2-261	Title: Appointments, Provincial Representatives
Approved by: Board of Health		Original Approved by Board of Health On (YYYY-MM-DD): 2011-09-14
Signature: <i>Original signed by Board Chair</i>		Author: Governance Committee
Date (YYYY-MM-DD): 2018-09-12		
Reference:		

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PROCEDURE

Objective:

To ensure that all provincial appointments to the Board of Health are dealt with in accordance with Board of Health by-laws, policies, and procedures.

Procedure:

1. Terms for all provincial appointments to the Board of Health are tracked by the Executive Assistant to the Board of Health.
 2. The Board Chair, or designate, will be advised by the Executive Assistant of terms that are due to end ~~one year~~ no less than six (6) months prior to the expiry of the appointment.
 3. The Board Chair, or designate, will contact the incumbent to discuss his/her intentions. If the member wishes to renew their appointment, the request will be brought forward to the Governance Committee for consideration, and that Committee will make a recommendation to the Board of Health.
 4. If approved, a letter of recommendation will be sent to the Minister of Health via the Public Appointments, Agency Coordination & Corporate Initiatives Unit, Corporate Management Branch, Ministry of Health, four (4) months before the expiration of the appointment. The Local Member of Provincial Parliament will be copied.
- 3.—

~~If the member wishes to renew their appointment, and the Board Chair is in agreement, the member must complete a Reappointment Information Form and provide it to the Executive Assistant for submission to the Public Appointments Secretariat (PAS), as well as to the Public Appointments Unit of the Ministry of Health and Long-Term Care, Corporate Management Branch.~~

4.5. If the member does not wish to renew their appointment, or if a vacancy is predicted, the Board of Health will conduct a needs assessment and determine priorities for representation.

5.6. The Board of Health will advertise locally. The Public Appointments Secretariat (PAS) also posts upcoming vacancies on their web site (<http://www.pas.gov.on.ca/>).

6.7. The Board of Health Governance Committee will interview and rank potential applicants.

7.8. The preferred candidate will be directed to apply through the PAS web site.

8.9. A letter will be sent by the Board Chair to the Minister of Health (via the Public Appointments Unit), with copies to -the local Member of Provincial Parliament, ~~with a copy to the Public Appointments Unit of the Ministry of Health and Long-Term Care, Corporate Management Branch~~, identifying and noting support of the preferred applicant.

Review/Revisions

On (YYYY-MM-DD): 2018-09-12 (*Review only*)

On (YYYY-MM-DD): 2016-04-13 (*Review only, template updated*)

On (YYYY-MM-DD): 2013-09-11

On (YYYY-MM-DD): 2011-09-14

On (YYYY-MM-DD):