

**Board of Health for
Peterborough Public Health
AGENDA
Board of Health Meeting
Wednesday, August 10, 2022 – 5:00 p.m.
Multipurpose Rooms, Peterborough Public Health**

1. Call to Order

Mayor Andy Mitchell, Chair

1.1. 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. Confirmation of the Agenda

3. Declaration of Pecuniary Interest

4. Consent Items to be Considered Separately

***Board Members:** Please identify which items you wish to consider separately from section 10 and advise the Chair when requested. For your convenience, circle the item(s) using the following list: 10.3.1 10.4.1 a b c d e f 10.4.2 a 10.4.3 a b c*

5. Delegations and Presentations

6. Board Chair Report

7. Confirmation of the Minutes of the Previous Meeting

- Cover Report
- a. June 8, 2022
- b. July 13, 2022

8. Business Arising From the Minutes

9. Staff Reports

9.1. 2021 PPH Draft Audited Statements

- Report
- a. Draft Audited Statements (*to be circulated separately*)

9.2. 2022-25 PPH Strategic Plan

- Cover Report
- a. Draft Strategic Plan (*to be circulated separately*)

10. Consent Items

10.1. Correspondence for Direction

10.2. Correspondence for Information

10.3. Staff Reports

10.3.1. Q2 2022 Status Report (Apr. 1 – June 30, 2022)

- Report

10.3.2. Q2 2022 Financial Report

- Report
- a. Financial Update Q2 2022

10.4. Committee Reports

10.4.1. Governance

- Cover Report
- a. Minutes, April 19, 2022

- b. [Minutes, June 29, 2022](#)
- c. [By-Law Number 3 - Calling of and Proceedings at Meetings \(revised\)](#)
- d. [2-211 Delegation of Authority \(web hyperlink\)](#)
- e. [2-300 Medical Officer of Health \(web hyperlink\)](#)
- f. [2-345 Medical Officer of Health Absence \(web hyperlink\)](#)

10.4.2. Indigenous Health Advisory Circle

- [Cover Report](#)
- a. [Minutes, April 20, 2022](#)

10.4.3. Stewardship

- [Cover Report](#)
- a. [Minutes, April 28, 2022](#)
- b. [By-Law Number 1, Management of Property \(web hyperlink\)](#)
- c. [By-Law Number 2, Banking and Finance \(web hyperlink\)](#)

11. New Business

11.1. Oral Report - Association of Local Public Health Agencies Annual General Meeting Conference

- [Cover Report](#)
- a. [alPHa Conference Proceedings \(web hyperlink\)](#)

12. In Camera to Discuss Confidential Matters

In accordance with the Municipal Act, 2001, Section 239(2)

- *(d), Labour relations or employee negotiations;*
- *(f), Advice that is subject to solicitor-client privilege; and,*
- *(j) a trade secret or scientific, technical, commercial or financial information that belongs to the municipality or local board and has monetary value or potential monetary value.*

13. Motions for Open Session

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

Wednesday, September 14, 2022 – 5:00 p.m., Peterborough Public Health, or at the call of the Chair.

15. Adjournment

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**PETERBOROUGH PUBLIC HEALTH
BOARD OF HEALTH**

TITLE:	Approval of Meeting Minutes
DATE:	August 10, 2022
PREPARED BY:	Alida Gorizzan, Executive Assistant
APPROVED BY:	Dr. Thomas Piggott, Medical Officer of Health & CEO

PROPOSED RECOMMENDATIONS

That the Board of Health for Peterborough Public Health approve the minutes of the meetings held on June 8 and July 13, 2022.

ATTACHMENTS

- a. [Board of Health Minutes, June 8, 2022](#)
- b. [Board of Health Minutes, July 13, 2022](#)

**Board of Health for
Peterborough Public Health
DRAFT MINUTES
Board of Health Meeting
Wednesday, June 8, 2022 – 5:00 p.m.
Multipurpose Rooms, Peterborough Public Health**

In Attendance:

Board Members: Councillor Gary Baldwin
Deputy Mayor Bonnie Clark
Councillor Henry Clarke
Deputy Mayor Matthew Graham
Councillor Nodin Knott (*electronic*)
Mayor Andy Mitchell, Chair
Mr. Dan Moloney
Dr. Hans Stelzer
Councillor Don Vassiliadis
Councillor Kathryn Wilson (*electronic*)

Staff: Ms. Sarah Gill, Acting Manager, Communications
Ms. Alida Gorizzan, Executive Assistant (Recorder)
Dr. Thomas Piggott, Medical Officer of Health & CEO
Mr. Larry Stinson, Director of Operations

1. Call to Order

Mayor Mitchell called the meeting to order at 5:06 p.m.

2. Confirmation of the Agenda

The agenda was adopted as circulated.

3. Declaration of Pecuniary Interest

4. Consent Items to be Considered Separately

MOTION:

That the following items be passed as part of the Consent Agenda: 10.2a, 10.3.1.

Moved: Councillor Baldwin

Seconded: Deputy Mayor Graham

Motion carried. (M-2022-052)

MOTION (10.2a):

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

- a. alPHa e-newsletter dated May 17, 2022

Moved: Councillor Baldwin

Seconded: Deputy Mayor Graham

Motion carried. (M-2022-052)

MOTION (10.3.1):

That the Board of Health for Peterborough Public Health support the following resolutions to be tabled at the June 14th alPHa Annual General Meeting:

- A22-1 - Race-Based Inequities in Health, Council of Ontario Medical Officers of Health
- A22-3 - Provincial Cooling Tower Registry for the Public Health Management of Legionella Outbreaks, Simcoe Muskoka District Health Unit
- A22-4 - Priorities for Provincial Action on the Drug/Opioid Poisoning Crisis in Ontario, Council of Ontario Medical Officers of Health

Moved: Councillor Baldwin

Seconded: Deputy Mayor Graham

Motion carried. (M-2022-052)

5. Delegations and Presentations

6. Board Chair Report

7. Confirmation of the Minutes of the Previous Meeting

MOTION:

That the minutes for the meeting of the Board of Health for Peterborough Public Health on May 11, 2022, be approved.

Moved by: Councillor Clarke

Seconded by: Deputy Mayor Clark

Motion carried. (M-2022-053)

8. Business Arising From the Minutes

9. Staff Reports

9.1. Presentation: Enhancements to Peterborough's Opioid Early Warning and Surveillance System

MOTION:

That the Board of Health for Peterborough Public Health receive the presentation,

Enhancements to Peterborough's Opioid Early Warning and Surveillance System, for information.

Moved by: Councillor Vassiliadis

Seconded by: Councillor Clarke

Motion carried. (M-2022-054)

9.2. Presentation: COVID-19 Update

MOTION:

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

Moved by: Deputy Mayor Clark

Seconded by: Dr. Stelzer

Motion carried. (M-2022-055)

9.3. Presentation: Plan for Unfunded One-Time Initiatives

MOTION:

That the Board of Health for Peterborough Public Health receive the presentation, *Plan for Unfunded One-Time Initiatives*, for information.

Moved by: Mr. Moloney

Seconded by: Deputy Mayor Clark

Motion carried. (M-2022-056)

10. Consent Items

11. New Business

11.1. Association of Municipalities of Ontario (AMO) 2022 Conference – Delegation Requests

The Board will not be submitting formal delegation requests for the upcoming AMO Conference.

12. In Camera to Discuss Confidential Matters (nil)

13. Motions for Open Session (nil)

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

Wednesday, August 10, 2022 – 5:00 p.m., Peterborough Public Health, or at the call of the Chair.

15. Adjournment

MOTION:

That the meeting be adjourned.

Moved: Deputy Mayor Graham

Seconded: Councillor Baldwin

Motion carried. (M-2022-057)

The meeting was adjourned at 6:32 p.m.

Chairperson

Medical Officer of Health

**Board of Health for
Peterborough Public Health
DRAFT MINUTES
Board of Health – Special Meeting
Wednesday, July 13, 2022 – 12:00 p.m.
185 King Street, Peterborough**

In Attendance:

Board Members: Councillor Gary Baldwin
Deputy Mayor Bonnie Clark
Councillor Henry Clarke
Deputy Mayor Matthew Graham
Councillor Nodin Knott
Mayor Andy Mitchell, Chair
Mr. Dan Moloney
Dr. Hans Stelzer (12:05 p.m.)
Councillor Kathryn Wilson

Regrets: Councillor Don Vassiliadis

Staff: Dr. Thomas Piggott, Medical Officer of Health & CEO
Mr. Larry Stinson, Director of Operations
Natalie Garnett, Acting Secretary, Recorder

1. Call to Order

Mayor Mitchell, Chair, called the In Board of Health special meeting to order at 12:02 p.m.

2. In Camera to Discuss Confidential Matters

MOTION:

That the Board of Health for Peterborough Public Health go In Camera to discuss one item under Section 239(2)(f), Advice that is subject to solicitor-client privilege.

Moved: Deputy Mayor Graham

Seconded: Councillor Clarke

Motion carried. (M-2022-058)

MOTION:

That the Board of Health rise from the In Camera session at 12:53 p.m.

Moved: Deputy Mayor Clark

Seconded: Deputy Mayor Graham
Motion carried. (M-2022-059)

3. Motions for Open Session (*nil*)

4. Adjournment

MOTION:

That the meeting be adjourned.

Moved: Councillor Baldwin

Seconded: Mr. Moloney

Motion carried. (M-2022-060)

The meeting was adjourned at 12:54 p.m.

Chairperson

Medical Officer of Health

**PETERBOROUGH PUBLIC HEALTH
BOARD OF HEALTH – STAFF REPORT**

TITLE:	2021 PPH Audited Financial Statements
DATE:	August 10, 2022
PREPARED BY:	Dale Bolton, Manager, Finance and Property
APPROVED BY:	Larry Stinson, Director, Operations Dr. Thomas Piggott, Medical Officer of Health

PROPOSED RECOMMENDATIONS

That the Board of Health:

- receive the staff report, 2021 PPH Audited Financial Statements; and
- approve the Stewardship Committee recommendation for acceptance of the 2021 Consolidated Audited Statements.

FINANCIAL IMPLICATIONS AND IMPACT

The Board of Health is required by contract to submit the 2021 Audited Financial Statements for Cost-Shared and 100% Funded Programs as part of the annual financial reconciliation with the of Ministry of Health. The financial statements have been amended to reflect the change in funding for previously 100% funded programs to 70/30 Ministry/ Local Partners. Current year balances are reported within the Schedule of Public Health Programs and Services on page 14.

The Consolidated Statements reported on page 2, reflects a surplus of \$274,906. Under Generally Accepted Accounting Principles (GAAP), mortgage principal payments of \$107,204 are not recorded as an expense. When you add back the amortization and deduct the mortgage principal payment from the annual surplus under Public Sector Accounting Board (PSAB), this results in an operating surplus of approximately \$396,702. This is reflected in the net increase in the contingency reserve for public health programs on page 9, deficit in safe sewage program on page 15, the change in reserves due to interest earned during the year and capitalization of capital assets for the dental construction in the amount of \$228,256, on page 3. The increase of \$179,434 in the contingency reserve represents the excess local funds from the fiscal year contributions that are available for future use. At this time, the health unit is awaiting final confirmation from the Ministry regarding the 2020 settlements which may require an adjustment to prior year closing contingency reserve balance and impact the current year balance.

Public Health Programs and Services, on Page 14, were underbudget due to the redeployment of staff and resources in response to COVID-19. The Ministry approved the reallocation of unspent mandatory funding to help address the increased costs related to the pandemic response. The unspent base funds of \$4,023,628 were re-allocated for COVID costs.

The schedule for COVID programs, on Page 16, reports total expenditures of \$9,425,785 including Extraordinary Costs, Vaccine Program, School Focused Nurses, and Covid Testing. Expenditures for School Focused Nurses initiatives are on track with the approved budget and will continue through 2022. Total extraordinary and vaccine program expenditures of \$8,734,182 reflects the costs incurred by PPH to respond to COVID and support the community. These costs are offset through the unspent cost-shared program spending reported above and one-time funding provided through the Ministry.

The Ontario Seniors Dental Program, on Page 17, budget was spent in full with total expenditures of \$707,084. Clinical services provided in-house were primarily restored early in 2021. An increase in the use of contract dentists and endodontic services contributed to the overspending in professional services.

The Safe Sewage Disposal Program, on Page 15, reported a deficit of \$19,207 due to additional costs incurred for purchased services. The deficit is covered through the program reserve.

BACKGROUND

The consolidated statements including cost-shared, 100% Ministry funded and fee for service programs are approved annually by the Board of Health with comparative figures reported.

DECISION HISTORY

The Board of Health is responsible for the preparation and fair presentation of the consolidated financial statements in accordance with Canadian Public Sector Accounting Standards. Under Section 56 of the Health Promotion and Protection Act, the Board of Health is required to appoint a licensed auditor to audit all accounts and transactions of the board.

The Board of Health is required by the Ministry of Health and Long-Term Care to approve the Consolidated Financial Statements in accordance with the Public Health Funding and Accountability Agreement. The Audited Financial Statements must include a Statement of Financial Position and a Statement of Revenues and Expenditures. In accordance with the Accountability Agreement, the Statements must also provide a breakdown of revenues and expenditures for programs funded by the Ministry in separate supporting schedules or notes.

The consolidated financial statements have been audited by Baker Tilly KDN LLP in accordance with the Canadian generally accepted auditing standards. The audit concluded that the financial statements present fairly, in all material respects, the financial position of Peterborough Public Health in accordance with the Canadian Public Sector Accounting Standards.

STRATEGIC DIRECTION

Approval of the Consolidated Audited Financial Statements will allow PPH to fulfil its financial contractual obligations with the Ministry under the Public Health Funding and Accountability Agreement. The financial statements will also demonstrate that PPH was fiscally responsible and the approved funding was spent in accordance with the approved Agreement.

ATTACHMENTS

- Draft 2021 PPH Audited Financial Statements (to be circulated separately)

**PETERBOROUGH PUBLIC HEALTH
BOARD OF HEALTH**

TITLE:	2022-25 Peterborough Public Health Strategic Plan
DATE:	August 10, 2022
PREPARED BY:	Alida Gorizzan, Executive Assistant, on behalf of Deputy Mayor Bonnie Clark, Committee Chair
APPROVED BY:	Dr. Thomas Piggott, Medical Officer of Health & CEO

PROPOSED RECOMMENDATION

That the Board of Health for Peterborough Public Health (PPH) approve the 2022-25 Peterborough Public Health Strategic Plan.

BACKGROUND

The Governance Committee met last on July 26, 2022. At that meeting, members reviewed and supported bringing forward the draft Strategic Plan for approval.

ATTACHMENTS

- a. 2022-25 Strategic Plan (to be circulated separately)*

PETERBOROUGH PUBLIC HEALTH
BOARD OF HEALTH

TITLE:	Q2 2022 Status Report (April 1 – June 30, 2022)
DATE:	August 10, 2022
PREPARED BY:	Donna Churipuy, Director, Health Protection Division Hallie Atter, Acting Director, Health Promotion Division Larry Stinson, Director of Operations Dr. Thomas Piggott, Medical Officer of Health & CEO

PROPOSED RECOMMENDATIONS

That the Board of Health for Peterborough Public Health receive the report, *Q2 2022 Status Report (April 1 – June 30, 2022)*, for information.

SUMMARY

Summary of Key Issues from the Medical Officer of Health

Accomplishments:

- Recruitment for temporary COVID teams completed.
- Strategic plan engagement completed. Draft Strategic Directions, Goals and Actions identified.
- Most regular staff returned to programs of origin and some progress has been made in public health program catch-up, for example, school-based immunizations.

Challenges:

- Sustained funding beyond 2022 for COVID response
- Staff wellbeing continues to challenge our organization due to continued impacts of the pandemic response and staff fatigue/burn-out.

RECOVERY TRACKER

Summary of Pandemic Recovery Activities

Objective	Status	Comments
Recovery Area: Human Resources		
Build the COVID Response Teams	COMPLETE	Temporary teams to respond to COVID cases and outbreaks, administer vaccination, provide Infection Prevention and Control support to congregate living settings and liaise with community partners are in place until December 31, 2022.
Management capacity met	COMPLETE	
Programs fully staffed	IN-PROGRESS	There are still a few outstanding vacancies however substantial progress has been made.
Recovery Area: Organizational Changes & Policies		
Open phone lines and in-person visiting	DELAYED DUE TO COVID RISK	Health and Safety policy requires work from home until the risk is reduced.

Objective	Status	Comments
Plan for use of office space (safety & efficiency)	IN-PROGRESS	Completion expected in Q3.
Post-COVID Policies	IN-PROGRESS	Collection of best practice and examples is underway.
Restart of organizational committees	IN-PROGRESS	Nursing Practice Council, Infection Prevention and Control (IPAC) Committee, and Professional Practice & Documentation Committee re-established.
Recovery Area: Planning		
Learnings from COVID	ONGOING	Information gathering is ongoing. Staffing to complete this work is pending approval.
Plans for programs to resume and catch up	DELAYED DUE TO FUNDING	Recovery funding not yet approved.
Recovery Plan approved	COMPLETE	
Strategic Planning	IN-PROGRESS	Consultation sessions scheduled.
Recovery Area: Employee Wellbeing & Support		
Management training	IN-PROGRESS	Coaching sessions scheduled May – July.
Promote existing and enhance mental health supports	IN-PROGRESS	Information and links on HUB (intranet).
Transition planning and supports	IN-PROGRESS	Sessions scheduled in May.

PROGRAM TRACKER

Status of Mandated Programs and Requirements

Ontario Public Health Standard Mandated Programs	# Requirements Restarted or Continued	# Requirements Compliant
Program Standards		
Chronic Disease Prevention and Well-Being	2+1/5	1+1/5
Food Safety	3/5	2/5
Healthy Environments	1+3/10	3/10
Healthy Growth and Development	1/3	0/3
Immunization	7/10	2/10
Infectious and Communicable Diseases Prevention and Control	3+2/21	3+ 13 /21
Safe Water	3/8	5/8
School Health	2/10	0/10
Substance Use and Injury Prevention	2+2/4	0/4
Foundational Standards		
Population Health Assessment	7/7	4/7
Health Equity	4/4	2/4
Effective Public Health Practice	9/9	5/9
Emergency Management	1/1	0/1
Non-OPHS Mandated Programs		
Infant and Toddler Development	ME	ME
Safe Sewage Disposal	ME	ME

PROGRAM SUMMARIES

Chronic Disease Prevention and Well-Being

Program Compliance:

Requirement #1, 2: Prioritization continues to be on Adverse Childhood Experiences (ACEs) and Food Skills/Access to Food. Increased compliance with this requirement is expected over Q3 and Q4.

Requirement #4: The Environmental Health team will incorporate compliance checks for the Healthy Menu Choices Act for new premises that open. However, have not yet resumed outstanding work due to vacancy in a temporary position.

Food Safety

Program Compliance:

Requirement #1 - 4: Food safety handler courses have partially resumed and it is expected that filling external course requests will resume in September. Full compliance is not expected in 2022.

Healthy Environments

Program Compliance:

Requirement #1, 3, 11: Additional activities and services have started however full compliance not anticipated in 2022 due to staffing constraints.

Requirement #2, 4, 5, 6, 7: Compliance of these requirements is not expected this year due to staffing constraints.

Healthy Growth and Development

Program Compliance

Requirements #1, 2: Compliance with these requirements will increase in Q3 and Q4 as vacancies are filled.

Requirement #3: Most Healthy Babies Health Children program activities have resumed for high risk clients. Full compliance with this requirement can be expected by Q4 as vacancies are filled and catch-up activities are completed.

Infectious and Communicable Diseases Prevention and Control

Program Compliance:

Requirement #7: Sexual Health promotion activities have not started due to staffing capacity. Some activities may resume in Q4.

Requirement #14 - 15: Rabies prevention programming has not yet resumed and is pending recruitment. PPH received and responded to reports of avian influenza however development of comprehensive response protocols for other zoonotic diseases is pending sufficient capacity.

Immunization

Program Compliance

Requirement #1-3, 5, 7, 8, 10: Staff have been recruited and assigned to these requirements and progress is being made. Full compliance is not expected this year due to the need to catch up on more than two years of work.

Safe Water

Program Compliance

Requirement # 1, 3, 4: Progress is being made in Requirement #1 as seasonal staff have been recruited. It is anticipated that further gains will be made in Requirements 3 & 4 in the third quarter.

School Health

Program Compliance

Requirements #1 - 4: Not started yet. Compliance with this requirement is dependent upon filling vacancies.

Requirement #5, 6: Resumption of in-school screening expected in September 2022.

Requirement #7: Not started. Staff still to be recruited and school readiness needs to be established.

Requirement #8: PPH has not participated in ISPA enforcement activities since the 2019-20 school year and is currently offering catch-up clinics in advance of completing these activities in 2023/24.

Substance Use and Injury Prevention

Program Compliance

Requirement #1, 2: Priority continues to be on activities related to the opioid crisis. Work on other substances and injury prevention has been on hold. Compliance with this requirement will increase as vacancies are filled, however, full compliance is not expected in 2022.

Requirement #3, 4: Enforcement of the Smoke-Free Ontario Act has resumed. Full compliance with Requirement #3 requirement is dependent upon filling vacancies. Routine inspections, complaint-based investigations, enforcement and public reporting for CTS have been initiated but Ministry of Health direction and training, detailed procedures and development of a HealthSpace inspections module are pending.

Foundational Standards

Program Compliance

While compliance is improving since Q1, lack of full compliance is related to the extended impact of the delays with implementation of programs across the organization. Foundational Standards staff recruitment to achieve optimal capacity continues to be in-process.

Communications

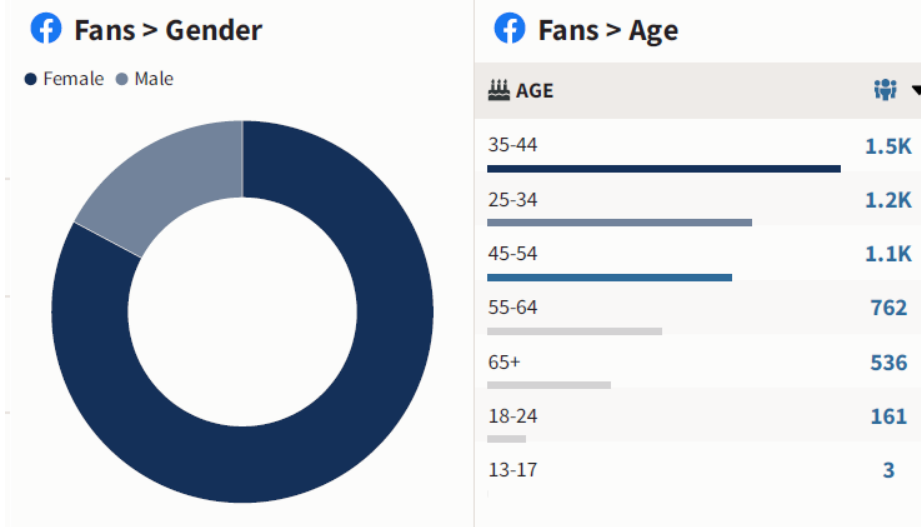
Social Media

PLATFORM	TOTAL FOLLOWERS	FOLLOWERS GAINED in Q2	FOLLOWERS LOST in Q2	NET CHANGE in Q2
Facebook	5,223	121	0	+121
Twitter	6,441	217	0	+217
Instagram	3,263	191	96	+95

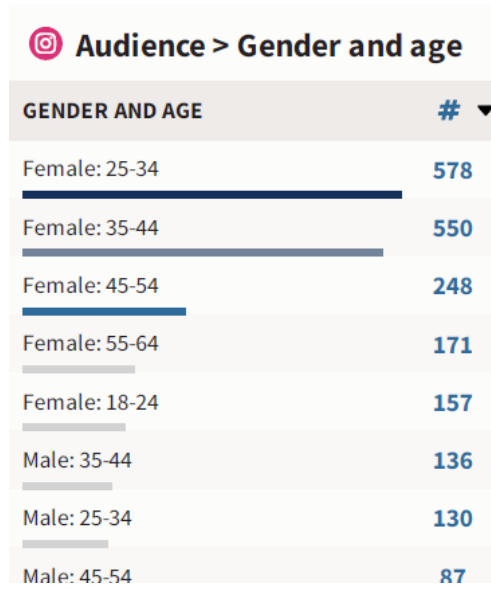
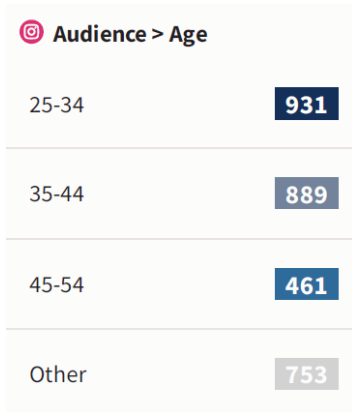
Media Relations:

Activity	Quarterly Totals	
	Q2 2022	Q1 2022
News releases issued	31	32
Media interviews/statements provided	28	109

Facebook



Instagram:



Website:

Total pageviews in Q2 – 2022: 221,398

Total page views in Q1 – 2022: 458,916

Net change: -52%

Select Webpages:

Webpage	Q2 2022 pageviews	Q1 2022 pageviews	Net change
Homepage	49,096	95,809	-49%
Local COVID Status	47,512	147,581	-68%
COVID Vaccine Clinic	15,556	28,368	-45%
COVID Testing	486	24,400	-98%
COVID Case and Contact Guidance	409	18,833	-98%
COVID 19 Main	6,527	5,268	+24%
COVID Risk Index	47,512	5,086 (launched March 30, 2022)	+834%
COVID Vaccine Info	7,283	4,563	+60%
Opioids	230	122	+89%
<ul style="list-style-type: none"> • Opioids Data • Drug Reporting Tool 	<ul style="list-style-type: none"> 351 131 	<ul style="list-style-type: none"> • (launched June 9, 2022) 	
Monkeypox	140 (launched June 20, 2022)	0	

**PETERBOROUGH PUBLIC HEALTH
BOARD OF HEALTH – STAFF REPORT**

TITLE:	Q2 2022 Financial Report
DATE:	August 10, 2022
PREPARED BY:	Dale Bolton, Manager of Finance and Property
APPROVED BY:	Larry Stinson, Director of Operations

PROPOSED RECOMMENDATIONS

That the Board of Health for Peterborough Public Health:

- receive the staff report, *Q2 2022 Financial Report*, for information

Financial Implications and Impact

The Ministry of Health requires submission of quarterly financial statements that reflect actual expenditures to-date and projected expenditures for the balance of the fiscal year. During the COVID-19 pandemic, particularly for the 2022 year, reporting on COVID-19 response and COVID-19 vaccination expenses will inform adjustments to approved one-time funding for extraordinary expenses that can not be managed within base funding. Staying within budgeted expenditures for core programs and reporting accurately on COVID-19 expenses will ensure full funding is available for program activities.

Decision History

The Board of Health approved the cost-shared budget for Peterborough Public Health (PPH) in November 2021. The Board also approved the submission for the budget to the Ministry of Health for 2022, which included the request for COVID-19 one-time funding, in February 2022. As reported in May, the Ministry approved the cost-shared budget was approved by the Minis in the amount of \$7,130,500, including a 1% increase to the base allocation. Similar to the prior year, the Ministry has assured through communications to local public health agencies that funding will be provided for all eligible COVID expenditures and that approvals and payments will be adjusted through the quarterly reports.

Background

The second quarter report covers the period from January to June for the fiscal year. A Q1 In-Year-Financial Report was not requested by the Ministry. The quarterly report would normally be prepared and submitted to the Ministry within 30 days of the end of the quarter, or July 31st and presented to the Board at the next meeting. The Q2 In-Year-Financial Report was prepared and submitted to the Ministry by the required due date of July 29th and now being shared with the Board review.

This report highlights the status of expenditures for each budgeted program as of June 30, 2022 (Schedule A). As this is not a typical year there are some variances from the expected 50% of expenses realized by this date, due to underspending in core programs. Through the period of July to December, core program expenditures are expected to increase as the remaining staff previously redeployed to the COVID response returned to their regular programs by the end of June. As previously reported, COVID expenses are to be covered to the extent possible through underspending of cost-shared funds and expenditures in excess will be covered through one-time funding.

Figure 1: Budgeted vs Actual Total COVID Expenditures – June 30/22

Category	COVID-19 Response Budget	COVID-19 Response Actual	COVID-19 Vaccination Budget	COVID-19 Vaccination Actual	Total COVID
Salaries and wages	2,928,389	1,063,257	2,671,492	1,364,911	2,428,168
Benefits	470,669	229,596	375,506	202,809	432,405
Purchased services	9,800	70,345	237,400	226,518	296,863
Communications	3,400	5,169	-	-	5,169
Materials and supply	7,000	6,003	30,000	25,761	31,764
Travel	5,000	1,870	5,500	9,183	11,053
Total	3,424,258	1,376,240	3,319,898	1,829,183	3,205,422

Of the total expenditures of \$3,205,422 for COVID programs, noted above, \$1,509,062 is currently expensed in the cost-shared programs. The balance of \$1,696,360 are projected to be funded through one-time Ministry funding.

As expected cost-shared expenses are less than what would be anticipated for the end of Q2 because of redeployment and reduced service levels. The allocation across the mandate programs is reflected below. Immunization and Infectious Disease Programs show significant variance as they include the COVID expenses that are able to be managed within the approved cost-shared budget.

Figure 2: Budgeted vs Actual Cost-Shared Program and Total COVID Expenditures

	Budget	YTD	Difference	YTD %
Foundational Standards	796,202	147,026	649,176	18.5%
CDP and Wellbeing	721,804	331,963	389,841	46.0%
Food Safety	402,673	222,922	179,751	55.4%
Environmental Health	296,371	103,903	192,468	35.1%
Immunization	893,284	792,377	100,907	88.7%
Infectious Disease	2,447,204	1,564,204	883,000	63.9%
Safe Water	476,129	140,171	335,958	29.4%
School - Oral Health	859,053	336,473	522,580	39.2%
School - Vision	20,469	-0	20,469	0%
School - Immunization	102,348	21,667	80,681	21.2%
School- Other	347,706	162,007	185,699	46.6%
Substance Misuse Prev.	1,008,061	288,002	720,059	28.6%
Healthy Growth & Dev.	493,146	82,103	411,043	16.6%
Indirect Costs	1,321,977	900,397	421,580	68.1%
Total	10,186,427	5,093,215	5,093,212	

STRATEGIC DIRECTION

Compliance with reporting requirements provide accountability to the Board of Health and Ministry and ensure mid-year planning adjustments can be made to reduce risk and manage finances effectively.

ATTACHMENTS

[Attachment A – Financial Update Q2 2022](#)

Financial Update Q2 2022 (Finance: Dale Bolton)

Programs Funded January 1 to December 31, 2022

	Funding Type	2022 Submission	Approved by Board	Approved by Province	YTD Budget \$ Based on 2022 Submission (100%)	Year To Date Expenditures to Jun 30	Year to Date % of Budget Submission	Year to Date Variance Under/(Over)	Comments
Mandatory Public Health Programs - all combined cost-shared	MOHLTC Cost Shared (CS)	8,863,437	10-Nov-21	05-May-22	4,431,719	#REF!	#REF!	#REF!	Year-to-date underspending due to redeployment of staff to COVID response from January through April. Anticipate an increase in expenditures beginning in May through end of year as temporary employees are being hired to allow our core program staff to return to regular programs. Expenditures related to the pandemic response have been reported separately below. Total funding includes MOH (Base, Mitigation and Indigenous Communities) and local partners.
COVID Response	MOHLTC Cost Shared (CS)	858,599	10-Nov-21	5-May-22	429,300	858,599	100.0%	(429,299)	Covid response for the 2nd quarter for case and contact tracing and enforcement activity. The Annual Service Plan included the budget allocation of \$858,599 from the cost-shared budget. Similar to the prior year, eligible expenditures in excess of the cost-shared underspending will be covered through the province at 100% based the Ministry approval through the quarterly report. Total COVID extraordinary expenses at June 30 are \$1,376,240. Year-to-date expenditures of \$858,599, represents the portion of budgeted costs that will be covered through the cost-shared budget. The excess cost of \$517,640 will be funded through one-time funding - see below.

	Funding Type	2022 Submission	Approved by Board	Approved by Province	Based on 2022 Submission (100%)	Year To Date Expenditures to Jun 30	Year to Date % of Budget Submission	Year to Date Variance Under/(Over)	Comments
COVID Vaccination	MOHLTC Cost Shared (CS)	464,391	10-Nov-21	5-May-22	232,196	650,463	140.1%	(418,267)	Covid vaccination for the 2nd quarter. The Annual Service Plan included the budget allocation of \$464,391 from the cost-shared budget. Similar to the prior year, eligible expenditures in excess of the cost-shared underspending will be covered through the province at 100% based the Ministry approval through the quarterly report. Total COVID extraordinary expenses at June 30 are \$1,829,183. Year-to-date expenditures of \$650,463, represents the portion of costs to date that will be covered through the cost-shared budget. The excess cost of \$1,178,720 will be funded through one-time funding - see below.
Combined Cost-Shared		10,186,427			5,093,215	#REF!	#REF!	#REF!	See notes above.
	Funding Type	2022 Submission	Approved by Board	Approved by Province	YTD Budget \$ Based on 2022 Submission (100%)	Year To Date Expenditures to Jun 30	Year to Date % of Budget Submission	Year to Date Variance Under/(Over)	Comments
Ontario Seniors Dental	100%	848,600	10-Nov-21	5-May-22	449,050	355,066	41.8%	93,984	The Ministry approved the budget submission of \$898,100, however the increase in funding prorated for 2022 for 9 months beginning April 2022. Program operating within budget. Anticipate budget will be spent in full based on increased demand for dental treatment services supported through the clinical staff as well as contract services, including dentists and specialists.
Total - Ministry Funded - 2022		11,035,027			5,542,265	#REF!	#REF!	#REF!	

	Funding Type	2022 Submission	Approved by Board	Approved by Province	YTD Budget \$ Based on 2022 Submission (100%)	Year To Date Expenditures to Jun 30	Year to Date % of Budget Submission	Year to Date Variance Under/(Over)	Comments
One-Time Funding funded January 1 to December 31, 2022									
COVID Response	100% MOH	2,565,659	10-Nov-21	5-May-22	1,282,830	517,640	20.2%	765,190	Excess year-to-date COVID extraordinary expenditures, per notes above, not covered through underspending in cost-shared programs. The Annual Service Plan included the one-time request in the amount of \$2,565,659 for case and contact and enforcement. The Ministry approval \$975,000. The total expenditures of \$517,640 are below the budget submission due to changes in the budgeted delivery model and staffing complement required for the program. The Ministry has communicated that COVID costs will be covered. Adjustments to approved funding or additional funding will be granted for eligible expenditures through submission of quarterly Ministry reports.

COVID Vaccination	100% MOH	2,855,507	10-Nov-21	5-May-22	1,427,754	1,178,720	41.3%	249,034	Excess year-to-date COVID Vaccination expenditures, per notes above, not covered through underspending in cost-shared programs. The Annual Service Plan included the one-time request in the amount of \$2,855,507 to support the vaccination clinic. The Ministry approved \$2,095,300. The total expenditures of \$1,178,720 is below the YTD budget submission as fewer staff required in clinic due to a change in the delivery model and hours through the first six months. Anticipate increase from July through December with booster doses and immunization of children under age of 5. The Ministry has communicated that COVID costs will be covered. Adjustments to approved funding or additional funding will be granted for eligible expenditures through submission of quarterly Ministry reports.
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One-Time Funding funded April 1, 2022 to March 31, 2023

	Funding Type	2022 - 2023	Approved by Board	Approved by Province	YTD Budget \$ (100%)	Year To Date Expenditures to Jun 30	% of Budget	Year to Date Variance Under/(Over)	Comments
PHI Practicum Student	100% MOH	20,000	11-May-22	5-May-22	5,000	2,721	13.6%	2,279	Funding for 2 PHI Practicum Students for 12 week period. One student hired end of May and second will be hired in the fall of 2022.
Needle Exchange Program	100% MOH	19,000	11-May-22	5-May-22	4,750	-	0.0%	4,750	Funding for extraordinary costs associated with delivering the Needle Exchange Program. Eligible costs include purchase of needles/syringes, disposal costs, and other operating costs. Budget will be spent by March 2023.
Smoke Free Ontario Tablet Upgrades	100% MOH	4,400	11-May-22	5-May-22	1,100	-	0.0%	1,100	Funding to purchase 2 tablets and peripheral equipment to support tobacco inspection system software mobile units. Budget will be spent by March 2023.
Temporary Nurses Retention Pay	100% MOH	295,000	11-May-22	5-May-22	147,500	99,456	33.7%	48,044	Funding for second installment of incentive pay to compensate eligible nursing staff employed as of September 1/22 for hours worked for the period of March 20 through April 22. A first installement of \$147,500 was approved to March 2022. In June, \$99,456 was paid to eligible nurses for hours worked between February 13 to March 19.
Covid - School-Focused Nurses Initiative	100% MOH	448,000	11-May-22	5-May-22	112,000	98,560	22.0%	13,440	PHN's hired to provide rapid-response support to school boards and schools to facilitate public health and preventative measures relating to pandemic. Funding eligible to December 31/22.

Programs funded April 1, 2022 to March 31, 2023									
	Funding Type	2022 - 2023	Approved by Board	Approved by Province	YTD Budget \$ (100%)	Year To Date Expenditures to Jun 30	% of Budget	Year to Date Variance Under/(Over)	Comments
Infant Toddler and Development Program	100% MCCSS	242,423	13-Apr-22	Awaiting MCCSS approval	60,606	50,168	20.7%	10,438	Program underspent for the fiscal year due to partial gapping of Infant Educator position as position filled as of May 16. Anticipate program expenditures will be in line with the projected budget allocation as program staff at full budget complement.
Healthy Babies, Healthy Children	100% MCCSS	928,413	13-Apr-22	Awaiting MCCSS approval	232,103	207,734	22.4%	24,369	Program operating below budget due to one nurse being redeployed to COVID until end of June as well as reduced costs associated with Travel. Anticipate program expenditures being in line with projected budget allocation as all program staff have been returned to the program as of June 30.

Funded Entirely by User Fees January 1 to December 31, 2022									
	Funding Type	2022	Approved By Board	2022 Budget	YTD Revenue \$ (100%)	Year To Date Expenditures to Jun 30	% of Budget	Year to Date Variance Under/(Over)	Comments
Safe Sewage Program	Fee for Service	402,775	NA	402,775	126,905	195,183	48.5%	(68,278)	Program funded entirely by user fees. Expenditures are below budget and user fees below, resulting in a deficit of \$(68,478), higher than the prior years at this time. Program activity expected to increase through the next quarter and through the end of the year with the building season which is expected to offset the current deficit.
Mandatory and Non-Mandatory Re-inspection Program	Fee for Service	97,500	NA	97,500	29,900	31,208	32.0%	(1,308)	Program funded entirely by fees. Program activity commenced in May through October.
Total - All Programs		18,913,704			8,972,712	#REF!	#REF!	#REF!	Variance primarily relates to projected COVID One-Time Budget and YTD actual expenditures

Financial Update Q2 2022 (Finance: Dale Bolton)

Programs Funded January 1 to December 31, 2022					
Cost Shared Program By Program Standard	2022 Budget Submission	Approved by Board	Expenditures to Jun 30	% of Budget	Comments
Foundational Standards	796,202	Nov 10/21	#REF!	#REF!	Underspending as staff redeployed to COVID.
Chronic Disease Prevention and Well-Being	721,804	Nov 10/21	#REF!	#REF!	Underspending as staff redeployed to COVID. Healthy Eating program continued with modified programming.
Food Safety	402,673	Nov 10/21	222,922	55.4%	Program just above budget core program staff returned ahead of projected timeline and additional hours committed for catch-up due to COVID response.
Healthy Environments	296,371	Nov 10/21	#REF!	#REF!	Underspending due to staff redeployment to COVID. Surveillance and inspection work continued over past six months and minimal time for climate change at this time.
Healthy Growth and Development	493,146	Nov 10/21	#REF!	#REF!	Underspending as staff redeployed to COVID. Additional staff hours committed for July to December thus anticipate increased costs through end of year.
Immunization	893,284	Nov 10/21	#REF!	#REF!	Above budget due to excess expenditures for COVID Vaccination. Core programs underbudget due to redeployment to COVID response.
Infectious and Communicable Disease Prevention and Control	2,447,204	Nov 10/21	#REF!	#REF!	Above budget due to excess expenditures for COVID Response. Management of Infectious Diseases slightly above year-to-date budget.
Safe Water	476,129	Nov 10/21	#REF!	#REF!	Underspending as staff redeployed to COVID.
School Health - Oral Health	859,053	Nov 10/21	#REF!	#REF!	Costs primarily relate to Healthy Smiles Ontario program. Screening in schools has not taken place in the 1st quarter. Program planning continues for fall screening in schools.
School Health - Vision Health and Screening	20,469	Nov 10/21	-	0.0%	No program activity as staff redeployed to COVID. Potential screening in fall.
School Health - Immunization	102,348	Nov 10/21	#REF!	#REF!	Underspending as staff redeployed to COVID. Catch-up clinics scheduled for May through July.
School Health - Comprehensive	347,706	Nov 10/21	#REF!	#REF!	Underspending as staff redeployed to COVID.
Substance Use and Injury Prevention	1,008,061	Nov 10/21	288,002	28.6%	Underspending as staff redeployed to COVID.
Public Health Administration	1,321,977	Nov 10/21	900,397	68.1%	Above budget due to reduced offset revenue to date and reduced allocation of administration costs as core programs have reduced staffing complement due to redeployment.
Total Cost Shared By Program Standard	10,186,427		#REF!	#REF!	

**PETERBOROUGH PUBLIC HEALTH
BOARD OF HEALTH**

TITLE:	Governance Committee Report
DATE:	August 10, 2022
PREPARED BY:	Alida Gorizzan, Executive Assistant, on behalf of Deputy Mayor Bonnie Clark, Committee Chair
APPROVED BY:	Dr. Thomas Piggott, Medical Officer of Health & CEO

PROPOSED RECOMMENDATIONS

That the Board of Health for Peterborough Public Health:

- a. receive meeting minutes of the Governance Committee from April 19, 2022 for information;
- b. receive meeting minutes of the Governance Committee from June 29, 2022 for information;
- c. approve By-Law Number 3 - Calling of and Proceedings at Meetings (*revised*);
- d. approve policy 2-211 Delegation of Authority (*no changes*);
- e. approve 2-300 Medical Officer of Health (*no changes*); and,
- f. approve 2-345 Medical Officer of Health Absence (*no changes*).

BACKGROUND

The Committee met last on June 29 and July 26, 2022. At those meetings, members requested that these items come forward to the Board at its next meeting.

With respect to item c, It was determined that language in the current procedural by-law relating to electronic participation at meetings was out of date. A request was issued to other local public health agencies and local municipalities for their respective by-laws, language was amended based on those findings and reflect current wording in the Municipal Act, 2001.

ATTACHMENTS

- a. [Minutes, April 19, 2022](#)
- b. [Minutes, June 29, 2022](#)
- c. [2-120, By-Law Number 3 - Calling of and Proceedings at Meetings \(*revised*\)](#)
- d. [2-211 Delegation of Authority \(*web hyperlink*\)](#)
- e. [2-300 Medical Officer of Health \(*web hyperlink*\)](#)
- f. [2-345 Medical Officer of Health Absence \(*web hyperlink*\)](#)

**Board of Health for
Peterborough Public Health
MINUTES
Governance Committee Meeting
Tuesday, April 19, 2022 – 3:30 – 5:00 p.m.
Electronic Meeting**

Present: Deputy Mayor Bonnie Clark, Chair
Mayor Andy Mitchell
Councillor Kathryn Wilson

Regrets: Councillor Don Vassiliadis

Staff: Alida Gorizzan, Executive Assistant, Recorder
Dr. Thomas Piggott, Medical Officer of Health & CEO
Mr. Larry Stinson, Director of Operations

1. Call to Order

The Chair called the meeting to order at 3:32 p.m.

2. Confirmation of the Agenda

The agenda was accepted as circulated.

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 meeting of May 26, 2020 be approved as circulated and provided to the Board of Health at its next meeting for information.

Moved: Mayor Mitchell

Seconded: Councillor Wilson

Motion carried. (M-2022-001-GC)

7. Business Arising From the Minutes

8. Staff Reports

9. **Consent Items**

10. **New Business**

10.1. **Review Terms of Reference**

MOTION:

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

- 2-348, Governance Committee Terms of Reference (*no changes*)

Moved: Councillor Wilson

Seconded: Mayor Mitchell

Motion carried. (M-2022-002-GC)

10.2. **Election of Committee Vice Chair**

Councillor Wilson agreed to act as Vice Chair in the event that the Chair was unable to attend. Members were in support.

10.3. **Committee Appointment – Dan Moloney**

MOTION:

That the Governance Committee recommend that the Board of Health for Peterborough Public Health appoint Mr. Dan Moloney to the Governance Committee for 2022.

Moved: Councillor Wilson

Seconded: Mayor Mitchell

Motion carried. (M-2022-003-GC)

10.4. **By-Laws and Policies for Review**

The Committee requested to hold policy 2-192 Donor Recognition, and directed staff to bring forward a previous report completed on fundraising as well as invite a representative from the Community Foundation of Greater Peterborough to attend the next meeting of the Committee, if possible.

MOTION:

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

- 2-140, By-Law Number 5 - Powers, Duties and Term of Office of the Chairperson and Vice Chairperson of the Board of Health (*no changes*)
- 2-152, Board Leadership and Committee Membership Selection (*no changes*)
- 2-200, Effective Governance by Effective Board Members (*no changes*)

Moved: Mayor Mitchell
Seconded: Councillor Wilson
Motion carried. (M-2022-004-GC)

10.5. 2022 Work Plan Discussion

Non-union compensation was added as an item for the next meeting (June).

11. In Camera to Discuss Confidential Matters

12. Motions for Open Session

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

To be determined. Members will be polled for their availability for dates in the third week of June, as well as in late July.

14. Adjournment

MOTION:

That the meeting be adjourned.

Moved: Mayor Mitchell

Seconded: Councillor Wilson

Motion carried. (M-2022-005-GC)

The meeting was adjourned at 4:06 p.m.

Chairperson

Medical Officer of Health

**Board of Health for
Peterborough Public Health
MINUTES
Governance Committee Meeting
Wednesday, June 29, 2022 – 3:30 – 5:00 p.m.
Dr. J.K. Edwards Board Room, 3rd Floor, PPH**

Present: Deputy Mayor Bonnie Clark, Chair
Mayor Andy Mitchell (electronic)
Mr. Dan Moloney (electronic)
Councillor Kathryn Wilson

Regrets: Councillor Don Vassiliadis

Staff: Alida Gorizzan, Executive Assistant, Recorder
Dr. Thomas Piggott, Medical Officer of Health & CEO
Mr. Larry Stinson, Director of Operations

1. Call to Order

The Chair called the meeting to order at 3:35 p.m.

2. Confirmation of the Agenda

MOTION:

That the agenda be approved as circulated

Moved: Mayor Mitchell

Seconded: Councillor Wilson

Motion carried. (M-2022-006-GC)

3. Declaration of Pecuniary Interest

4. Consent Items to be Considered Separately (nil)

5. Delegations and Presentations (nil)

6. Confirmation of the Minutes of the Previous Meeting

MOTION:

That the minutes of the meeting of April 19, 2022 be approved as circulated and provided to the Board of Health at its next meeting for information.

Moved: Councillor Wilson

Seconded: Mr. Moloney

Motion carried. (M-2022-007-GC)

7. Business Arising From the Minutes

7.1. Fundraising/Donor Recognition Update

The Committee was updated on the status of this work. Given other priorities, including the development of the Board's new strategic plan which may impact future decisions on this front, this item will be deferred until the fall.

7.2. Non Union Compensation Update

The Committee was updated on the status of this work.

8. Staff Reports

9. Consent Items (*nil*)

10. New Business

10.1. By-Laws and Policies for Review

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

- 2-11 Delegation of Authority (*no changes*)

Moved: Mr. Moloney

Seconded: Councillor Wilson

Motion carried. (M-2022-008-GC)

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

- 2-300 Medical Officer of Health (*no changes*)

Moved: Mr. Moloney

Seconded: Councillor Wilson

Motion carried. (M-2022-009-GC)

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

- 2-345 Medical Officer of Health Absence (*no changes*)

Moved: Mayor Mitchell

Seconded: Mr. Moloney

Motion carried. (M-2022-010-GC)

10.2. Strategic Plan Feedback/Actions

The Committee was provided with an overview of feedback received to date resulting from consultations with staff and partners. A draft plan will be presented at the next meeting.

11. In Camera to Discuss Confidential Matters (nil)

12. Motions for Open Session (nil)

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

July 21, 2022, 3:30 – 5pm, Peterborough Public Health, or at the call of the Chair.

14. Adjournment

MOTION:

That the meeting be adjourned.

Moved: Mayor Mitchell

Seconded: Councillor Wilson

Motion carried. (M-2022-011-GC)

The meeting was adjourned at 4:45 p.m.

Chairperson

Medical Officer of Health

PETERBOROUGH PUBLIC HEALTH
 Board of Health
 POLICY AND PROCEDURE

Section: Board of Health	Number: 2-120	Title: By-Law Number 3 - Calling of and Proceedings at Meetings
Approved by: Board of Health		Original Approved by Board of Health
Signature: _____		On (YYYY-MM-DD): 1989-10-11
Date (YYYY-MM-DD): 2021-02-10		Author:
Reference: Bill 68, Modernizing Ontario's Municipal Legislation Act, 2017 Municipal Act, 2001 By-Law Number 10 – Conduct of Open and In-Camera Meetings		

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 3
Calling of and Proceedings at Meetings

Section 1 - Interpretation

In this By-law:

- 1.1. "Act" means the *Health Protection and Promotion Act*;
- 1.2. "Board" means the Board of Health for Peterborough Public Health;
- 1.3. "Director of Operations" means the business administrator of the Board as defined in the Regulations under the Act;
- 1.4. "Chairperson" means the presiding officer at a meeting;
- 1.5. "Chairperson of the Board" means the Chairperson elected under the Act;
- 1.6. "Committee" means an assembly of members, appointed by the Board of Health, that must meet together to transact business on behalf of the Board;
- 1.7. "Councils" means the municipal Councils of the Corporations of the County of Peterborough and the City of Peterborough, and the Councils of Curve Lake and Hiawatha First Nations;
- 1.8. "Medical Officer of Health" means the Medical Officer of Health of the Board as defined under the *Act* and *Regulations*;
- 1.9. "Meeting" means an official gathering of members of the Board or a committee to transact business;

- 1.10. "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;
- 1.11. "Motion" means a formal proposal by a member in a meeting that the Board or a committee take certain action;
- 1.12. "Resolution" means a motion that is carried at a meeting by a majority vote in the affirmative of the members present; and
- 1.13. "Vice-Chairperson of the Board" means the Vice-Chairperson elected under the Act.

Section 2 – General

- 2.1. The rules in this By-law shall be observed in the calling of and the proceedings at all meetings of the Board and committees.
- 2.2. Except as herein provided, the most recent edition of Robert's Rules of Order shall be followed for governing the calling of and proceedings of meetings of the Board and committees.
- 2.3. Sections 2.1 and 2.2 above do not apply to the Indigenous Health Advisory Circle (IHAC) to the Board of Health. The IHAC follows procedural rules that are better aligned with Indigenous cultural practices which are incorporated into its terms of reference that are approved by the Board of Health.
- 2.4. No persons shall consume alcohol or tobacco products at a meeting.
- 2.5. In accordance with the *Municipal Act, 2001*, electronic participation is permitted for open, closed and special meetings of the Board and committees. A member who participates through electronic means (e.g. video/audio teleconference or through an electronic meeting platform such as Zoom or Microsoft Teams), is deemed to be present and counted for the purpose of establishing quorum, and will have full participation, including voting rights.
- 2.6. Meetings of the Board and committees are open to the general public, unless there are matters to be considered in closed session (refer to By-Law 10. By-Law Number 10 – Conduct of Open and In-Camera Meetings). In instances where physical attendance of the public cannot be accommodated due to health and safety concerns, or in the event that an emergency has been declared to exist in all or part of a municipality within the Health Unit pursuant to the *Emergency Management and Civil Protection Act*, electronic means (e.g. video/audio teleconference) may be employed to facilitate the participation of members of the public.
- ~~2.4.—~~
- ~~2.5.— Electronic participation in public meetings may be approved by the Board of Health Chair in special circumstances. Participation in closed session is not permitted, unless an emergency has been declared to exist in all or part of a municipality within the Health Unit under section 4 or 7.0.1 of the *Emergency Management and Civil Protection Act*.~~
- ~~2.6.— A member who participates in a meeting through electronic means is deemed to be present at the meeting with full participation rights and full voting rights, however they shall not be counted in determining whether or not a quorum of members is present at any point in time, unless an~~

~~emergency has been declared to exist in all or part of a municipality within the Health Unit under section 4 or 7.0.1 of the *Emergency Management and Civil Protection Act*.~~

~~2.7 The electronic means must enable the member to hear and to be heard by the other meeting participants. Acceptable formats include teleconference, videoconference or webinar, whichever is reasonably available. Normal board of health meeting rules and procedures will apply with necessary modifications arising from electronic participation.~~

Section 3 - Convening of Meetings

- 3.1 The Medical Officer of Health shall call the first meeting of each calendar year.
- 3.2 The first meeting shall be held after the municipal members, appointed to the Board by their respective councils, are confirmed, and shall be held no later than the 1st day of February.
- 3.3 At the first meeting of each calendar year, the Board shall:
 - 3.3.1 elect the Chairperson and the Vice-Chairperson of the Board for the year;
 - 3.3.2 appoint members to its committees;
 - 3.3.3 fix, by resolution, the date and time of regular meetings; and,
 - 3.3.4 establish the honourarium paid to each member eligible for compensation in accordance with the Health Protection and Promotion Act.
- 3.4 A meeting may be rescheduled or cancelled due to the following circumstances:
 - 3.4.1 in the event that an emergency has been declared by the Medical Officer of Health;
 - 3.4.2 if there is indication from members in advance of the meeting that quorum will not be achievable; or
 - 3.4.3 if upon consultation with the Medical Officer of Health, the Chairperson determines there is insufficient business to be considered.

In all instances, the Chairperson will poll members to obtain consensus to proceed with a cancellation. If approval is obtained through a majority vote, members will be notified and a public notice will be issued.
- 3.5 The Chairperson of the Board can call a special meeting and shall call a special meeting at the written request of a majority of the members.
- 3.6 The Medical Officer of Health shall:
 - 3.6.1 give notice of the first and each regular and special meeting;
 - 3.6.2 ensure that the notice accompany the agenda and any other matter, so far as known, to be brought before such meeting;
 - 3.6.3 cause the notice to be delivered to the residence or place of business of each member or by e-mail or telephone so as to be received not later than two clear days in advance of the meeting.

- 3.7 The lack of receipt of the notice shall not affect the validity of the holding of the meeting or any action taken thereat.
- 3.8 No business other than that stated in the notice of a special meeting shall be considered at such meeting except with the unanimous consent of the members present.

Section 4 - Agenda and Order of Business

- 4.1 The Medical Officer of Health shall have prepared for the use of each member at the first and regular meetings an agenda of the following items.
 - 4.1.1 Call To Order
 - 4.1.2 Confirmation of the Agenda
 - 4.1.3 Declaration of Pecuniary Interest
 - 4.1.4 Delegations and Presentations
 - 4.1.5 Board Chair Report
 - 4.1.6 Confirmation of the Minutes of the Previous Meeting
 - 4.1.7 Business Arising from the Minutes
 - 4.1.8 Staff Reports
 - 4.1.9 Consent Items
 - 4.1.10 New Business
 - 4.1.11 In Camera to Discuss Confidential Matters
 - 4.1.12 Motions from In Camera for Open Session
 - 4.1.13 Date, Time and Place of the Next Meeting
 - 4.1.14 Adjournment
- 4.2 Any items not included on the prepared agenda may be added by resolution.
- 4.3 Agenda packages will be posted on the Peterborough Public Health website on the same day that agendas are distributed to Board of Health members.
- 4.4 On the day following Board of Health meetings, Board members will be contacted and advised of the date, time, and location of the next meeting, and asked about their availability for the next meeting.
- 4.5 The business of each regular meeting shall be taken up in the order described in section 4.1 of this By-law unless otherwise decided by the members.
- 4.6 Consent Items are items to be considered for the Consent portion (4.1.8) of the agenda and shall be determined by the Medical Officer of Health. Matters selected for Consent Items are to be routine, housekeeping, information or non-controversial in nature.

- 4.6.1 If the Board wishes to comment or seek clarification on a specific matter noted in the list of Consent Items, the member is asked to identify the item and clarification or comment will be provided or made. An item(s) requiring more than clarification or comment will be extracted and moved to the New Business section of the agenda. The Consent Items, exclusive of extracted items where applicable, can be approved in one resolution.
- 4.6.2 Matters listed under Consent Items shall include an explanatory note as follows: "All matters listed under Consent Items are considered to be routine, housekeeping, information or non-controversial in nature and to facilitate the Board of Health's consideration can be approved by one motion".
- 4.6.3 Consent Items will include:
- Staff Reports and Presentations – Information, Housekeeping and Non-Controversial.
 - Correspondence – Direction and Information. A Correspondence Report will be prepared and included in the Consent Items section of the agenda. The report will be divided into two sections as follows, Correspondence for Direction and Correspondence for Information. Where possible each item of correspondence for direction will have a staff recommendation included.
 - Committee Reports.
- 4.7 New Business items are those that have not been discussed by meeting attendees previously and that do not belong in staff or Committee reports.
- 4.8 The Chairperson of the Board shall direct the preparation of an agenda for a special meeting.
- 4.9 The business of each special meeting shall be taken up in the order as listed on the agenda of such meeting unless otherwise decided by the members.

Section 5 - Commencement of Meetings

- 5.1 As soon as there is a quorum after the time fixed for the meeting, the Chairperson or Vice-Chairperson of the Board or the person appointed to act in their place and stead, shall take the chair and call the members to order.
- 5.2 A quorum for any meeting of the Board or a committee shall be a majority of the appointed members.
- 5.3 If the Chairperson or Vice-Chairperson of the Board or the Chairperson of a committee does not attend a meeting by the time a quorum is present, the Medical Officer of Health shall call the members to order and a presiding officer shall be appointed to preside during the meeting or until the arrival of the person who ought to preside.
- 5.4 Upon any members directing the attention of the Chairperson to the fact that a quorum is not present, the Medical Officer of Health, at the request of the Chairperson, shall record the names of those members present and advise the chairperson if a quorum is or is not present. If there is no quorum within thirty minutes after the time fixed for the meeting, the Chairperson shall then adjourn until the day and time fixed for the next meeting.

Section 6 - Delegations and Debate

- 6.1 The Chairperson shall preside over the conduct of the meeting, including preserving good order and decorum, ruling on points of order and deciding all questions relating to the orderly proceedings of the meeting.
- 6.2 Any individual or group who wishes to make a presentation to the Board shall make a written request to the Chairperson of the Board up to a minimum of forty-eight hours before the start of the meeting.
- 6.3 The Chairperson of the Board (in consultation with the Medical Officer of Health) shall decide whether the delegation may make a presentation at a meeting and accordingly, shall inform the individual or group whether their request has been approved or denied.
- 6.4 The Chairperson shall give due consideration to the length of the agenda and the number of delegation requests received, and may limit the number of delegations to a maximum of five (5) per meeting.
- 6.5 All delegations appearing before the Board shall be permitted to speak only once on an item, unless new information is being brought forward, and/or unless permission is given by the Chairperson of the Board, in consultation with the Medical Officer of Health.
- 6.6 Delegations and presentations of general interest shall not exceed ten minutes except when answering questions posed by the Chairperson for clarification.
- 6.7 Unless otherwise directed by resolution, no action respecting a delegation will be taken until the Board has had an opportunity to discuss the delegation and to receive advice from the Medical Officer of Health.
- 6.8 The Board will be informed of all requests from delegations and the disposition of such requests and, upon review, the Board may reverse the decision of the Chairperson of the Board by resolution.
- 6.9 Every member shall address the Chairperson respectfully previous to speaking to any motion.
- 6.10 When two or more members ask to speak, the Chairperson shall name the member who, in their opinion, first asked to speak.
- 6.11 If the Chairperson desires to leave the Chair to participate in a debate or otherwise, they shall call on the Vice-Chairperson to fill their place until they resume the Chair.
- 6.12 A member may speak more than once to a motion, but after speaking, shall be placed at the foot of the list of members wishing to speak.
- 6.13 No member shall speak to the same motion at any one time for longer than ten minutes except that extensions for speaking for up to five minutes for each time extended may be granted by resolution.
- 6.14 6.14.1 A member may ask a question of the previous speaker and then only to clarify any part of their remarks.

- 6.14.2 When it is a member's turn to speak, before speaking, they may ask questions of the Medical Officer of Health or staff present, to obtain information relating to the matter in question and with the consent of the speaker, or other members may ask a question of the same persons.
- 6.14.3 All questions shall be stated concisely and shall not be used as a means of making statements or assertions.
- 6.14.4 Any question shall not be ironical, offensive, rhetorical, trivial, vague or meaningless or shall not contain epithet, innuendo, ridicule, or satire.
- 6.15 Any member who has the floor may require the motion under discussion to be read.

Section 7 - Decorum and Discipline

- 7.1 A member shall not:
 - 7.1.1 speak disrespectfully of Her Majesty the Queen or any member of the Royal Family, the Governor-General, a Lieutenant Governor, the Board or any member thereof;
 - 7.1.2 use offensive words or unparliamentary language;
 - 7.1.3 disobey the rules of the Board or a decision of the Chairperson or the Board on questions of order, practice or an interpretation of the rules;
 - 7.1.4 speak other than to the matter in debate;
 - 7.1.5 leave their seat or make any disturbance when the Chairperson is putting a question and while a vote is being taken and until the result is declared; and
 - 7.1.6 interrupt a member while speaking except to raise a point of order.
- 7.2 If a member commits an offense, the Chairperson shall interrupt and correct the member.
- 7.3 If an offense is serious or repeated, the Board may decide, by resolution, not to permit the member to resume speaking.
- 7.4 If a member ignores or disregards a decision of the Chairperson or the Board, the Chairperson shall not recognize the member except to receive an apology by the member and until it has been accepted by the Board.
- 7.5 If a member persists in committing an offense, the Board may order, by resolution, the member to leave the meeting and not resume their seat until they have tendered an apology and it has been accepted by the Board.

Section 8 - Questions of Privilege and Points of Order

- 8.1 The Chairperson shall permit any member to raise a question relating to the rights and benefits of the Board or one or more of the members thereof and questions of privilege shall take precedence over all other motions except to adjourn and to recess.

- 8.2 When a member desires to assert that a rule has been violated, they shall ask leave of the Chairperson to raise a point of order with a concise explanation and then shall not speak until the Chairperson has decided on the point of order.
- 8.3 The decision of the Chairperson shall be final unless a member appeals immediately to the Board.
- 8.4 If the decision is appealed, the Board shall decide the question "Shall the decision of the chair be sustained?" by majority vote without debate and its decision shall be final.
- 8.5 When the Chairperson calls a member to order, the member shall cease speaking immediately until the point of order is dealt with and they shall not speak again without the permission of the Chairperson unless to appeal the ruling of the Chairperson.

Section 9 - By-laws

- 9.1 No motion to pass a By-law shall be considered unless written notice has been received by the members in the manner set out in section 3.6 of this By-law.
- 9.2 A motion to pass a By-law shall be carried by a two-thirds vote in the affirmative of the members present at that meeting.
- 9.3 A By-law shall come in to force on the date of passing thereof unless otherwise specified by the Board.
- 9.4 No motion for the amendment or repeal of the By-laws, or any part thereof, shall be considered unless written notice has been received by the members in the manner set out in section 3.6 of this By-law.
- 9.5 A motion to amend or repeal the By-laws, or any part thereof, shall be carried by a two-thirds vote in the affirmative of the members present at the meeting at which the amendment or repeal is to be considered.

Section 10 - Motions

- 10.1 Every motion shall be verbal unless the Chairperson requests that the motion be submitted in writing.
- 10.2 Debate on a debatable motion shall not proceed unless it has been seconded.
- 10.3 Every motion shall be deemed to be in possession of the Board for debate after it has been presented by the Chairperson, but may, with permission of the members who moved and seconded a motion, be withdrawn at any time before amendment or decision.
- 10.4 A main motion before the Board shall receive disposition before another main motion can be received except a motion:
 - 10.4.1 to adjourn;
 - 10.4.2 to recess;
 - 10.4.3 to raise a question of privilege;

- 10.4.4 to lay on the table;
- 10.4.5 to order the previous question (close debate);
- 10.4.6 to limit or extend limits of debate;
- 10.4.7 to postpone definitely (defer);
- 10.4.8 to commit or refer;
- 10.4.9 to postpone indefinitely (withdraw); or
- 10.4.10 to amend;

which have been listed in order of precedence.

- 10.5 When a motion that the vote be taken is presented, it shall be put to a vote without debate, and if carried by resolution, the motion and any amendments under debate shall be put forthwith without further debate.
- 10.6 A motion relating to a matter not within the jurisdiction of the Board shall not be in order.
- 10.7 A motion to adjourn a meeting or debate shall be in order, except:
 - 10.7.1 when a member has the floor;
 - 10.7.2 when it has been decided that the vote be now taken; or
 - 10.7.3 during the taking of a vote;and when rejected, shall not be moved again on the same item.

Section 11 - Voting

- 11.1 Only one primary amendment at a time can be presented to a main motion and only one secondary amendment can be presented to a primary amendment, but when the secondary amendment has been disposed of, another may be introduced, and when a primary amendment has been decided, another may be introduced.
- 11.2 A secondary amendment, if any, shall be voted on first, and, if no other secondary amendment is presented, the primary amendment shall be voted on next, and if no other primary amendment is presented, or if any amendment has been carried, the main motion as amended shall be put to a vote.
- 11.3 A main motion may be divided by resolution and each division thereof shall be voted on separately.
- 11.4 After the Chairperson commences to take a vote, no member shall speak or present another motion until the vote has been taken on such motion.
- 11.5 Every member present at a meeting shall vote when a vote is taken unless prohibited by statute and if any member present refuses or fails to vote, he shall be deemed as voting in the negative.
- 11.6 Any member may require that a vote be recorded.

- 11.7 If a member disagrees with the declaration by the Chairperson of the result of any vote, the member may object immediately and require that the vote be retaken and recorded.
- 11.8 After any matter has been decided, any member may move for reconsideration of the matter at a subsequent meeting in the same year but no discussion of the question that has been decided shall be allowed until the motion for reconsideration has carried by two-thirds of the members, and no matter shall be reconsidered more than once in the same calendar year.

Section 12 - Committees

- 12.1 The Board may strike committees and appoint members to such committees to consider such matters as directed by the Board.
- 12.2 The Medical Officer of Health shall preside over the first meeting of each calendar year until a Chairperson and Vice-Chairperson of the committee are elected by its members.
- 12.3 The Chairperson of a committee shall:
 - 12.3.1 preside over all meetings of the committee;
 - 12.3.2 report on the deliberations and recommendations of the committee to the Board; and
 - 12.3.3 perform such other duties as may be determined from time to time by the Board or the committee.
- 12.4 The Chairperson of a committee may appoint non-Board members to the committee.
- 12.5 The number of non-Board members of a committee shall not exceed the number of Board members of the same committee at any time.
- 12.6 The number of Board members on a committee shall not be a majority of the members of the Board of Health.
- 12.7 It shall be the duty of a committee:
 - 12.7.1 to report to the Board on all matters referred to it and to recommend such action as it deems necessary;
 - 12.7.2 to forward to an incoming committee for the following year any matters not disposed of; and
 - 12.7.3 to provide to the Board any information relating to the committee that is requested by the Board.
- 12.8 All committees shall be dissolved no later than immediately preceding the first meeting as set out in section 3 of this By-law.
- 12.9 The Board may dissolve, by resolution, any committee at any time.

Section 13 - Minutes

The Medical Officer of Health shall ensure that full and accurate minutes are kept of the proceedings of all meetings including a text of the By-laws and the resolutions passed by the Board.

This By-law shall be deemed to have come in to force on the 11th date of October, 1989.

Dated at the City of Peterborough the 25th date of October, 1989.

Review/Revisions

On (YYYY-MM-DD): 1992-10-14

On (YYYY-MM-DD): 1998-10-28

On (YYYY-MM-DD): 2003-07-03

On (YYYY-MM-DD): 2005-01-12

On (YYYY-MM-DD): 2007-10-11

On (YYYY-MM-DD): 2010-10-13

On (YYYY-MM-DD): 2013-04-10

On (YYYY-MM-DD): 2013-12-11

On (YYYY-MM-DD): 2014-06-11

On (YYYY-MM-DD): 2015-09-09

On (YYYY-MM-DD): 2015-12-09

On (YYYY-MM-DD): 2017-09-13

On (YYYY-MM-DD): 2018-06-13

On (YYYY-MM-DD): 2020-05-13

On (YYYY-MM-DD): **2021-02-10**

**PETERBOROUGH PUBLIC HEALTH
BOARD OF HEALTH**

TITLE:	Indigenous Health Advisory Circle Report
DATE:	August 10, 2022
PREPARED BY:	Alida Gorizzan, Executive Assistant, on behalf of Councillor Kathryn Wilson, Circle Chair
APPROVED BY:	Dr. Thomas Piggott, Medical Officer of Health & CEO

PROPOSED RECOMMENDATIONS

That the Board of Health for Peterborough Public Health:

- a. receive meeting minutes of the Indigenous Health Advisory Circle from April 20, 2022 for information;

BACKGROUND

The Circle met last on June 22, 2022. At that meeting, members requested that this item come forward to the Board at its next meeting.

ATTACHMENTS

- a. [IHAC Minutes, April 20, 2022](#)

**Indigenous Health Advisory Circle
MINUTES
Wednesday, April 20, 2022 – 3:30 – 5:00 p.m.
Electronic Meeting**

Present: Ms. Barbara Card
Councillor Henry Clarke
Ms. Lori Flynn
Councillor Nodin Knott
Mayor Andy Mitchell
Professor David Newhouse
Ms. Rebecca Watts
Councillor Kathryn Wilson, Chair

Regrets: Ms. Liz Stone

Staff: Mrs. Hallie Atter, Director of Health Promotion
Mrs. Donna Churipuy, Director of Health Protection
Ms. Alida Gorizzan, Executive Assistant, Recorder
Dr. Thomas Piggott, Medical Officer of Health & CEO

1. Call to Order and Opening Statement

Councillor Wilson, Chair, called the Indigenous Health Advisory Circle meeting to order at 3:33 p.m.

2. Welcome and Introductions

3. Confirmation of the Agenda

The agenda was confirmed by the members.

4. Minutes of the Previous Meeting

4.1. October 27, 2020

The minutes were provided for information, and will be circulated to the Board of Health.

5. **Items Arising From the Minutes**

Discussion regarding Anti-Indigenous Racism was added to item 6.6.

6. **New Business**

6.1. **Review Terms of Reference**

Circle members approved the Terms of Reference as circulated (no changes), these will go forward to the Board of Health at its next meeting.

6.2. **Volunteers for Committee Vice Chair**

Professor Newhouse volunteered to act as Vice Chair for the Circle in the event that the Chair cannot attend. Members were in support.

6.3. **Committee Appointments**

Members supported the following appointments, these will be recommended to the Board of Health at its next meeting:

- Barbara Card, Métis Nation of Ontario, Peterborough & District Wapiti Métis Council
- David Newhouse, Trent University
- Executive Director (or designate), Nijkiwendidaa Anishnaabekwewag Services Circle
- Executive Director (or designate), Nogojiwanong Friendship Centre
- Liz Stone, Fleming College
- Rebecca Watts, Lovesick Lake Native Women's Association

6.4. **Review of Land Acknowledgement Policy**

Members discussed how to make the reading of a Land Acknowledgement more meaningful. Discussion:

- Have an elder to give it some truth/answer questions, consider inviting an elder to be a member of this Circle and/or invite to events, as appropriate.
- Understand the difference between a land acknowledgement (read by non-Indigenous) versus a welcome to the territory (read by Indigenous members/leaders).
- Ideally an acknowledgement would be more reflective and applied, and put into context with the meeting subject matter.

- It was noted that a land acknowledgement is not usually a lengthy scripted policy, and Members agreed a shortened, more simplified version would be preferred. Readers should feel free to modify it as needed.
- **ACTIONS:**
 - **Councillor Wilson will send a request to the group for a list of local Indigenous elders and/or knowledge keepers.**
 - **Professor Newhouse will provide an abbreviated land acknowledgement utilized by Trent University for consideration. A revised document will be brought forward to the next Circle meeting.**

6.5. O'de Piitaanemaan Pledge

This pledge was brought forward to the Circle for input, and for a recommendation as to whether PPH should promote it to staff, and sign on as an organization.

Circle members noted the important messaging within the pledge and accompanying materials, however it was acknowledged that the pledge was tied to a marketing initiative. Had it been grounded more in the Seven Grandfather's Teachings, it would have felt more Indigenous-led and authentic.

ACTION: The Circle supported Dr. Piggott sharing this with PPH staff, with additional information including sharing the Seven Grandfather's Teachings. Councillor Wilson will circulate the latter to Circle members for their information.

6.6. Identification of Work Plan Items for 2022

Members discussed potential work plan items for the coming year.

- PPH Strategic Plan:
 - Dr. Piggott provided an overview of the timeline for the development of PPH's strategic plan. PPH will seek input from members of the Circle, a consultation session will be scheduled next month.
 - It was expressed that it would be helpful to include a plan to develop data to capture health status and other Indigenous issues. This would be a consideration, and likely an action item/outcome of the Strategic Plan.
 - Professor Newhouse emphasized that this data should be shared in a manner which is strength-based vs. deficit-based where possible.
 - Access to services (physicians and primary care) is a concern. While this would be out of scope for the plan, public health could work on these broader issues with partners.
- Anti-Indigenous Racism and Local Health Care System:
 - Councillor Wilson provided an account of a recent incident of a member from

Hiawatha First Nation at a local health care facility. Dr. Piggott felt there would be an opportunity for the Circle to make recommendations or develop solutions to address this.

- Raising this issue within the Strategic Plan consultation would allow for PPH to work on this as part of that plan.
- It was noted that the complaint process in health care centres can be very difficult to complete and re-traumatizing.
- Rebecca noted she is a member of an Ontario Health Committee that will be overseeing the hiring of an Indigenous Liaison for hospitals, there will be seven positions for the Ontario Health East region.
- To address the system-wide issue it may be useful to provide guidance. Professor Newhouse noted recent guidance provided to various University unions across Canada to address improving indigenization in their organizations (e.g., hiring process, research process, etc.), and that similar guidance would be helpful for the health care system.
- With respect to health care intake, the nature of questions and how the questions are delivered is important. To start, it was recommended that intake questions utilized in PPH programs would be useful to review.

ACTION: These documents will be brought forward to the next Circle meeting for discussion.

6.7. Frequency of Meetings

It was noted that an additional meeting may be scheduled over the summer, if possible. Current meeting dates are confirmed for June, September, and November.

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

June 22, 2022, 3:30 – 5:00 p.m. at PPH, or at the call of the Chair.

8. Adjournment

The meeting ended at 5:05 p.m.

Chairperson

Medical Officer of Health

**PETERBOROUGH PUBLIC HEALTH
BOARD OF HEALTH**

TITLE:	Stewardship Committee Report
DATE:	August 10, 2022
PREPARED BY:	Alida Gorizzan, Executive Assistant, on behalf of Dr. Hans Stelzer, Committee Chair
APPROVED BY:	Dr. Thomas Piggott, Medical Officer of Health & CEO

PROPOSED RECOMMENDATIONS

That the Board of Health for Peterborough Public Health:

- a. receive meeting minutes of the Stewardship Committee from April 28, 2022 for information;
- b. approve By-Law Number 1, Management of Property (*no changes*)
- c. approve By-Law Number 2, Banking and Finance (*no changes*)

BACKGROUND

The Committee met last on June 23, 2022. At that meeting, members requested that these items come forward to the Board at its next meeting.

ATTACHMENTS

- a. [Stewardship Minutes, April 28, 2022](#)
- b. [By-Law Number 1, Management of Property \(*web hyperlink*\)](#)
- c. [By-Law Number 2, Banking and Finance \(*web hyperlink*\)](#)

**Board of Health for
Peterborough Public Health
MINUTES
Stewardship Committee Meeting
Thursday, April 28, 2022 – 11:30 a.m. – 1:00 p.m.
Electronic Meeting**

Present: Councillor Gary Baldwin
Deputy Mayor Matthew Graham
Councillor Kathryn Wilson
Mayor Andy Mitchell (*joined at 12:02 p.m.*)
Dr. Hans Stelzer (Chair)

Staff: Ms. Dale Bolton, Manager, Finance and Property
Alida Gorizzan, Executive Assistant (Recorder)
Dr. Thomas Piggott, Medical Officer of Health & CEO
Larry Stinson, Director of Operations

1. Call to Order

Dr. Stelzer called the Stewardship Committee meeting to order at 11:32 a.m.

2. Confirmation of the Agenda

MOTION:

That the agenda be approved as circulated.

Moved: Deputy Mayor Graham

Seconded: Councillor Baldwin

Motion carried. (M-2022-001-SC)

3. Declaration of Pecuniary Interest

4. Consent Items to be Considered Separately (*nil*)

5. Delegations and Presentations (*nil*)

6. Confirmation of the Minutes of the Previous Meeting

MOTION:

That the minutes of the meeting of October 27, 2021 be approved as circulated and provided to the Board of Health at its next meeting for information.

Moved: Deputy Mayor Graham
Seconded: Councillor Wilson
Motion carried. (M-2022-002-SC)

7. **Business Arising From the Minutes**

8. **Staff Reports**

9. **Consent Items**

10. **New Business**

10.1. **Review Terms of Reference**

The Committee reviewed the Terms of Reference and noted no further changes.

10.2. **Election of Committee Vice Chair**

MOTION:

That Councillor Kathryn Wilson serve as Stewardship Committee Vice Chair for 2022.

Moved: Councillor Baldwin
Seconded: Deputy Mayor Graham
Motion carried. (M-2022-003-SC)

10.3. **By-Laws and Policies for Review**

MOTION:

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

- 2-60, Accommodation (*no changes*)
- 2-130, By-Law #4, Appointment of an Auditor (*no changes*)

Moved: Councillor Baldwin
Seconded: Deputy Mayor Graham
Motion carried. (M-2022-004-SC)

10.4. **Q1 2022 Financial Report**

The Committee expressed its sincere appreciation to Ms. Bolton, Manager of Finance and Property, for the preparation of this report and for her ongoing diligence and effort in the management of the Board's finances.

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

- receive the staff report, 2022 Q1 Financial Report, for information; and,

- recommend Board of Health receipt of the 2022 Q1 Financial Report.

Moved: Councillor Baldwin

Seconded: Deputy Mayor Graham

Motion carried. (M-2022-005-SC)

10.5. Presentation - Condominium Board

MOTION:

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

- receive the presentation, Condominium Update, for information; and,
- direct staff to engage a consultant, within the spending authority of the Medical Officer of Health, to prepare a report for consideration at the next Stewardship Committee providing a valuation and options analysis regarding property owned by the Board of Health and potential implications from a provincially-directed amalgamation of public health units.

Moved: Mayor Mitchell

Seconded: Deputy Mayor Graham

Motion carried. (M-2022-006-SC)

10.6. 2022 Work Plan Discussion

An amendment to the work plan was noted to reflect the addition of the report requested in item 10.5.

MOTION:

That the Stewardship Committee receive the amended 2022 Work Plan for information.

Moved: Deputy Mayor Graham

Seconded: Councillor Baldwin

Motion carried. (M-2022-007-SC)

11. In Camera to Discuss Confidential Matters

12. Motions for Open Session

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

June 23, 2022, 11:30 a.m. – 1:00 p.m., virtual or at Peterborough Public Health, or at the call of the Chair.

14. Adjournment

MOTION:

That the meeting be adjourned.

Moved: Deputy Mayor Graham

Seconded: Mayor Mitchell

Motion carried. (M-2022-008-SC)

The meeting was adjourned at 12:55 p.m.

Chairperson

Medical Officer of Health

**PETERBOROUGH PUBLIC HEALTH
BOARD OF HEALTH**

TITLE:	Oral Report - Association of Local Public Health Agencies Annual General Meeting Conference
DATE:	August 10, 2022

PROPOSED RECOMMENDATIONS

That the Board of Health for Peterborough Public Health receive the oral report, Association of Local Public Health Agencies Annual General Meeting Conference, for information.

BACKGROUND

alPHa held its Annual General Meeting and Conference on June 14, 2022. Proceedings are linked below, the Board Chair, Dr. Piggott and Larry Stinson participated in the virtual conference.

ATTACHMENTS

- a. alPHa Conference Proceedings ([web hyperlink](#))