

**Board of Health for  
Peterborough Public Health  
MEETING AGENDA  
Wednesday, November 9, 2022 – 5:00 p.m.  
Virtual**

**1. Call to Order**

Mayor Andy Mitchell, Chair

**1.1. Land Acknowledgement (Example)**

*We respectfully acknowledge that we are on the Treaty 20 and traditional territory of the Mississauga Anishnaabeg. We offer our gratitude to the First Nations for their care for, and teachings about, our earth and our relations. May we honour those teachings.*

**1.2. Recognition – Outgoing Board of Health Chair**

**1.3. Recognition – Outgoing Board of Health Members**

**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: 10.2 a b c d, 10.3.1, 10.3.2, 10.3.3, 10.3.4, 10.4.1 a b c d e f g h I, 10.4.2 a b c d*

**5. Delegations and Presentations**

**6. Board Chair Report**

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

- Cover Report
- a. October 12, 2022

**8. Business Arising From the Minutes**

**9. Staff Reports**

**9.1. Staff Report and Presentation: Drug Poisonings Update and Local Need for Supervised Inhalation Services**

Guest Speaker: Donna Rogers, Executive Director, Fourcast

- Staff Report
- Presentation

**9.2. Staff Report and Presentation: 2023 Cost-Shared Budget Approval**

- Cover Report
  - a. Staff Report
  - b. 2023 Cost-Shared Budget
  - c. Presentation

**9.3. Presentation: COVID Update**

- Cover Report
  - a. PPH COVID-19 Risk Tracker (*web hyperlink*)

**10. Consent Items**

**10.1. Correspondence for Direction**

**10.2. Correspondence for Information**

- Cover Report
  - a. alPHa e-newsletter
  - b. David Newhouse – Provincial Appointment
  - c. HKPR HBHC Funding
  - d. Timiskaming HBHC Funding

**10.3. Staff Reports**

**10.3.1. Q3 2022 Activity Report**

- Staff Report

**10.3.2. Q3 2022 Risk Report**

- Staff Report
  - a. Q3 2022 Risk Report

**10.3.3. Staff Report: Proposed Fee Increases for the Safe Sewage Disposal Program**

- Staff Report
  - a. Service Agreement
  - b. Historical Annual Operations Financial Summary
  - c. Projected Annual Operations Financial Summary
  - d. By-Law #8 (revised)

**10.3.4. Staff Report: Child Health Programs Update**

- Staff Report

**10.4. Committee Reports**

**10.4.1. Governance**

- Cover Report
  - a. Minutes, July 26, 2022
  - b. 2-151 Volunteer Remuneration (*web hyperlink*)
  - c. 2-402 Immunization (*web hyperlink*)
  - d. 2-403 Ethics Reporting Policy (*web hyperlink*)
  - e. 2-280 Complaints (revised)
  - f. 2-153 Board Remuneration (revised)
  - g. 2-251 Orientation (revised)
  - h. Interim Board Chair
  - i. Orientation/Education Session

**10.4.2. Stewardship**

- Cover Report
  - a. Minutes, August 25, 2022
  - b. Q3 2022 Financial Report
  - c. 2023 Budget Approval – Ontario Seniors Dental Program
  - d. By-Law #7, Execution of Documents (*web hyperlink*)

**11. New Business**

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

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

**13. Motions for Open Session**

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

Wednesday, January 11, 2023 – 5:30 p.m., PPH/virtual, or at the call of the Chair.

**15. Adjournment**

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**PETERBOROUGH PUBLIC HEALTH  
BOARD OF HEALTH**

<b>TITLE:</b>	<b>Approval of Meeting Minutes</b>
<b>DATE:</b>	<b>November 9, 2022</b>
<b>PREPARED BY:</b>	<b>Alida Gorizzan, Executive Assistant</b>
<b>APPROVED BY:</b>	<b>Dr. Thomas Piggott, Medical Officer of Health &amp; CEO</b>

**PROPOSED RECOMMENDATIONS**

That the Board of Health for Peterborough Public Health approve the minutes of the meeting held on October 12, 2022.

**ATTACHMENTS**

- a. [Board of Health Minutes, October 12, 2022](#)

**Board of Health for  
Peterborough Public Health  
DRAFT MINUTES  
Board of Health Meeting  
Wednesday, October 12, 2022 – 5:00 p.m.  
Virtual Meeting**

**In Attendance:**

**Board Members:**

Councillor Gary Baldwin  
Deputy Mayor Bonnie Clark  
Deputy Mayor Matthew Graham  
Councillor Nodin Knott *(joined at 5:23 p.m.)*  
Mayor Andy Mitchell, Chair  
Mr. Dan Moloney  
Dr. Hans Stelzer  
Councillor Don Vassiliadis *(joined at 5:06 p.m.)*  
Councillor Kathryn Wilson

**Regrets:**

Councillor Henry Clarke

**Staff:**

Ms. Hallie Atter, Acting Director, Health Promotion  
Ms. Donna Churipuy, Director, Health Protection & Chief Nursing Officer  
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

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**1. Call to Order**

Mayor Mitchell called the meeting to order at 5:02 p.m.

**2. Confirmation of the Agenda**

The agenda was confirmed 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: 10.2 b, c

Moved: Deputy Mayor Graham

Seconded: Councillor Baldwin

Motion carried. (M-2022-083)

**MOTION (10.2 b,c):**

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

b. Letter dated October 4, 2022 from the Board Chair to Minister Jones regarding the Association for Municipalities submission to the Ministry of Health.

c. Letter dated October 4, 2022 from the Board Chair to Ministers Jones, McNaughton and

Moved: Deputy Mayor Graham

Seconded: Councillor Baldwin

Motion carried. (M-2022-083)

**5. Delegations and Presentations**

**6. Board Chair Report**

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

**MOTION:**

That the Board of Health for Peterborough Public Health approve the minutes of the meeting held on September 14, 2022, as amended.

Moved: Dr. Stelzer

Seconded: Deputy Mayor Graham

Motion carried. (M-2022-084)

**8. Business Arising From the Minutes**

**8.1. Endorsement of Niagara Region Correspondence re: Public Health Funding**

The Chair advised the Board that this correspondence has been held given that it will be further informed by reports forthcoming to the Board in November on the 2023 PPH budget and Child Health Programs (i.e., Healthy Babies Healthy Children and Infant and Toddler Development Program).

**9. Staff Reports**

**9.1. Presentation: Drug Poisonings Update and Community Engagement with People Who Use Drugs**

MOTION:

That the Board of Health for Peterborough Public Health receive the presentation, *Drug Poisonings Update and Community Engagement with People Who Use Drugs*, for information.

Moved: Deputy Mayor Clark

Seconded: Dr. Stelzer

Motion carried. (M-2022-085)

**9.2. Presentation: Strategic Plan Update - Communications Plan**

MOTION:

That the Board of Health for Peterborough Public Health receive the presentation, *Strategic Plan Update - Communications Plan*, for information.

Moved: Mr. Moloney

Seconded: Councillor Baldwin

Motion carried. (M-2022-086)

**9.3. Presentation: COVID Update**

MOTION:

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

Moved: Mr. Moloney

Seconded: Dr. Stelzer

Motion carried. (M-2022-087)

**10. Consent Items**

MOTION (10.2 a):

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

- a. Association of Local Public Health Agencies e-newsletter dated September 16, 2022

Moved: Mr. Moloney

Seconded: Deputy Mayor Clark

Motion carried. (M-2022-088)

MOTION (10.3.1):

That the Board of Health for Peterborough Public Health receive the staff report, *Health Care Worker Influenza Immunization: 2021-2022*, for information.

Moved: Mr. Moloney

Seconded: Deputy Mayor Clark

Motion carried. (M-2022-088)

MOTION (10.3.2):

That the Board of Health for Peterborough Public Health receive the staff report, *Public Health Impacts Related to the Expansion and Advertising of Online Gaming*, for information.

Moved: Mr. Moloney

Seconded: Deputy Mayor Clark

Motion carried. (M-2022-088)

MOTION (10.4.1):

That the Board of Health for Peterborough Public Health:

- a. receive meeting minutes of the Indigenous Health Advisory Circle (IHAC) from June 22, 2022 for information;
- b. approve policy 2-50, Land Acknowledgement and Recognition of Indigenous Cultures (revised)
- c. approve policy, 2-401, Jordan's Principle (revised)
- d. send a letter to local MPPs and to the Minister of Health (via the Public Appointments Unit), to express support for the provincial appointment of Professor David Newhouse, IHAC member.

Moved: Mr. Moloney

Seconded: Deputy Mayor Clark

Motion carried. (M-2022-088)

**11. New Business**

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

**13. Motions for Open Session**

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

Wednesday, November 9, 2022 – 5:30 p.m., Peterborough Public Health, or at the call of the Chair.

**15. Adjournment**

MOTION:

*That the meeting be adjourned.*

Moved by: Deputy Mayor Clark

Seconded by: Mr. Moloney

Motion carried. (M-2021-089)

The meeting was adjourned at 6:30 p.m.

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Chairperson

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Medical Officer of Health

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

<b>TITLE:</b>	Local Need for Supervised Inhalation Services
<b>DATE:</b>	November 9, 2022
<b>PREPARED BY:</b>	Evan Brockest, Health Promoter & Jocelyn Qualtrough, Health Promoter
<b>APPROVED BY:</b>	Dr. Thomas Piggott, Medical Officer of Health & CEO

### **PROPOSED RECOMMENDATIONS**

That the Board of Health for Peterborough Public Health:

- receive the staff report, Local Need for Supervised Inhalation Services, for information;
- receive the staff presentation, Drug Poisoning Update and Local Need for Inhalation Services, for information; and,
- write the Minister of Health to request provincial support for Supervised Inhalation Services in Peterborough, including funding to support the integration of this service within the Consumption and Treatment Services site (CTS) at 220 Simcoe Street; and
- send copies to local MPs and MPPs, local Councils, Fourcast, the Peterborough Drug Strategy, and the Health Canada Exemptions Branch.

### **FINANCIAL IMPLICATIONS AND IMPACT**

There are no financial implications arising from this report.

### **DECISION HISTORY**

The Board of Health has not previously made a decision with regard to this matter.

### **BACKGROUND**

In June 2022, the Peterborough Consumption Treatment Services (CTS) site opened within the Opioid Response Hub at 220 Simcoe Street. As of October 24, 2022, there have been 3,021 visits to the service by 198 unique individuals. To date, staff have reversed 12 drug poisonings, resulting in zero deaths.<sup>1</sup> Conversely, between January 1 and October 31, 2022, there have been 55 suspected drug-related fatalities in the region\*.<sup>2</sup>

These early results suggest that the Peterborough CTS is an effective tool that is supporting Peterborough's collaborative response to the drug poisoning crisis. However, the continuing high rate of drug-related fatalities demonstrates that significant gaps remain. In particular,

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\* The numbers of deaths are higher than what Peterborough Public Health has reported in the past. The Office of the Chief Coroner of Ontario is now providing data to local public health agencies that includes deaths which are not included in data from local police services (e.g. the death occurred in a hospital).

although the Peterborough CTS is equipped to serve the needs of people who use drugs via injection, intranasal, or oral routes, inhalation is not currently permitted under Ontario's provincially-funded Consumption and Treatment Services program. This gap persists despite growing local, provincial, and national evidence demonstrating an increasing proportion of drug toxicity deaths and poisonings due to inhalation of opioids compared to other modes of use.

Several factors could explain the apparent shift towards inhalation among people who use drugs compared to injection drug use. Earlier harm reduction guidance recommended smoking as a safer alternative to injection on the basis that this could both lower overdose risk and transmission of infections. In particular, smoking enabled individuals to test for potency by consuming less drug at a time, rather than administering a full dose all at once.<sup>3</sup> However, as drug market trends have resulted in an increasingly toxic, unpredictable, and contaminated street drug supply, harm reduction best practice is shifting to recognize that inhalation is not a 'fail safe' for reducing drug poisoning risk. In addition to historical harm reduction factors, research has identified less risk of vein stigma, stigma around injection drug use, and the ease of preparing a drug for inhalation versus injection as factors influencing preference towards inhalation versus injection among people who use drugs.<sup>4</sup>

In response to these trends, Peterborough Public Health (PPH) staff reviewed the technical and regulatory requirements for integrating inhalation into a federally-exempted supervised consumption service in February 2022. This review determined that Health Canada will authorize Supervised Consumption Service to offer this service provided specific design and public safety considerations are met. Applicants seeking a 56.1 exemption from Health Canada to operate a Supervised Consumption Service (SCS) must also ensure compliance with all applicable federal, provincial, and municipal legislation affecting SCS services, including requirements related to occupational health and safety.<sup>5</sup> While regulatory requirements vary between provinces, subsequent consultation with provincial Ministry of Health staff resulted in confirmation that CTS operators are currently prohibited from directing program funding to support delivery of supervised inhalation services within a provincially-funded CTS.<sup>6</sup> Accordingly, to implement this service, a change to provincial policy or a separate funding and staffing solution would be required.

In an effort to highlight drug poisoning risks associated with inhalation, PPH has added inhalation specific guidance to community alerts released under the Early Warning & Surveillance System. Moreover, due to financial and regulatory barriers associated with the implementation of safer smoking services within SCS, harm reduction advocates in some jurisdictions have established informal "pop-up" overdose prevention sites (OPS) run by volunteers. In Peterborough, community members have relied on donations to operate an unsanctioned OPS on a weekly basis for the past year. Since September 30, 2021, the date the service began, OPS volunteers have supported a total of 925 visitors, of which 83 have been IV users compared to 277 who accessed the service for inhalation purposes.<sup>7</sup>

## **RATIONALE**

In Peterborough City and County, drug toxicity deaths due to the inhalation have increased annually since 2019. In 2021, 45.5% of opioid-related deaths were attributed to smoking opioids, compared to 9.1% who died via injection drug use.<sup>8</sup> In addition to fatalities, harm reduction distribution data from Peterborough's core and satellite Needle Exchange programs provide further evidence of an apparent shift towards non-injection routes of consumption in the local health unit region. For example, in 2020, for every transaction involving needles, there were 2 transactions that involved the distribution of safer smoking supplies (e.g., bowl pipes, foils, and stems). By 2021, transactions involving safer smoking supplies doubled from 5,703 to 10,983, outpacing transactions involving needles by 6 to 1.<sup>9</sup> These trends are consistent with a recently published provincial report demonstrating the rising prevalence of inhalation drug use during the COVID-19 pandemic.<sup>10</sup>

The absence of a sustainably-funded, consistently available service to safely consume drugs via inhalation is a critical factor undermining local and provincial efforts to prevent drug poisoning deaths and build trust with the community of people who use drugs. Legislative and policy changes, combined with enhanced funding for established CTS sites, are needed to allow for the implementation of safer smoking services to effectively address the needs of service users that consume drugs via inhalation.

In summary, the barriers to the offering of safe inhalation services in Peterborough are as follows:

1. Provincial funding agreement does not permit inhalation drug use;
2. If provincial funding agreements are not changed, an alternate source of sustainable operational funding would be needed to provide inhalation services;
3. Infrastructure and logistical changes would need to be overcome, with attention to staff safety, at the 220 Simcoe St facility;
4. Capital funding for the aforementioned changes would need to be identified;
5. An amendment to the current Health Canada exemption would be required.

While recognizing these barriers, PPH also recognizes that urgent action on a lack of access to inhalation services is critical to saving lives in the ongoing drug poisoning crisis.

## **STRATEGIC DIRECTION**

This report applies to the following strategic direction(s):

- People who use drugs (PWUD) have enhanced access to public health services and supports in our collaborative response to the drug poisoning crisis.
- Partners providing health care and social services address health inequities and barriers to services, in particular in relation to housing and mental health.



## **ATTACHMENTS**

### **a. Presentation**

## **REFERENCES**

<sup>1</sup> Ontario Harm Reduction Program Database. FourCAST CTS Program Data, June 1 to October 24, 2022. Accessed October 24, 2022.

<sup>2</sup> Peterborough Public Health. Opioid Harms Data Portal. Available from <https://www.peterboroughpublichealth.ca/your-health/drugs-and-harm-reduction/opioids/opioids-data/>. Accessed October 25, 2022.

<sup>3</sup> Boyce, N, & Kornberg, Netta. Reframing Ontario's overdose crisis: Addressing inhalation and stimulant use. November 2021. Available from: [Reframing Ontario's overdose crisis: Addressing inhalation and stimulant use | CATIE Blog](#). Accessed October 26, 2022.

<sup>4</sup> Rapid Response Service. A review of supervised inhalation services in Canada. Toronto, ON: The Ontario HIV Treatment Network; July 2022. Available from [https://www.ohtn.on.ca/wp-content/uploads/2022/07/RR171\\_supervised-inhalation\\_July212022.pdf](https://www.ohtn.on.ca/wp-content/uploads/2022/07/RR171_supervised-inhalation_July212022.pdf)

<sup>5</sup> Health Canada. Application form: Section 56.1 Exemption for Medical Purposes under the Controlled Drugs and Substances Act for activities at a supervised consumption site. 2018. Available from: <https://www.canada.ca/content/dam/hc-sc/documents/services/substance-abuse/supervised-consumption-sites/apply/how-to-apply.pdf> Accessed October 26, 2022.

<sup>6</sup> Piggott, T, personal communication, October 18, 2022.

<sup>7</sup> Brockest, E, personal communication, October 7, 2022.

<sup>8</sup> Coroner's Opioid Investigative Aid, May 2017 to March 2022, Office of the Chief Coroner for Ontario, extracted July 25, 2022.

<sup>9</sup> Ontario Harm Reduction Database. Transactions by item dispensed, Peterborough Public Health, 2019-2022. Accessed September 23, 2022.

<sup>10</sup> Gomes, T, Murray R, Kolla, G, Leece P, Bansal S, Besharah J, et al. Changing circumstances surrounding opioid-related deaths in Ontario during the COVID-19 pandemic. 2021. Available from: <https://www.publichealthontario.ca/-/media/documents/c/2021/changing-circumstances-surrounding-opioid-related-deaths.pdf?la=en>. Accessed October 25, 2022.

# Drug Poisoning Update and Local Need for Inhalation Services

Evan Brockest, Health Promoter, Family & Community Health

Jocelyn Qualtrough, Health Promoter, Family & Community Health

November 9, 2022

# Drug Poisonings Update

## 2022 Year-To-Date:

- **325** opioid poisoning 911 Calls for Service
- **470** drug poisoning ED visits
- **55** suspected drug poisonings deaths
  - In 2021...
    - **45.5%** of drug-related deaths were attributed to **inhalation drug use**
    - **9.1%** of drug-related deaths were attributed to injection drug use
- On average, a person dies from a drug poisoning every **6** days



**Learn more about Opioids!**

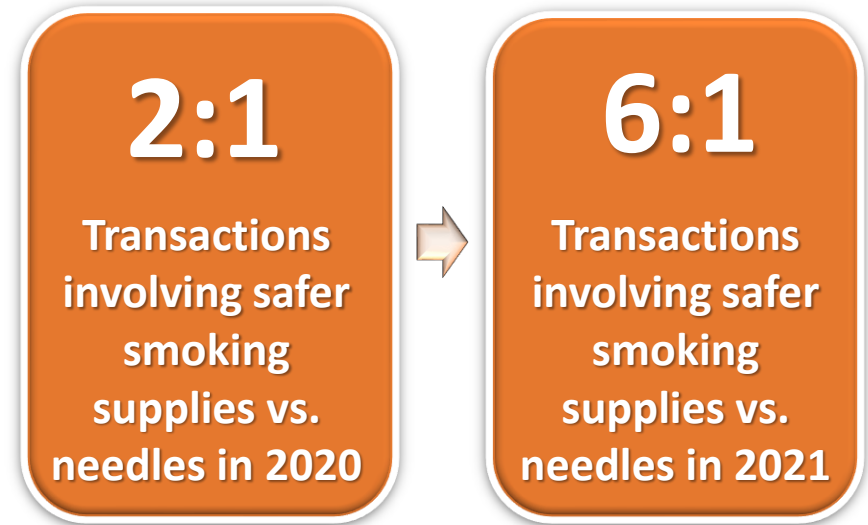
- Access Naloxone
- Harm Reduction Supplies
- Data Portal
- Drug Reporting Tool

Opioid Harms Data Portal Drug Reporting Tool

# Local Need for Inhalation Services

- Consumption and Treatment Services Site
  - June to October 2022
    - 3021 visits by 198 unique individuals
    - 12 drug poisonings reversed
- Barriers to Safe Inhalation Services
  - Not permitted by Provincial funding agreement;
    - Alternate source of operational funding needed
  - Infrastructure and logistical changes at 220 Simcoe St.
  - Identification of capital funding
  - Amendment to Health Canada exemption

## Harm Reduction Distribution



# Next Steps Ahead

- Request provincial support for supervised inhalation services in Peterborough
  - Including funding to support the integration of this service within the Consumption and Treatment Services Site at 220 Simcoe Street



**PETERBOROUGH PUBLIC HEALTH  
BOARD OF HEALTH**

<b>TITLE:</b>	<b>Stewardship Committee Report – 2023 Cost-Shared Budget</b>
<b>DATE:</b>	<b>November 9, 2022</b>
<b>PREPARED BY:</b>	<b>Alida Gorizzan, Executive Assistant, on behalf of Dr. Hans Stelzer, Committee Chair</b>
<b>APPROVED BY:</b>	<b>Dr. Thomas Piggott, Medical Officer of Health &amp; CEO</b>

**PROPOSED RECOMMENDATIONS**

That the Board of Health for Peterborough Public Health:

- receive the staff report, 2023 Cost-Shared Budget Approval, for information; and
- approve the 2023 Cost-Shared Budget for public health cost-shared programs of \$11,059,442.

**BACKGROUND**

The Committee met last on November 1, 2022. At that meeting, members requested that this item come forward to the Board at its next meeting.

**ATTACHMENTS**

- a. [Staff Report](#)
- b. [2023 Cost-Shared Budget](#)
- c. [Presentation](#)

## **PETERBOROUGH PUBLIC HEALTH**

### **STEWARDSHIP COMMITTEE – STAFF REPORT**

<b>TITLE:</b>	<b>2023 Cost-Shared Budget Approval</b>
<b>DATE:</b>	<b>November 1, 2022</b>
<b>PREPARED BY:</b>	<b>Larry Stinson, Director of Operations</b>
<b>APPROVED BY:</b>	<b>Thomas Piggott, Medical Officer of Health &amp; CEO</b>

#### **PROPOSED RECOMMENDATIONS**

That the Stewardship Committee of the Board of Health:

- receive the staff report, 2023 Cost-Shared Budget Approval, for information; and
- recommend that the Board of Health approve the 2023 Cost-Shared Budget for public health cost-shared programs of \$11,059,442.

#### **FINANCIAL IMPLICATIONS AND IMPACT**

The proposed budget includes all Ministry of Health cost-shared programs.

Many assumptions are factored into the formulation of the budget for the purposes of determining costs including increases for salary and benefits due to contractual agreements and allowance for the impact of inflation rate on ongoing operating expenditures. The most significant variable in the calculation of the cost-shared budget is the cost of wages and benefits. Budgeted wages reflect the current collective agreements and a projection of settlement for each bargaining unit based on different expiry dates.

The proposed budget is based on 2023 Budget Planning Assumptions which include:

- A 0% increase from the Ministry over the 2022 budget approval.
- A 70% provincial contribution base equal to 2022 approval.
- Provision of one-time mitigation funding for 2023, at the same level as 2022.
- Eligible COVID related activities are funded at 100% by the Ministry.
- All regular staff (2019 staffing levels) deployed to delivery of Ontario Public Health Standards (OPHS 2018).
- An increased local share contribution of \$608,000 from 2022 for a total of \$2,903,941 (this is equal to 26.26% of the total budget).
- Salaries are based on existing union settlements and projection of settlements.
- OMERS pension rates are known and all other benefit costs are based on in-year estimates including a projected increase for extended health benefits.

In 2023, further costs associated with COVID-19 are anticipated to support case and contact, enforcement, communication and immunization. Based on communication from the Ministry, the reimbursement process for COVID-19 extraordinary and vaccination costs will be the same



as 2022. The 2023 budget is based on COVID work being done by hiring of temporary staff and assignment of Acting Manager positions.

### **DECISION HISTORY**

Based on communication from the Ministry in August 2022, mitigation funding will be provided for the 2023 fiscal year at the same level as previous years.

In May 2018, due to long-term underfunding, the Board of Health passed the following motion:

*“That the Board of Health for Peterborough Public Health:*

- Receive the report, Increased Proportion of Local Funding for Public Health, for Information and adopt the three strategic directions as prioritized in the report;*
- That all efforts as outlined be undertaken to ensure the Province provides the funding necessary; and*
- Direct staff to approach local funding partners with planned increases in funding for the 2019-2021 fiscal years in order to shift the cost-funding formula to 30% local/70% provincial in the likelihood of continued provincial under-funding.*

*Moved: Mayor Woodcock. Seconded: Councillor Baldwin. (M-2018-048)*

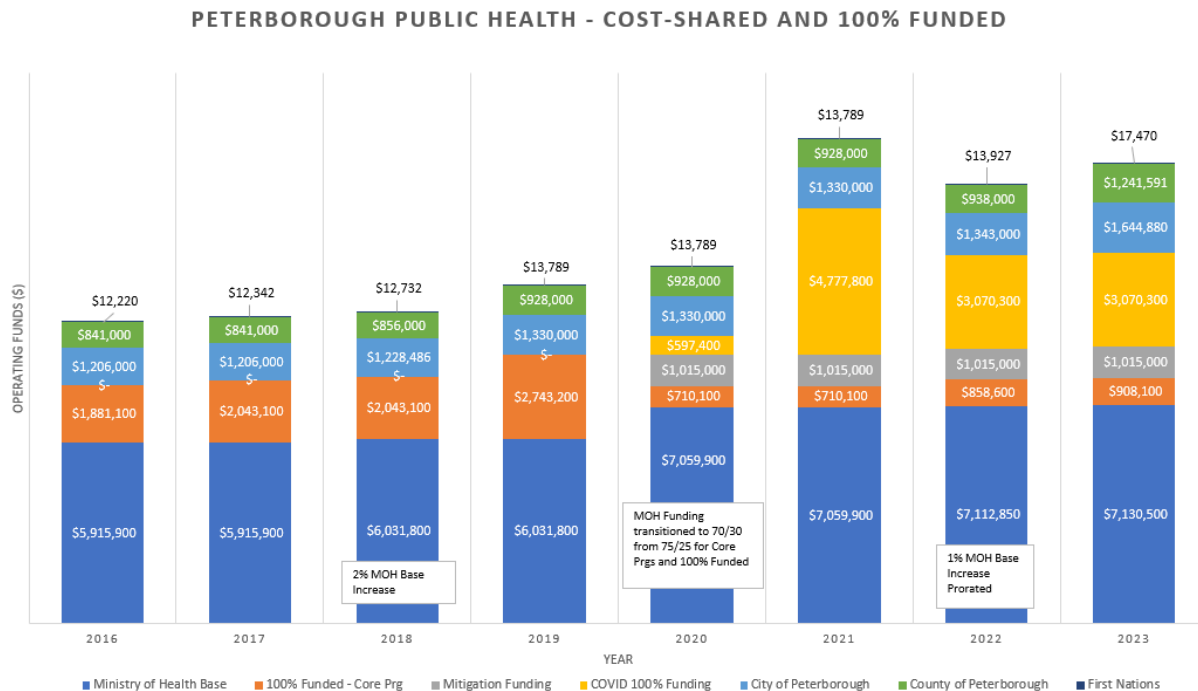
Local funders were approached by PPH regarding the proposed increases, however, in April 2019, the Province announced significant changes to the provincial funding and structure of public health in Ontario (Modernization). The Ontario Budget document revealed a plan for funding obligations to change in 2019 to 70% provincial and 30% local for all Ministry of Health cost-shared and 100% funded programs, and move to 60% provincial and 40% local funding by 2021. This ultimately has been communicated as a move to 70% provincial and 30% local.

### **BACKGROUND**

Under the Health Protection and Promotion Act (HPPA) section 72(1), local boards of health are obligated to deliver minimal levels of service for their health unit regions based on the Ontario Public Health Standards (OPHS) and related requirements. In past years, Peterborough Public Health (PPH) has struggled to meet these requirements, with many requirements only being “partially met”. This challenge has been amplified by the fact that provincial grant contributions to base budgets have been held at 0% increase in six out of the last ten years and received modest increases of 1-2% in the other four (as shown in Figure 1). To maintain the proportional funding (at 75:25 provincial:local ratio) increases in contributions from the local funders have also been limited.

Projections for a budget that allows retention of staffing levels (not including COVID-funded or other 100% funded positions, and incorporating mitigation funding) at 2022 levels shows a \$608,000 shortfall in revenue. This significant shortfall has accumulated over past years, where we have seen base budget held at 0% increase or rare increases of 1 – 2%, while operational costs continue to escalate. Figure 1 reflects the changes in funding levels year-over-year back to 2016.

**Figure 1: PPH Cost-Shared & 100%-Funded Program Budgets, 2016-2023**



In August 2020, at the Association of Municipalities of Ontario (AMO), it was announced that public health funding would change to 70% provincial and 30% local for all Ministry of Health cost-shared and 100% funded programs for the 2020 fiscal year. To assist municipalities with this transition, mitigation funding would be provided to ensure local partner contributions would remain the same as 2019, for 2020 and 2021. This commitment has been extended for 2023, but it is assumed will not continue beyond resulting in an additional increased obligation for local funders of \$1,015,000.

This growing gap between revenue and expenses has only been manageable in recent years due to the continued provincial mitigation funding and redeployment of staff to COVID (and therefore, corresponding shortfall in base program delivery), paid for through COVID extraordinary funding. The redeployment through COVID has created additional pressures, however, creating the need for program catch up and recovery after two-plus years of being sidelined.

It is important to note that what appears to be an increase in Ministry base funding in 2020 is actually a shift in Ministry contributions from 100%-funded programs to the cost-shared budget. The combination of cost-shared, 100% and mitigation funding still resulted in a 0% increase in program funding. The only true increases in revenue between 2016 and 2022 were a 2.0% increase in 2018 (\$115,900) and a 1% increase for a portion of 2022 (\$52,950). The local share contributions increased by \$97,000 over that same time frame for a total revenue increase of \$264,950. During this 10-year time period of funding freezes PPH has continued to identify program delivery and business efficiencies to maximum levels. It has also decreased

programming through staff attrition or layoffs resulting in decreased provision of service and an inability to meet the OPHS.

Meanwhile, costs for operations continue to rise beyond what these modest increases can match. Wage and benefit increases alone contributed an increased cost of \$929,000 over that same period. This does not take into account the escalating costs for other expenditures including insurance, building operations, technology, and general materials and supplies.

## **RATIONALE**

Under the OPHS, the Board is required to approve an annual budget that does not forecast an unfunded deficit.

This projected shortfall can only be addressed by:

- i) increased revenue from the Province;
- ii) finding further efficiencies;
- iii) implementation of user fees;
- iv) elimination of programs; or
- v) increased revenue from local funders;

An increase in provincial contribution to public health budgets for 2023 can not be relied upon as a solution. The HPPA permits the Province to provide grants toward the delivery of the OPHS at their discretion. Conversations with Ministry staff indicate despite acknowledgement of financial pressures, base budget increases for 2023 are unlikely.

The funding challenges have faced public health for over a decade. To address the ongoing challenges, PPH has continued to seek the most efficient operations, less expensive contract services and held budget lines such as professional development at below-standard levels. Moving forward we will seek collaboration and new partnership opportunities to increase efficiency, recognizing these initiatives often require up-front investment and take years to implement and begin realizing efficiencies.

The services provided by PPH do not lend themselves to user fees, or under funding agreements we are bound by are not permissible. Where cost-recovery fees are acceptable (e.g. septic inspections), they have already been implemented.

As has already been stated, boards of health are obligated to meet minimum requirements under the OPHS. Prior to COVID, quarterly reports to the Board indicated many program areas were only partially compliant. With the recent completion of the 2022–2025 Strategic Plan, we have undertaken a process to identify and deprioritize a range of activities that will result in the lowest negative public health impact possible. This includes:

- Decreasing offering of food handler courses;
- Deprioritizing low-risk food premise inspections, unless we have sufficient capacity to begin those;

- Reducing summer student staffing for Vector Borne Disease prevention and eliminating funeral home inspections as per regulatory changes; and
- Discretionary health promotion activities where we can find alternative ways to delivery (e.g. online prenatal class offerings).

Further reductions on program compliance would compromise the integrity, value and importance of public health goals and the health of the population that we serve.

Although we have frozen local funding contributions in recent years, we are recommending a \$608,000 increase for 2023 over 2022 contributions. Additionally, based on the 2021 StatsCan Census data there is a differential increase for City and County, as the rebalance for population census data occurs (in keeping with standard practice). All other options are not feasible at this time, and under legislation, the obligation for minimum service levels falls to municipalities.

The only consideration would be for the Board to use reserve dollars to assist offsetting the shortfall, however, this is not recommended. As has been pointed out above, the potential for increased burden on local funders persists and is anticipated to escalate for 2024 and beyond. If reserves are depleted now, it will limit the opportunity to ease the transition with use of reserves in future years or address other unforeseen financial risks.

### **STRATEGIC DIRECTION**

The 2023 approved budget allows the Board to begin addressing all strategic priorities that have been planned for the first year of the Strategic Plan.

### **ATTACHMENTS**

- Draft 2023 Cost-Shared Budget
- Presentation

**PETERBOROUGH PUBLIC HEALTH**

**DRAFT 2023 - Combined Ministry of Health Programs**

	<b>2023 Combined Total</b>	<b>2022 Combined Total</b>	<b>Change</b>	<b>% Change</b>	<b>Comments</b>
<b>EXPENDITURES</b>					
1 Salaries and wages	7,485,541	7,381,035	104,506	1.42%	Increase for contract settlements and staff complement net of staffing mix changes
2 Employee benefits	2,173,584	2,094,727	78,857	3.76%	Increase relates to changes in health benefit rates & staffing mix
% benefits of salary and wages	<b>29.04%</b>	<b>28.65%</b>			
3 Staff Training	45,539	45,539	-	0.00%	
4 Board Expenses	48,598	48,598	-	0.00%	
5 Travel	70,877	65,627	5,250	8.00%	Mileage allowance based on anticipated rates given higher gas prices in 2022 and increased travel with
6 Building Occupancy	718,671	718,671	-	0.00%	
7 Office Expenses, Printing, Postage	36,534	36,534	-	0.00%	
8 Materials and Supplies	429,714	429,714	-	0.00%	
9 Office Equipment	12,840	12,840	-	0.00%	
10 Professional and Purchased Services	544,050	544,050	-	0.00%	
11 Communication costs	82,111	82,111	-	0.00%	
12 Information and Information Technology Equip	61,189	61,189	-	0.00%	
<b>EXPENDITURES</b>	<b>11,709,247</b>	<b>11,520,635</b>	<b>188,612</b>	<b>1.64%</b>	
<b>FEES &amp; OTHER REVENUES</b>					
13 Expenditure Recoveries - Immunization Program	31,300	31,300	-	0.00%	Based on 2022 activity levels and anticipated catch-up due to delays related to COVID
14 Expenditure Recoveries & Offset Revenues	618,506	640,506	(22,000)	-3.43%	Projected reduction in fees collected for dental programs and other programs not anticipated to operate in 2023 due to de-prioritization
<b>FEES &amp; OTHER REVENUES</b>	<b>649,806</b>	<b>671,806</b>	<b>(22,000)</b>	<b>-3.27%</b>	
<b>NET EXPENDITURES - Cost Shared Budget</b>	<b>11,059,441</b>	<b>10,848,829</b>	<b>210,612</b>	<b>1.94%</b>	

	2023 Combined Total	2022 Combined Total	Change	% Change	Comments
<b>PARTNER CONTRIBUTIONS – 2023</b>					
					Assumes 0% increase from Ministry. In 2022 received 1% increase pro-rated for 9 months of the year.
15 Ministry of Health - Cost Shared	7,130,500	7,112,850	17,650	0.25%	
16 - One-Time Mitigation	1,015,000	1,015,000	-	0.00%	Assumes no change in funding from prior year
17 - Indigenous Communities	10,000	10,000	-	0.00%	Assumes no change in funding from prior year
18 City of Peterborough	1,644,880	1,343,755	301,126	22.41%	Funding based on levy increase per staff report net of change due to 2021 census population
19 County of Peterborough	1,241,591	937,361	304,230	32.46%	Funding based on levy increase per staff report net of change due to 2021 census population
20 Curve Lake First Nation	13,194	10,516	2,678	25.46%	Funding based on levy increase per staff report
21 Hiawatha First Nation	4,276	3,411	865	25.37%	Funding based on levy increase per staff report
<b>FUNDING PARTNER CONTRIBUTIONS</b>	<b>11,059,441</b>	<b>10,432,892</b>	<b>626,549</b>		
<b>Projected (Deficit)</b>	<b>(0)</b>	<b>(415,937)</b>	<b>415,936</b>		

Note: The local portion of the 1% increase received in 2022 was funded through reserves not billed directly to Local Partners. Thus 2021 funding remained at previous year rates.

# 2023

## Peterborough Public Health Budget Approval

Dr. Thomas Piggott, Medical Officer of Health & Chief Executive Officer

Larry Stinson, Director of Operations

# 2023 Budget Approval

- History
  - Modernization & funding change
  - Budget freeze
  - Inability to meet Ontario public health standards with current funding
- Budget 2023
  - Assumptions
  - Budget
  - Municipal levy
- Current issues and future questions



# History



MODERNIZATION



BUDGET FREEZE



UNABLE TO MEET  
ONTARIO PUBLIC  
HEALTH STANDARDS

# Changes in 2018



## MODERNIZATION

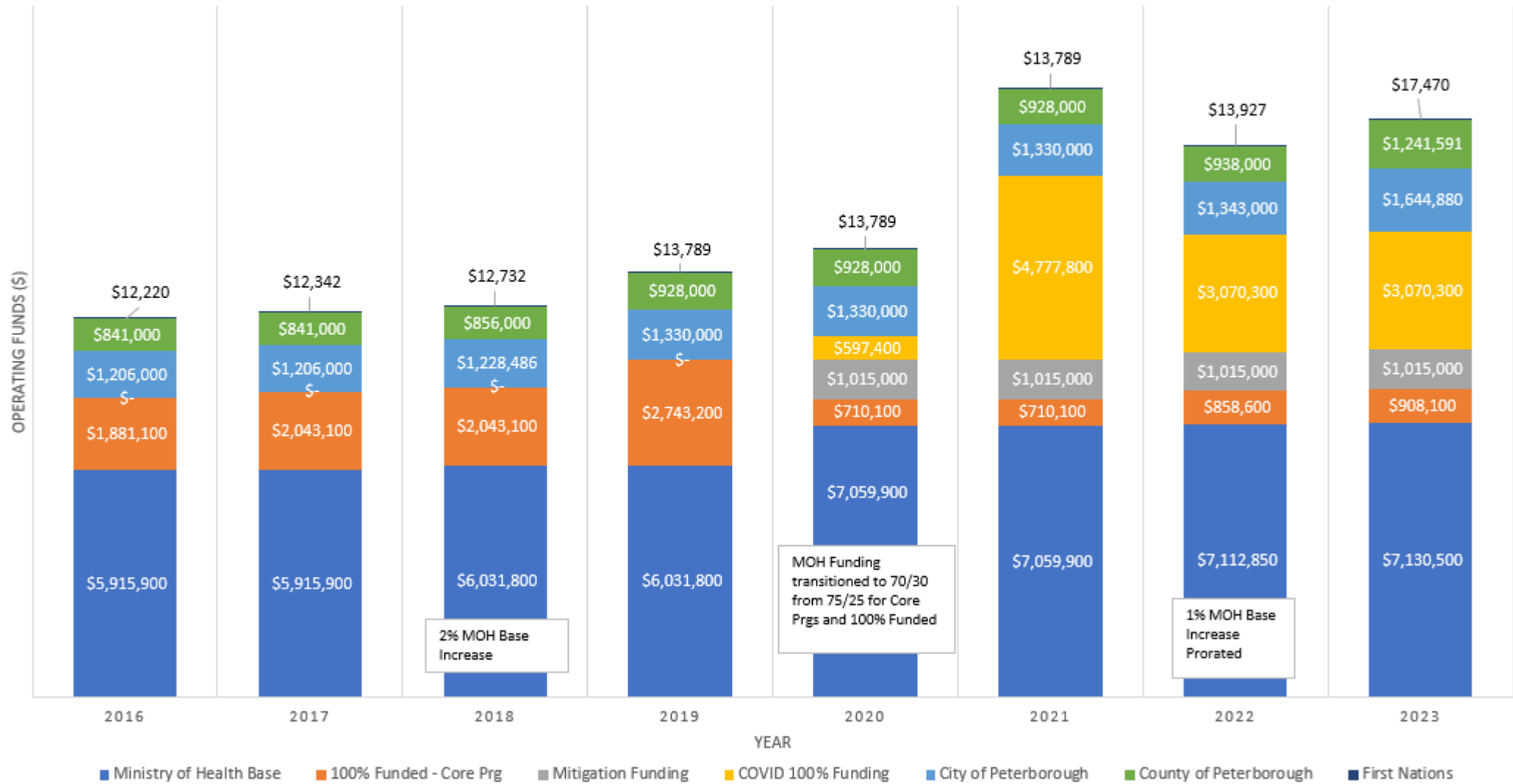
- Cost shared budget from 75/25 to 70/30
- Modernization discussions initiated in 2018 with consultations put on hold in 2019/20 in context of COVID-19 pandemic



## PETERBOROUGH PUBLIC HEALTH - COST-SHARED AND 100% FUNDED



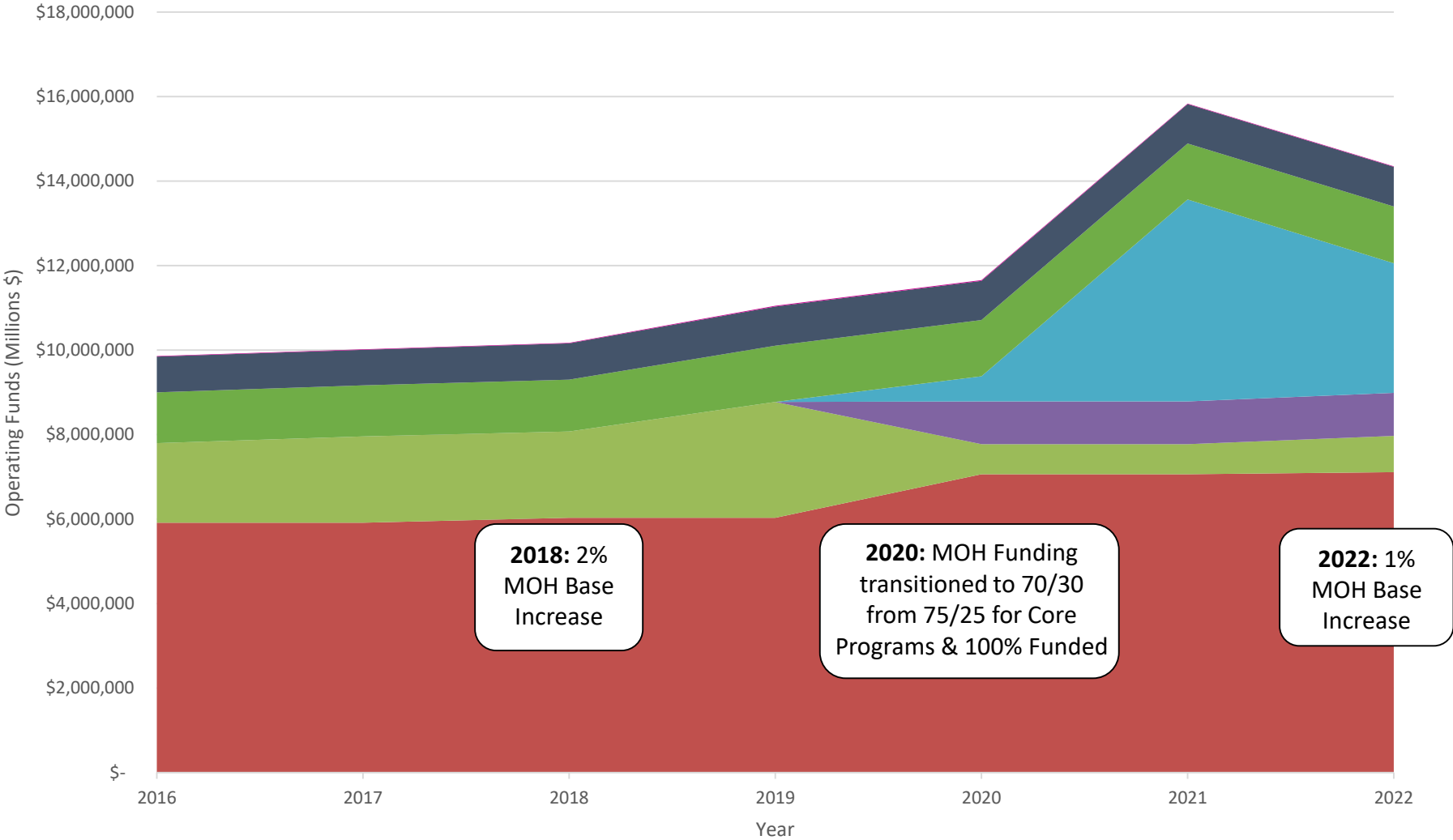
BUDGET  
FREEZE





BUDGET FREEZE

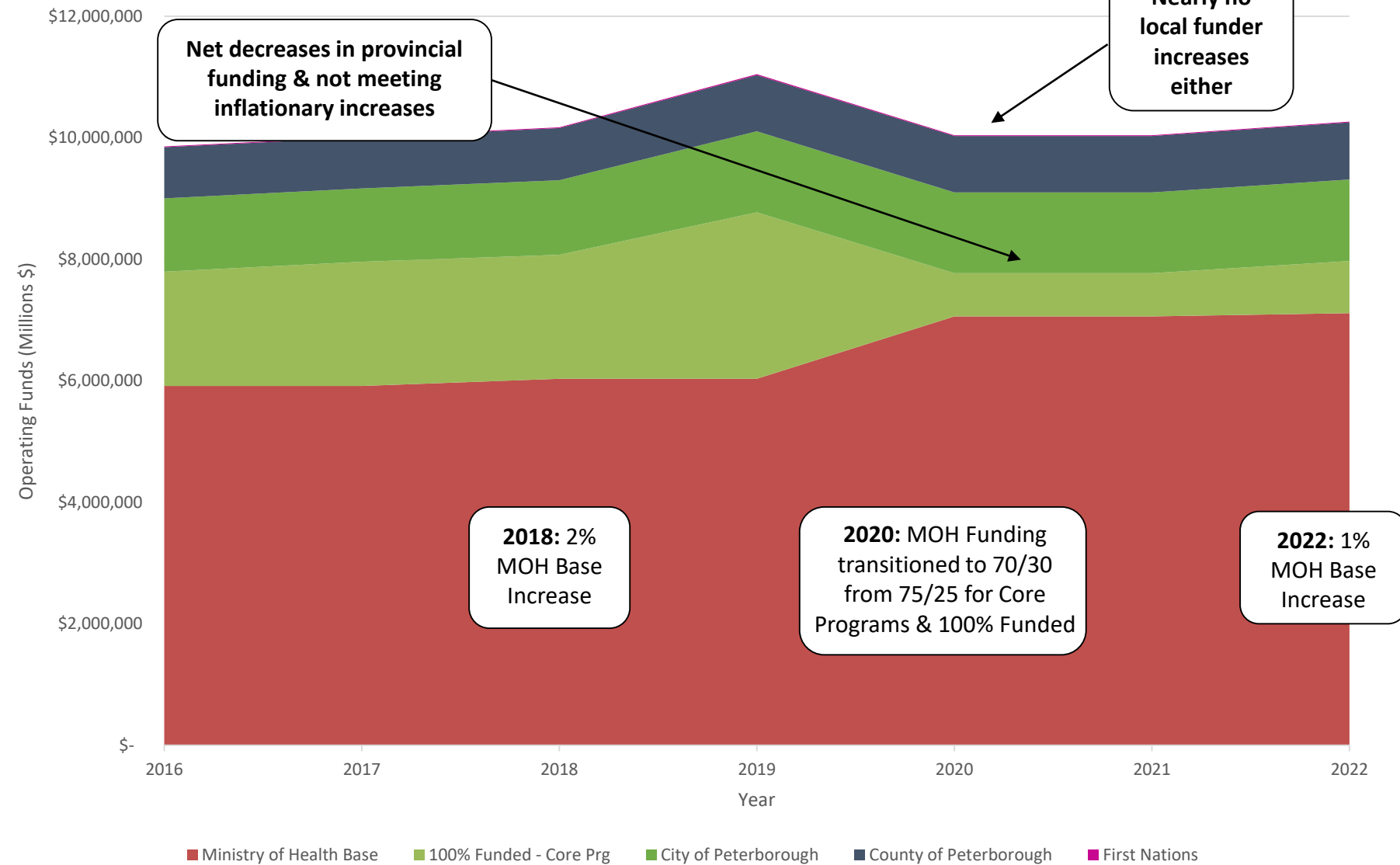
PETERBOROUGH PUBLIC HEALTH REVENUE 2016 - 2022



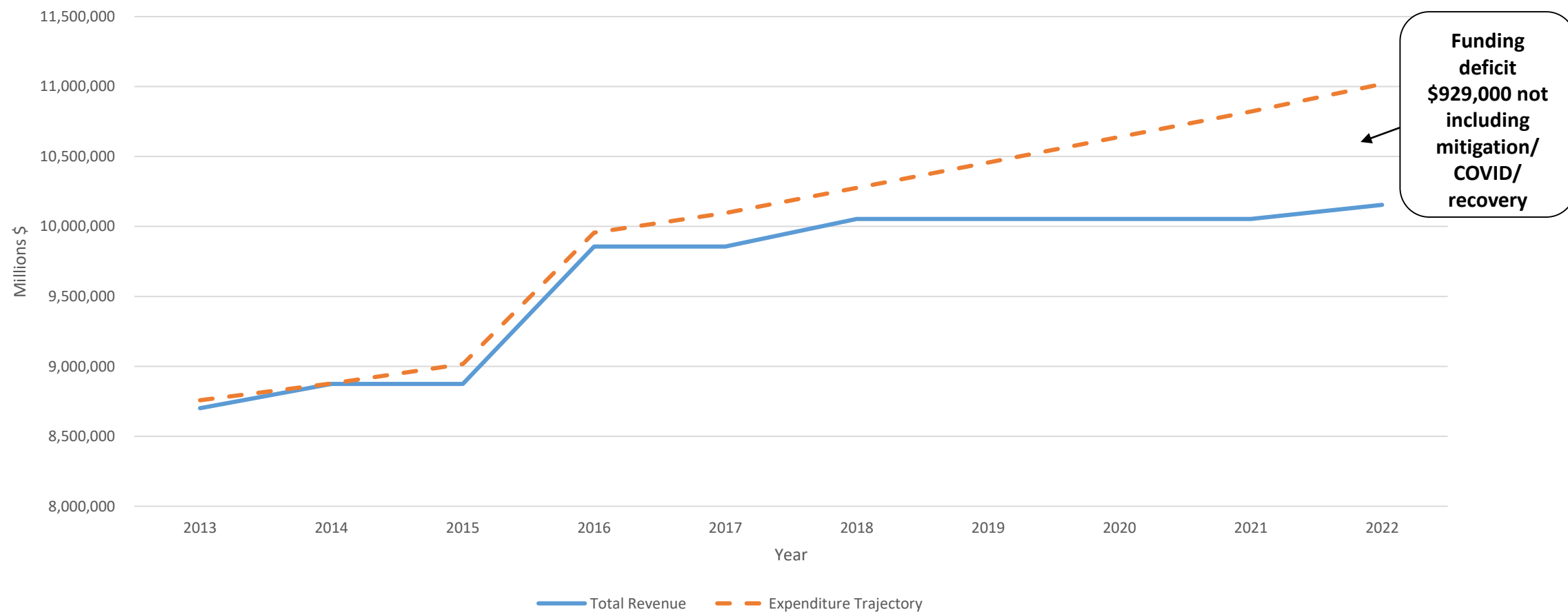


## BUDGET FREEZE

PETERBOROUGH PUBLIC HEALTH REVENUE 2016 - 2022



# Revenue Deficit Analysis \*(based on 2015 projected, wage/benefits only)



# Impact on OPHS



UNABLE TO MEET  
ONTARIO PUBLIC  
HEALTH STANDARDS

- We consistently could not meet OPHS prior to the pandemic;
- This has worsened through redeployment without recovery funding during the pandemic;
- Activities we have deprioritized due to budget pressures and capacity include:
  - ↪ Low-risk food safety inspections;
  - ↪ Health hazards programs including: reduced summer staffing for Vector –Borne Disease Prevention and eliminating funeral home inspections as per regulatory changes
  - ↪ Food handler courses – fewer offerings and focused on priority audiences;
  - ↪ Discretionary health promotion activities will be reprioritized;
- These were selected to **minimize** public health impact and disruptions for the public.

# Budget 2023



# Budget Approvals 2023 – assumptions

- Base (cost-shared) at 0% increase from province and mitigation continuing as expected;
- Increase to Senior's Dental Operation Budget;
- Funding for COVID (General and Vaccination) a proportion of request; Minimal one-time funding approved; No Recovery one-time funding approved;
- Salaries are based on existing union settlements and projection of settlements;

# Deficit

- The revenue deficit is anticipated to be \$608,000;
- Under the *Ontario Public Health Standards*, the Board is required to approve an annual budget that does not forecast an unfunded deficit;
- This projected shortfall can only be addressed by:
  - i. increased revenue from the province;
  - ii. finding further efficiencies;
  - iii. implementation of user fees;
  - iv. elimination of programs; or
  - v. increased revenue from local funders;

# Partner Contributions

PARTNER CONTRIBUTIONS – 2023		2023		2022		Change
Ministry of Health	- Cost Shared	\$ 7,130,500.00		\$ 7,112,850.00		\$ 17,650.00
	- One-Time Mitigation	\$ 1,015,000.00		\$ 1,015,000.00		\$ -
	- Indigenous Communities	\$ 10,000.00		\$ 10,000.00		\$ -
City of Peterborough		\$ 1,644,880.00		\$ 1,343,754.50		\$ 301,125.50
County of Peterborough		\$ 1,241,591.00		\$ 937,360.80		\$ 304,230.20
Curve Lake First Nation		\$ 13,194.00		\$ 10,516.12		\$ 2,677.88
Hiawatha First Nation		\$ 4,276.00		\$ 3,410.77		\$ 865.23
<b>FUNDING PARTNER CONTRIBUTIONS</b>		<b>\$ 11,059,441.00</b>		<b>\$ 10,432,892.19</b>		<b>\$ 626,548.81</b>
<b>Projected (Deficit)</b>		<b>\$ (0.40)</b>		<b>\$ (415,936.81)</b>		<b>\$ 415,936.41</b>

# Future Questions

## New collaborations for efficiencies

- Decreasing negative impacts of gapping;
- New revenue opportunities;

COVID funding integrated into base

Will the province re-examine OPHS and what is feasible if budget not changing?

Modernization

# *Questions & Discussion*

**PETERBOROUGH PUBLIC HEALTH  
BOARD OF HEALTH**

<b>TITLE:</b>	<b>Presentation: COVID-19 Update</b>
<b>DATE:</b>	<b>November 9, 2022</b>
<b>PREPARED BY:</b>	<b>Donna Churipuy, Director, Health Protection Division</b>

**PROPOSED RECOMMENDATIONS:**

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

**ATTACHMENTS:**

- a. [Peterborough Region COVID-19 Risk Tracker](#) (*web hyperlink*)

**PETERBOROUGH PUBLIC HEALTH  
BOARD OF HEALTH**

<b>TITLE:</b>	<b>Correspondence for Information</b>
<b>DATE:</b>	<b>November 9, 2022</b>
<b>PREPARED BY:</b>	<b>Alida Gorizzan, Executive Assistant</b>
<b>APPROVED BY:</b>	<b>Dr. Thomas Piggott, Medical Officer of Health &amp; CEO</b>

**PROPOSED RECOMMENDATIONS**

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

- a. Association of Local Public Health Agencies e-newsletter dated October 18, 2022.
- b. Letter dated October 4, 2022 from the Board Chair to Minister Jones regarding support for the provincial appointment of Professor David Newhouse.

Correspondence from Local Public Health Agencies (LPHAs):

- c. HKPR - Healthy Babies Healthy Children Funding\*
- d. Timiskaming - Healthy Babies Healthy Children Funding\*

\*These will not be individually endorsed, staff will reference advocacy by other LPHAS in the letter arising out of the staff report in this agenda package (ref. item 10.3.4).

[View this email in your browser](#)

**PLEASE ROUTE TO:**

**All Board of Health Members  
All Members of Regional Health & Social Service Committees  
All Senior Public Health Managers**

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**October 18, 2022**

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## **October 2022 InfoBreak**

*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](http://alphaweb.org).*

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**Leader to Leader – A Message from the alpha President - October 2022**





*"Ultimately, leadership is not about glorious crowning acts. It's about keeping your team focused on a goal and motivated to do their best to achieve it, especially when the stakes are high and the consequences really matter, it is about laying the groundwork for others' success and then standing back and letting them shine." – Chris Hadfield, Canadian Astronaut*

Your 2022-2023 alPHa Board of Directors is motivated to do their best to achieve alPHa's strategic goals as a governance board. September's inaugural, quarterly meeting of the alPHa Board kicked-off with an orientation on good governance – guided by alPHa's [Strategic Plan](#).

alPHa continues to provide strategic leadership in building collaborations and partnerships across stakeholder groups focussing on strengthening Ontario's local public health system. The alPHa Board receives regular updates from its Sections and from the Affiliate member organizations of the Board, and Loretta Ryan, alPHa's Executive Director, works with her leadership counterparts from key partner organizations. Key information for members is sent out via the monthly *Information Break* with links to the alPHa website, and if time is of the essence, through email notifications.

In June, alPHa surveyed and received a response from each health unit in Ontario regarding base budget requirements now and moving forward. Thank you to everyone for their input. The feedback is currently being consolidated and reviewed strategically for next steps. We will be back in touch in the next newsletter with updates.

The Ontario Not-for-Profit Corporations Act (ONCA) was launched in October 2021, with a three-year window for compliance. alPHa is currently working on a review to ensure obligations are met within the timeframe. The process and results will be reported on and presented to alPHa membership at an upcoming AGM for ratification. It is to be noted that this is not a restructuring of the organization nor is it an extensive process. The goal currently, is to ensure compliance with ONCA.

Risk management, due diligence, compliance, administrative policies, and procedures are all aspects of good governance and its accountable mechanisms which encompass an entire organization. alPHa's 2023 Winter Symposium will be an opportunity to refresh these skills in the offering of governance training to its membership. This is timely as local boards of health will experience a turn-over in appointments post municipal election. Stay tuned for more information on this event!

It is a time of thoughtful and appreciative reflection as the November 14th end of term date draws closer for the municipally appointed local board of health members. While some will be reappointed, effective November 15th, some will be stepping aside. Whatever the situation may be, the unwavering governance leadership of board of health members during the past four years and particularly during the height of the COVID-19 pandemic has been absolutely essential. On behalf of the alPHa Board of Directors and the alPHa staff – thanks to each and every one of you for your volunteerism for local public health!

Hazel McCallion said, *"Do you want to be a follower, or do you want to take advantage of opportunities to be a leader?"* Thank you, to **ALL** alPHa members and to alPHa's Board of Directors for taking the opportunity to be a public health leader.

*Trudy Sachowski*  
*President*

***"The quality of a leader is reflected in the standards they set for themselves."***

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**alPHa Correspondence**



Through policy analysis, collaboration, and advocacy, alPha's members and staff act to promote public health policies that form a strong foundation for the improvement of health promotion and protection, disease prevention, and surveillance services in all of Ontario's communities. Below are submissions that have been sent in since the last newsletter. A complete online library is available [here](#).

#### [alPha Letter 2 - Resolution A22-2 - Cooling Towers](#)

October 14, 2022 letter from the President of the Association of Local Public Health Agencies (alPha), which reintroduces our call on the ministry to create province-wide mandatory cooling tower registration system to facilitate the investigation and management of legionella outbreaks such as the one that is now being investigated in the town of Orillia.

#### [alPha Letter - DSNO, Resolution A22-4 - Opioids](#)

October 14 letter from alPha that communicates our endorsement in principle of the Drug Strategy Network of Ontario (DSNO) Solutions to End the Drug Poisoning Crisis in Ontario: Choosing a New Direction as it aligns with alPha's related and previously communicated resolution (A22-4).

#### [alPha Letter - Collection of Sociodemographic Data](#)

October 14, 2022 letter to the Minister of Health urging the incorporation of sociodemographic data (SDD) in all database systems, including the Case Contact Management expansion (which is replacing iPHIS) for reporting of diseases of public health significance (DoPHS).

#### [MMAH Response - Resolution A22-3 - Cooling Towers](#)

August 24, 2022 letter from the Minister of Municipal Affairs and Housing to the President of the Association of Local Public Health Agencies.

#### [alPHa Letter - Chief of Nursing/ADM](#)

September 6, 2022 letter from the Association of Local Public Health Agencies congratulating the new Chief of Nursing & Professional Practice & Assistant Deputy Minister of Health.

#### [alPHa Letter - President & CEO, PHO](#)

July 18, 2022 letter from the alPHa ED welcoming Dr. Michael Sherar as the new President and CEO of Public Health Ontario.

#### [alPHa Letter - Resolution A22-5 - Harm Reduction](#)

July 18, 2022 letter to the Minister of Health that introduces alPHa Resolution A22-5, Indigenous Harm Reduction - A Wellness Journey.

#### [alPHa Letter - Resolution A22-4 - Opioids](#)

July 18, 2022 alPHa letter to the Minister of Health that introduces Resolution A22-4, Priorities for Provincial Action on the Drug/Opioid Poisoning Crisis in Ontario.

#### [alPHa Letter - Resolution A22-3 - Cooling Towers](#)

July 18, 2022 alPHa letter to the Minister of Municipal Affairs and Housing that introduces Resolution A22-3, which calls for a provincial cooling tower registry for the public health management of legionella outbreaks.

#### [alPHa Letter - Resolution A22-1 - Racism & Health](#)

July 18, 2022 letter to the Minister of Health that introduces Resolution A22-1, Race-Based Inequities in Health.

#### [alPHa Letter - The Future of Public Health](#)

July 18, 2022 letter to the Minister of Health that provides several documents (Including Resolution A22-2, Public Health Restructuring/Modernization & COVID-19) that give an overview of alPHa's positions and principles that we hope will be carefully considered as Ontario's public health system is reviewed and strengthened in the wake of the emergency phase of the COVID-19 response. Note: This is a follow up to the [welcome letter](#) sent to the new Minister on June 27, 2022.

#### [alPHa Letter - 2022 Resolutions](#)

July 18, 2022 letter from the President of the Association of Local Public Health

Agencies that introduces five resolutions that were passed by our members at the 2022 Annual General Meeting.

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## **Call for Abstracts now open: TOPHC 2023**



# **TOPHC**

## **The Ontario Public Health Convention**

A call for abstracts for TOPHC 2023 is now out.

The Ontario Public Health Convention (TOPHC) is a chance to learn from each other, get inspired, and move forward to make a difference in the practice of public health. It is an excellent opportunity to engage with a variety of public health professionals from various settings. TOPHC offers a combination of research and practice-based presentations to share knowledge in public health, and educational workshops that help build and refine your relevant skills. alPHa is a key partner with alPHa volunteers and staff actively engaged in the creation of TOPHC 2023.

### Goals and objectives

- Describe implementation and impact of evidence-based and evidence-informed strategies, programs, and policies to promote and protect the public's health.
- Identify considerations and approaches for enhancing collaboration and partnerships to address current and emerging public health issues.
- Recognize gaps in and challenges to current public health practice and policy and discuss opportunities and potential solutions to address these gaps.
- Applying new/enhanced skills to questions and concerns facing public health professionals and our clients.

You are all welcome to submit your abstracts.

Please note that TOPHC 2023 will be a two-day event, with a virtual program on March 27, 2023 and in-person workshops on March 30, 2023. Abstracts are only being accepted for virtual presentations that will take place on March 27, 2023.



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## Boards of Health: Shared Resources



A resource [page](#) is available on alPHA's website for Board of Health members to facilitate the sharing of and access to orientation materials, best practices, by-laws, resolutions, and other resources. If you have a best practice, by-law or any other resource that you would like to make available, please send a file or a link with a brief description to [gordon@alphaweb.org](mailto:gordon@alphaweb.org) and for posting in the appropriate library.

Resources available on the alPHA website include:

- [Orientation Manual for Board of Health](#)
- [Review of Board of Health Liability \(PowerPoint presentation\)](#)
- [Governance Toolkit](#)
- [Risk Management for Health Units](#)
- [Healthy Rural Communities Toolkit](#)
- [The Ontario Public Health Standards](#)
- [Public Appointee Role and Governance Overview](#)
- [Ontario Boards of Health by Region](#)
- [List of Units sorted by Municipality](#)
- [List of Municipalities sorted by Health Unit](#)

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## Association of Municipalities of Ontario (AMO) New Head of Council and New Councillor Training



AMO is offering training for New Heads of Councillors and New Councillors. The training will feature subject matter experts, helping participants “managing diverse aspects and expectations on issues [they] will find before [their] term.” You can register for the New Head of Councillor Training [here](#) and register for New Councillor training [here](#).

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## Public Health Ontario



### Variants of Concern

- [Reinfection with SARS-CoV-2 Omicron Variant of Concern](#)
- [Risk Assessment for Omicron BA.4 and BA.4 Variant Sub-Lineages \(as of Sept 23, 2022\)](#)
- [SARS-CoV-2 Omicron Variant Sub-Lineage BA.2.75 \(updated\)](#)
- [SARS-CoV-2 Genomic Surveillance in Ontario Weekly Epidemiological Summary](#)

Check out PHO's [Variants of Concern](#) web page for the most up-to-date resources.

### Surveillance

- [COVID-19 in Ontario: Weekly Epidemiological Summary](#)

Check out PHO's COVID-19 webpage for a comprehensive list of all COVID-19 resources.

## In Case You Missed It

- [Catch-Up of Routine and School-Based Immunizations for School-Aged Children and Adolescents](#)

## Additional Resources - New

- [Monkeypox Resources](#)
  - [COVID-19 Wastewater Surveillance in Ontario](#)
  - [Respiratory Virus Overview in Ontario from September 25, 2022 to October 1, 2022 \(Week 39\)](#)
- 

## PHO Events

Upcoming PHO Webinar:

- [PHO Webinar: Centering Indigenous Ways, Un-learning Mainstream Approaches in Substance Use \(Oct. 26\)](#)

In case you missed these sessions last month, here are the Presentations PHO posted on their website:

- [PHO Microbiology Rounds: Fishing for Antimicrobial Resistance \(AMR\): A Metagenomic Platform for Antimicrobial Surveillance \(Sept. 8\)](#)
- 

## What's Next for Public Health?: Looking to the Future

**Dalla Lana**  
School of Public Health

The Dalla Lana School of Public Health presents the 15th Annual Student-Led Conference, **What's Next for Public Health?: Looking to the Future**, a hybrid in-person and virtual conference on November 17 to 19, 2022.



COVID-19 has brought a future of public health much different from the one we once knew, and as public health professionals, we must work together to navigate changed principles and our new and developing roles. This conference will include discussions considering the aftermath of COVID-19, knowledge translation, new and upcoming methods, and the impacts of the ever changing environment on public health practice.

### **Upcoming DLSPH Events**

- Quality Control for ATMPs and Biologics Masterclass (Oct. 17)
  - Breast Reconstruction Awareness (BRA) Day (Oct. 19)
- 

### **OPHA Fall Forum 2022**



The Ontario Public Health Association's Conference is being held from November 8, 2022-November 9, 2022. The Conference is called The Next Chapter: Building Upon Our Capacity and Resilience in Community and Public Health and will "highlight creative ways of addressing preventative health across sections and within communities." For more information, click [here](#).

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### **COVID-19 Update**

The digital team at the Ministry of Health has launched a new landing page and new streamlined content pages for COVID-19 content.

The new landing page, which replaces covid-19.ontario.ca, can now be found at:

<https://www.ontario.ca/page/covid-19-coronavirus>

(English)

<https://www.ontario.ca/fr/page/covid-19-le-coronavirus> (French)

As well, the ministry has overhauled the previous versions of the public health measures pages, six vaccine pages, and testing and treatment pages, which can now be found at:

<https://www.ontario.ca/page/public-health-measures-and-advice>

<https://www.ontario.ca/page/covid-19-vaccines>  
<https://www.ontario.ca/page/covid-19-testing-and-treatment>

As part of the response to COVID-19, alPHA continues to represent the public health system and work with key stakeholders. **"NOTE:** In alignment with the wind-down of provincial emergency response measures and the shift to managing COVID-19 through routine operations, the ministry's daily COVID-19 Situation Report will no longer be distributed after June 10 2022. COVID-19 data will continue to be reported on the Ministry of Health website and through the Public Health Ontario's COVID-19 data tool."

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  
alPHA's recent COVID-19 related submissions can be found here

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## **Hold the date for the Winter Symposium and Annual Conference & AGM**



alPHA's Winter Symposium is being held on February 24, 2023.

The Annual Conference and AGM is being held from June 11-13, 2023. Please stay tuned for further information.

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## News Releases

The most up to date news releases from the Government of Ontario can be accessed [here](#).

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November 3, 2022

Hon. Sylvia Jones  
Minister of Health  
c/o Public Appointments, Agency Coordination  
& Corporate Initiatives Unit, Corporate Management Branch  
Ministry of Health & Ministry of Long-Term Care

Dear Honourable Minister,

The Board of Health (BOH) for Peterborough Public Health (Peterborough County-City Health Unit) is an autonomous board of health, and has a complement of up to five provincially appointed representatives. As of today, we currently have only two appointments filled, once of which expires in August, 2023.

Given these vacancies, and to support increased representation of Indigenous peoples on the BOH, I am pleased to advise you that we have identified a local resident, Professor David Newhouse, as an ideal candidate to make a strong contribution to our Board, and to the community.

Professor Newhouse is a current community member appointed by the BOH in 2022 to the Indigenous Health Advisory Circle, one of three BOH standing committees, and has been a welcome and valued addition to the Circle.

David is Onondaga from the Six Nations of the Grand River community near Brantford, Ontario. He is Professor of Indigenous Studies at Trent University in the Chanie Wenjack School for Indigenous Studies and Professor of Business Administration in the School of Business Administration. He has been Chair of the Department of Indigenous Studies, now the Chanie Wenjack School for Indigenous Studies, since 1993.

His research interests focus on the emergence of modern Indigenous society, focusing on emerging Indigenous communities. He also teaches 1600 students per year in two first year courses in Indigenous Studies.

He is the founding editor of two peer reviewed journals: *CANDO Journal of Aboriginal Economic Development* and *aboriginal policy studies*, a journal devoted to urban Indigenous issues. He is editor of 7 books on Indigenous issues and author of 25 book chapters, 50 journal articles and more than 150 keynote invited talks. He has supervised 17 PhD students and 24 MA students. He has been awarded more than \$9.0M in research funding from public and private sources.

He was awarded a 3M National Teaching Fellowship for teaching innovation in 2022. He was awarded the Trent University Teaching Award for Educational Leadership and Innovation in 2016. He is the former chair (now a member) of the Aboriginal Working Group of the Canadian Association of University Teachers. Locally, he serves on the board of directors for the Nogojiwanong Friendship Centre in Peterborough as Vice-President and in the past as Treasurer of the National Association of Friendship Centres and the Ontario Federation of Indigenous Friendship Centres and is the Co-Chair of the Trent Indigenous Education Council. He is the Co-

Chair of the SSHRC Indigenous Advisory Circle and the Science Officer for the CIHR Indigenous Peoples Health Research competitions. He currently serves as the Chair of the Indigenous Advisory Board of Katimavik, a national youth service organization.

In our new 2023-2025 Strategic Plan, the Board has prioritized active allyship for Indigenous self-determination and Indigenous health equity. Specifically, we strive to “continue to promote the critical importance of the Health Protection and Promotion Act section 50 participation of First Nations in Peterborough Public Health governance and the Indigenous Health Advisory Circle” and to “support increased representation of Indigenous peoples on important committees related to our work scope”.

The appointment of Professor Newhouse as a provincial representative would be supportive of these strategic plan priorities. Furthermore, I think you will agree that Professor Newhouse would make an excellent provincial appointee, and would serve both Indigenous peoples within the PPH catchment area, as well as the broader community, very well. He has completed the online application process and I hope that you will endorse his selection.

Thank you, once again, for your tremendous support of public health. 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.

Sincerely,

***Original signed by***

Mayor Andy Mitchell  
Chair, Board of Health

/ag

cc: Dr. Thomas Piggott, Medical Officer of Health & CEO  
MPP Dave Smith, Peterborough—Kawartha  
MPP David Piccini, Northumberland—Peterborough South  
MPP Laurie Scott, MPP, Haliburton—Kawartha Lakes—Brock  
Professor David Newhouse



September 15, 2022

Hon. Merrilee Fullerton  
Ministry of Children, Community and Social Services  
438 University Avenue, 7<sup>th</sup> Floor  
Toronto, ON M5G 2K8

Sent via email to [MinisterMCCSS@ontario.ca](mailto:MinisterMCCSS@ontario.ca)

Dear Honourable Minister Fullerton:

**Re: Healthy Babies Healthy Children (HBHC) Funding**

The HBHC program is a required and vital public health program supporting high risk families. The Haliburton, Kawartha, Pine Ridge District Health Unit remains committed to operationalizing the HBHC program as best possible; however, we are seeking a review of base-funding from the Ministry of Children, Community and Social Services (MCCSS) to ensure the program meets the current complex health needs of families and supports expenditures of the program.

At its meeting held on September 15, 2022, the Board of Health for the Haliburton, Kawartha, Pine Ridge District Health Unit (HKPRDHU) carried the following motion:

“THAT the Board of Health for the Haliburton, Kawartha, Pine Ridge District Health Unit endorse the resolution passed by the Board of Health for Public Health Sudbury & Districts requesting that the Ministry of Children, Community and Social Services review base-funding needs for the Healthy Babies Healthy Children Program to ensure this essential program is sufficiently resourced to meet the current and growing needs of children and a healthy start in life.

AND THAT the Board of Health for the Haliburton, Kawartha, Pine Ridge District Health Unit write directly to the Minister of Children, Community and Social Services requesting a review of funding needs for the Healthy Babies Health Children Program.”

The Haliburton, Kawartha, Pine Ridge District Health Unit is concerned that the current base-funding allocated to fully implement the HBHC program is insufficient to meet the expenditures of the program.

.../2

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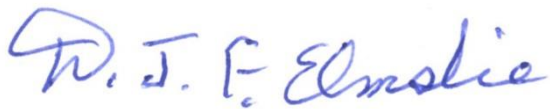
The complex needs of families as we move to the next phase of the COVID-19 pandemic articulates a strong need for the HBHC program, particularly for families living in rural and isolated communities found in the HKPRDHU's area. The HBHC program has demonstrated positive impacts on family health to increase parenting confidence, knowledge and skills.

In 2000/2001, the province committed to 50 million dollars of HBHC program funding enhancements aimed to improve health outcomes of infants, children, and families. As a result of funding enhancement, the HBHC program at HKPRDHU saw an increase in funds for the program; however, funding has remained stagnant since. Each year the HBHC program at HKPRDHU has extended expenditures beyond base-funding provided by the MCCSS.

To fully implement the HBHC program, the HKPRDHU relies on funding mitigation strategies. With additional pressures associated with renewed collective agreement contracts, travel to rural communities, the education needs of staff to meet the growing complex needs of clients, the need to integrate technology into care, and other operational or administrative needs, the current base funding provided through MCCSS is insufficient to sustain the provision of HBHC programming.

On behalf of the Board of Health for the Haliburton, Kawartha, Pine Ridge District Health Unit, I am respectfully requesting your commitment to carefully review base-funding needs for the HBHC program.

Sincerely,



Doug Elmslie  
Board of Health Chair  
Haliburton, Kawartha, Pine Ridge District Health Unit

Cc: Dr. Kieran Moore, Chief Medical Officer of Health  
Dr. Jackie Schleifer Taylor, Chair, Governing Council of Provincial Council for Maternal and Child Health  
Sanobar Diaz, Executive Director of Provincial Council for Maternal and Child Health  
Loretta Ryan, Executive Director, Association of Local Public Health Agencies  
Ontario Boards of Health

Attachment





June 21, 2022

VIA ELECTRONIC MAIL

Ministry of Children, Community and Social Services  
Government of Ontario  
438 University Avenue, 7th Floor  
Toronto, ON M5G 2K8

Dear Honourable Minister:

**Re: Healthy Babies Healthy Children Funding**

The Board of Health for Public Health Sudbury & Districts remains wholly committed to the critical Healthy Babies Healthy Children program, however, has longstanding and increasing concerns about the Board's ability to meet clients' growing needs with current program funding. Please be advised that at its meeting on June 16, 2022, the Board of Health for Public Health Sudbury & Districts carried the following resolution #19-22:

*THAT the Board of Health for Public Health Sudbury & Districts request the Ministry of Children, Community and Social Services (MCCSS) to review base-funding needs for the Healthy Babies Healthy Children Program to ensure this essential program is sufficiently resourced to meet the current and growing needs of children and a healthy start in life.*

The Board of Health recognizes that the Healthy Babies Healthy Children (HBHC) program provides a critical prevention/early intervention program and is designed to ensure that all Ontario families with children (prenatal to age six) who are at risk of physical, cognitive, communicative, and/or psychosocial problems have access to effective, consistent, early intervention services. Since 1997 the province has committed to resourcing the Healthy Babies Healthy Children program at 100%. Unfortunately, the HBHC budget has not been increased since 2015, resulting in significant erosion in capacity due to fixed cost increases such as collective agreement commitments and steps on salary grids, travel and accommodation costs, and operational and administrative costs.

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[phsd.ca](http://phsd.ca)





This has been further compounded by the increased intensity of need in our communities pre-dating but further exacerbated by the COVID-19 pandemic.

The HBHC program has made every effort to mitigate the effects of the funding shortfalls over the years and to protect programming. The program, however, is not sustainable and significant service reductions will be required without increased to base funding.

It remains our priority to ensure that the HBHC program can effectively identify and support children and families most in need throughout the Sudbury/Manitoulin District. To this effect, we are submitting a revised 2022/23 HBHC program budget based on current needs and requesting consideration by the Ministry staff.

The Board of Health for Public Health Sudbury & Districts is respectfully requesting the Minister's commitment to carefully review base-funding needs for the HBHC program to ensure this essential program is sufficiently resourced to meet the current and growing needs of children and a healthy start in life.

Thank you for your attention to this important public health issue.

Sincerely,



Penny Sutcliffe, MD, MHSc, FRCPC  
Medical Officer of Health and Chief Executive Officer

cc: Dr. Kieran Moore, Chief Medical Officer of Health, Ministry of Health  
Loretta Ryan, Executive Director, Association of Local Public Health Agencies  
Ontario Boards of Health  
Dr. Jackie Schleifer Taylor, Chair, Governing Council of Provincial Council for  
Maternal and Child Health  
Sanober Diaz, Executive Director of Provincial Council for Maternal and Child  
Health



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October 7, 2022

Hon. Merrilee Fullerton  
Ministry of Children, Community and Social Services  
56 Wellesley Street W, 14<sup>th</sup> Floor  
Toronto, ON M74 1E9  
MinisterMCCSS@ontario.ca

Dear Hon. Minister Fullerton:

**Re: Funding for the Healthy Babies, Health Children (HBHC) Program**

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At its meeting on September 7, 2022, the Board of Health for Timiskaming Health Unit considered correspondence from Public Health Sudbury and Districts (PHSD) regarding the above noted matter. We are in full support of PHSD's call to action and share their concern and the concern of other local public health agencies regarding the HBHC program funding.

Motion No: 2022-33R

Moved by: Nina Wallace                      Seconded by: Jesse Foley

*"THAT the Timiskaming Board of Health endorse the letter from Public Health Sudbury & District (PHSD) regarding Healthy Babies Healthy Children Funding, respectfully requesting the Minister's commitment to carefully review base-funding needs for the HBHC program to ensure this essential program is sufficiently resourced to meet the current and growing needs of children and a healthy start in life, and that this be communicated in writing to the Ontario Minister of Children, Community and Social Services with copies to Chief Medical Officer of Health, Ministry of Health, Local MPPs, Executive Director, Association of Local Public Health Agencies, Chair, Governing Council of Provincial Council for Maternal and Child Health, Executive Director of Provincial Council for Maternal and Child Health.*

Sincerely,

Carman Kidd  
Board of Health Chair

Enclosure

cc: Dr. Kieran Moore, Ontario Chief Medical Officer of Health  
Honourable, John Vanthof MPP for Timiskaming-Cochrane  
Sanobar Diaz, Executive Director of Provincial Council for Maternal and Child Health  
Dr. Jackie Schleifer Taylor, Chair, Governing Council of Provinc. Council for Maternal and Child Health  
Loretta Ryan, Executive Director Association of Local Public Health Agencies

June 21, 2022

VIA ELECTRONIC MAIL

Ministry of Children, Community and Social Services  
Government of Ontario  
438 University Avenue, 7th Floor  
Toronto, ON M5G 2K8

Dear Honourable Minister:

**Re: Healthy Babies Healthy Children Funding**

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The Board of Health for Public Health Sudbury & Districts is respectfully requesting the Minister's commitment to carefully review base-funding needs for the HBHC program to ensure this essential program is sufficiently resourced to meet the current and growing needs of children and a healthy start in life.

Thank you for your attention to this important public health issue.

Sincerely,



Penny Sutcliffe, MD, MHSc, FRCPC  
Medical Officer of Health and Chief Executive Officer

cc: Dr. Kieran Moore, Chief Medical Officer of Health, Ministry of Health  
Loretta Ryan, Executive Director, Association of Local Public Health Agencies  
Ontario Boards of Health  
Dr. Jackie Schleifer Taylor, Chair, Governing Council of Provincial Council for  
Maternal and Child Health  
Sanober Diaz, Executive Director of Provincial Council for Maternal and Child  
Health

**PETERBOROUGH PUBLIC HEALTH**  
**BOARD OF HEALTH**

<b>TITLE:</b>	<b>Q3 2022 Status Report (July 1 – September 30, 2022)</b>
<b>DATE:</b>	<b>November 9, 2022</b>
<b>PREPARED BY:</b>	<b>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 &amp; CEO</b>

**PROPOSED RECOMMENDATIONS**

That the Board of Health for Peterborough Public Health receive the report, *Q3 2022 Status Report* (July 1 – September 30, 2022), for information.

**SUMMARY**

*Summary of Key Issues from the Medical Officer of Health*

**Accomplishments:**

- Strategic Plan Implementation Planning initiated.
- Strategic Plan Promotion initiated.

**Challenges:**

- Retention of temporary staff.
- 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*

<b>Objective</b>	<b>Status</b>	<b>Comments</b>
<b>Recovery Area: Human Resources</b>		
Build the COVID Response Teams	COMPLETE	
Management capacity met	COMPLETE	
Programs fully staffed	IN-PROGRESS	4 Full-Time, Regular Vacancies
<b>Recovery Area: Organizational Changes &amp; Policies</b>		
Open phone lines and in-person visiting	DELAYED DUE TO COVID RISK	Live call answering has been resumed.
Plan for use of office space (safety & efficiency)	IN-PROGRESS	Policy was updated in October 2022.
Post-COVID Policies	IN-PROGRESS	Work from Home Policy Advisory Committee established and first draft completed.
Restart of organizational committees	IN-PROGRESS	Privacy Committee re-established. Green Team Committee and full Guarding Minds at Work Committee yet to be restarted.

Objective	Status	Comments
<b>Recovery Area: Planning</b>		
Learnings from COVID	ONGOING	
Plans for programs to resume and catch up	DELAYED DUE TO FUNDING	No provincial funding for catch up activities has been committed.
Recovery Plan approved	COMPLETE	
Strategic Planning	COMPLETE	Plan has been completed, implementation and reporting plans are in development.
<b>Recovery Area: Employee Wellbeing &amp; Support</b>		
Management training	IN-PROGRESS	Coaching sessions completed in September.
Promote existing and enhance mental health supports	IN-PROGRESS	Information and links on HUB (intranet).
Transition planning and supports	IN-PROGRESS	Individual staff supported by Manager as assigned work changed.

\*this tracker will transform into a Strategic Plan implementation tracker in 2023 with Board of Health input.

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## PROGRAM TRACKER

*Status of Mandated Programs and Requirements*

Ontario Public Health Standard Mandated Programs	# Requirements Compliant
<b>Program Standards</b>	
Chronic Disease Prevention and Well-Being	2/5
Food Safety	2/5
Healthy Environments	3/10
Healthy Growth and Development	0/3
Immunization	7/10
Infectious and Communicable Diseases Prevention and Control	20/21
Safe Water	5/8
School Health	0/10
Substance Use and Injury Prevention	0/4
<b>Foundational Standards</b>	
Population Health Assessment	4/7
Health Equity	2/4
Effective Public Health Practice	5/9
Emergency Management	0/1
<b>Non-OPHS Mandated Programs</b>	<b>Status</b>
Infant and Toddler Development	ME
Safe Sewage Disposal	ME

ME: Meeting Expectations    PME: Partially Meeting Expectations

Link to [Ontario Public Health Standards](#)

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## PROGRAM SUMMARIES

### Chronic Disease Prevention and Well-Being

#### *Program Compliance:*

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

*Requirement #4:* The Environmental Health team will incorporate compliance checks for the Healthy Menu Choices Act for new premises only.

### Food Safety

#### *Program Compliance:*

*Requirement #1, 3 & 4:* Full compliance not achieved due to lack of capacity and prioritization of other areas of work.

### Healthy Environments

#### *Program Compliance:*

*Requirement #1, 3, 11:* 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 Q4 but will not be fully compliant in 2022.

*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 been de-prioritized and will not commence in 2022.

*Requirement #14 - 15:* Rabies prevention programming is unchanged from Q2. PPH continues to ensure readiness for avian influenza reports and develop response tools and communications. 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: Successful recreational water surveillance, monitoring and inspection season (for fixed premises and beaches).

## School Health

### Program Compliance

Requirements #1 - 3: Resumption of school activities will happen in Q4, however, will not be fully compliant in 2022.

Requirement #4: Vision screening has been deprioritized for 2022.

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

Requirement #7: Vision Screening has been deprioritized for 2022.

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 have been de-prioritized. Will not have full compliance in 2022.

Requirement #3, 4: Enforcement of the Smoke-Free Ontario Act is unchanged from Q2. A second Tobacco Enforcement Officer is expected to start in Q4, so hopefully will have full resumption of all activities.

Direction and reporting templates for inspections of the Consumption and Treatment Site were received from Ministry of Health. PPH process, policy and procedure for this work has been initiated and it is expected that implementation and first routine inspection will occur in Q4.

## Foundational Standards

### Program Compliance

Compliance is improving since Q2. The new Strategic Plan has implications for centralized supports using FS expertise. Planning in Q4 will help define those immediate needs. Recruitment to achieve optimal capacity continues to be in-process. Still in process of returning to full staff complement.

## Communications

### Social Media

PLATFORM	TOTAL FOLLOWERS	FOLLOWERS GAINED in Q3	FOLLOWERS LOST in Q3	NET CHANGE in Q3
Facebook	5334	77	33	+44
Twitter	6567	126	0	+126
Instagram	3333	131	61	+70

### Media Relations:

Activity	Quarterly Totals	
	Q3 2022	Q2 2022
News releases issued	29	31
Media interviews/statements provided	17	28



*Social Media:*

Facebook – Fans by Age	Instagram – Followers by Age	Instagram – Followers by Age and Gender
13-17 – 4 fans 18-24 – 150 fans 25-34 – 1100 fans 35-44 – 1600 fans 45-54 – 1100 fans 55-64 – 767 fans 65+ - 563 fans	35-44 – 947 followers 25-34 – 941 followers 45-54 – 489 followers Other – 776 followers	Female: 25-34 – 589 Female: 35-44 – 583 Female: 45-54 – 270 Female: 55-64 – 182 Female: 18-24 – 155 Male: 35-44 – 147 Male: 25-34 – 139 Male: 45-54 - 90

*Website:*

Total pageviews in Q3 – 2022: 162,485

Total pageviews in Q2 – 2022: 221,398

Net change: -26.61%

*Select Webpages:*

Webpage	Q3 2022 pageviews	Q2 2022 pageviews	Net change
<a href="#">Homepage</a>	33,590	49,096	-31.6%
<a href="#">COVID Risk Index</a>	20,008	47,512	-57.88%
<a href="#">COVID Risk Guidance</a>	3,586	Not reported	N/A
<a href="#">COVID Vaccine Clinic</a>	12,190	15,556	-21.64%
<a href="#">COVID Testing</a>	Page removed	486	N/A
<a href="#">COVID Case and Contact Guidance</a>	Page removed	409	N/A
<a href="#">COVID Vaccine Info</a>	6,435	7,283	-11.64%
<a href="#">COVID-19 Vaccine Eligibility</a>	N/A (Launched Oct 6, 2022)		N/A
<a href="#">Opioids</a>	392	230	70.43%
• <a href="#">Opioids Data</a>	331	351	-5.7%
• <a href="#">Drug Reporting Tool</a>	53	131	-59.54%
<a href="#">Monkeypox</a>	2,096	140 (launched June 20, 2022)	1397.14%
<a href="#">Strategic Plan</a>	261 (Updated Sept 12, 2022)	Not Reported	N/A
<a href="#">News (Not individual articles)</a>	633	Not Reported	N/A

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

<b>TITLE:</b>	<b>Q3 2022 Standards Activity Report – Risk Management</b>
<b>DATE:</b>	<b>November 9, 2022</b>
<b>PREPARED BY:</b>	<b>Larry Stinson, Director of Operations</b>
<b>APPROVED BY:</b>	<b>Dr. Thomas Piggott, Medical Officer of Health &amp; CEO</b>

**PROPOSED RECOMMENDATIONS**

That the Board of Health for Peterborough Public Health receive the staff report, Q3 2022 Standards Activity Report – Risk Management, for information.

**BACKGROUND**

The Ontario Public Health Standards Activity Reports are a set of reporting tools that boards of health are required to submit quarterly as per the Ontario Public Health Standards and Public Health Funding and Accountability Agreement.

The intent of the reports is to communicate quarterly financial forecasts and interim information on program achievements. Through these reports, boards of health will have the opportunity to identify risks, emerging issues, changes in local context, and programmatic and financial adjustments in program plans.

The Risk Management portion of this report is required only for the Q3 Report and has been appended for your information. The purpose of this worksheet is for boards of health to report, in a standardized manner, the high risks and key risk mitigations that are currently being managed by each board.

**ATTACHMENTS**

- a. [Q3 2022 Standards Activity Report – Risk Management Worksheet](#)

## 2022 Standards Activity Reports as of September 30, 2022

### Risk Management

Ref. #	Description	Category	Impact	Likelihood	Overall Risk Rating	Key Risk Mitigations	Date reported to the Board
A	B	C	D	E	F = D x E	G	H
	Due to COVID and redeployment requirements, programs were cancelled or delivered at less than optimal levels. Recovery of programs and catch-up for services has been initiated but due to HR limitations and capacity challenges, full program delivery has not been achieved.	Operational / Service Delivery	4	5	● High	Quarterly reports advise Board of which Requirements are not met. Management team have developed plans to ensure programs with highest impact are retained or minimally modified.	9-Nov-22
	Modernization of Public Health; Potential for amalgamations and changes to mandate and funding models; Potential impact on governance models and local representation.	Political	5	3	● High	The Board of Health continues to monitor and review information released and will continue to advocate for changes to occur in alignment with principles established by the Board.	9-Nov-22
	Risk of corruption of our technology systems from hacking, ransomware and phishing attacks.	Technology	4	3	● High	Firewall protection; anti-virus software; staff education; regular security audits.	9-Nov-22
	Uncertain commitment to receiving adequate financial resources to adequately meet the minimum expectations for program delivery. Late in-year approval of provincial portion of budgets.	Financial	4	4	● High	The Executive Team continues to plan and make decisions strategically about priorities and areas where less than full compliance can occur. Board continues to advocate directly and through provincial organizations for adequate, sustainable and predictable funding for public health.	9-Nov-22
	Recruitment of key personnel is compromised due to the current shortages in health human resources. In addition, uncertainty about the future of public health in Ontario decreases competitiveness for strong candidates.	People / Human resources	4	4	● High	Interim strategies developed to meet immediate needs. Management, with HR leadership, identified recruitment strategy as part of strategic plan.	9-Nov-22

**Table 1 - Risk Categories**

Risk Category	Definition
<b>Compliance Legal</b>	Uncertainty regarding compliance with laws, regulations, standards, policies, directives, and/or contracts. May expose the organization to the risk of fines, penalties, and/or litigation.
<b>Environment</b>	Uncertainty usually due to external risks facing an organization including air, water, earth, and/or forests.
<b>Equity</b>	Uncertainty that policies, programs, and services have an equitable impact on the population.
<b>Financial</b>	Uncertainty of obtaining, using, maintaining economic resources, meeting overall financial budgets/commitments, and/or preventing, detecting, or recovering fraud.
<b>Governance / Organizational</b>	Uncertainty of having appropriate accountability and control mechanisms such as organizational structures and systems processes, systemic issues, culture and values, organizational capacity commitment, and/or learning and management systems, etc.
<b>Information / Knowledge</b>	Uncertainty regarding the access to or use of accurate, complete, relevant and timely information. Uncertainty regarding the reliability of information systems.
<b>Operational / Service Delivery</b>	Uncertainty regarding the performance of activities designed to carry out any of the functions of the organization, including design and implementation.
<b>People / Human resources</b>	Uncertainty as to the organization's ability to attract, develop, and retain the talent needed to meet its objectives.
<b>Political</b>	Uncertainty of the events may arise from or impact any level of the government including the Offices of the Premier or Minister (e.g., a change in government political priorities or policy direction).
<b>Privacy</b>	Uncertainty with regards to the safeguarding of personal information or data, including identity theft or unauthorized access.
<b>Security</b>	Uncertainty relating to physical or logical access to data and locations (offices, warehouses, labs, etc.).
<b>Stakeholder / Public Perception</b>	Uncertainty around the expectations of the public, other governments, media or other stakeholders. Maintaining positive public image; ensuring satisfaction and support of partners.
<b>Strategic / Policy</b>	Uncertainty that strategies and policies will achieve required results or that policies, directives, guidelines, legislation will not be able to adjust necessarily.
<b>Technology</b>	Uncertainty regarding alignment of IT infrastructure with technology and business requirements. Uncertainty of the availability and reliability of technology.

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

<b>TITLE:</b>	<b>Proposed Fee Increases for the Safe Sewage Disposal Program</b>
<b>DATE:</b>	<b>November 9, 2022</b>
<b>PREPARED BY:</b>	<b>Julie Ingram, Manager, Environmental Health</b>
<b>APPROVED BY:</b>	<b>Donna Churipuy, Director, Health Protection Division Dr. Thomas Piggott, Medical Officer of Health &amp; CEO</b>

**PROPOSED RECOMMENDATIONS**

That the Board of Health for Peterborough Public Health:

- receive the staff report, *Proposed Fee Increases for the Safe Sewage Disposal Program*, for information;
- direct staff to proceed with the statutory meeting as required by the Building Code Act to increase fees for service in the Safe Sewage Disposal Program as indicated in this report;
- direct staff to proceed with increasing fees for service in the Safe Sewage Disposal Program, effective January 1, 2023; and
- amend Schedule A Sewage System Fees to the Board of Health By-Law Number 8, Building Code Act – Sewage Systems.

**FINANCIAL IMPLICATIONS AND IMPACT**

The Safe Sewage Disposal Program at Peterborough Public Health (PPH) operates on a cost-recovery model. All fees collected for program activities including applications, permits and file searches, are used to offset operational expenses. Section 7(2) of the Building Code Act, 1992, S.O. 1992, c. 23 advises that fees charged must not exceed anticipated reasonable costs for the administration and enforcement of the Act. The local agreement for sewage system services contains language related to the Board of Health's ability to review and change the fee schedule on an annual basis (section 4.03, Appendix A). The Board of Health By-Law Number 8, Building Code Act - Sewage Systems, also reflects this ability.

Fee increases for several services provided by PPH are proposed, effective January 1, 2023. The proposed increases are projected to offset operational expenses, based on the assumption that the number of revenue-generating program activities will decrease by an estimated 10% in 2023. The fee increases pertain specifically to Class 4 and Class 5 Sewage System permits, which account for the majority of the program's revenue and take the majority of staff time. Increases to these fees are intended to offset increased operating costs for staff salaries, benefits, mileage, and program materials and supplies, including rising service fees associated with increased use of Interac and credit card payments.

**Table 1: Proposed Fee Changes - Effective January 1, 2023**

<b>Service</b>	<b>Type</b>	<b>Current Fee</b>	<b>Proposed Fee</b>
<b>Sewage System Building Permits</b>	<b>Permit for Class 4 Sewage System, design capacity less than or equal to 4500 litres per day</b>	\$750.00	<b>\$1000.00</b>
	<b>Permit for Class 4 Sewage System, design capacity greater than 4500 litres per day and less than or equal to 10,000 litres per day</b>	\$1,200.00	<b>\$1450.00</b>
	Permit for Class 4 Sewage System Tank Replacement Only	\$400.00	NC
	Permit for Class 5 Sewage System (Holding Tank)	\$750.00	<b>\$1000.00</b>
	Permit for Class 3 Sewage System (Cesspool)	\$500.00	NC
	Permit for Class 2 Sewage System (Greywater System)	\$500.00	NC
	Sewage System Permit for Trench Bed repair or extension of 16 metres or less	\$500.00	NC
	Sewage System Permit for Filter Bed repair, replacement or extension of 6 square metres or less	\$500.00	NC
	Transfer of permit to a new owner	\$375.00	NC
<b>Change of Use Permit (Review of Existing)</b>	Existing System Inspection (for Review of Existing Sewage System applications)	\$400.00	NC
<b>Rezoning, Minor Variance, and site-specific Official Plan Amendments</b>	Rezoning or minor variance comments requiring a site visit	\$250.00	NC
	Rezoning or minor variance comments not requiring a site visit	\$0.00	NC
	Site-specific Official Plan Amendments	\$0.00	NC
<b>Severance or Subdivision Comments</b>	First lot	\$300.00	NC
	Each additional lot	\$150.00	NC
<b>Severance or Subdivision Re-inspection</b>	First lot	\$300.00	NC
	Each additional lot	\$150.00	NC
<b>Copies</b>	Copies of archived permits	\$35.00	NC
<b>File Search</b>	File search (e.g., Lawyer, real estate), copies and letter	\$125.00	NC

<b>Mandatory Maintenance Inspections</b>	Maintenance inspections of sewage systems (Source Water Protection Areas)	\$325.00	NC
<b>Discretionary Maintenance Inspections</b>	Basic Inspections	\$200.00	NC
	Advanced Inspections	\$325.00	NC
	Additional Phase I Inspections (including follow-up for a Third Party inspection)	\$50.00	NC

NC: No Change

These increases will bring septic permit fees in line with neighbouring jurisdictions. The City of Kawartha Lakes charges \$915.00 for a for a Class 4 permit up to 4,500 litres per day and \$1115.00 for a Class 4 permit greater than 4,500 litres per day (up to 10,000 litres per day).<sup>1</sup> Durham Region charges \$1,003.00 for all residential Class 4 permits and commercial permits up to 4,500 litres per day and \$2,133.00 for non- residential Class 4 permits greater than 4,500 litres per day (up to 10,000 litres per day).<sup>2</sup>

The reserve funds at the end of 2021 were \$83,912, approximately 21% of the 2021 operating costs. Holding reserves in the Safe Sewage Disposal Program is an important strategy to reduce risk to the organization from unexpected reductions in program activity and legal expenses.

2022 has shown a decline in revenue-generating applications. This decline and increasing program operating expenses are contributing to the current projected deficit for 2022. Throughout the remainder of the year (quarter 4), we will be working to close historical applications (including severances and permits) dating back to 1989 in order to increase revenue from deferred income, which will offset some of the projected deficit for the year. The Board of Health will be kept apprised on the financial status of the program to the end of the year through quarterly reporting.

The proposed fee increases are necessary for program sustainability as program activity levels have reduced due to a combination of factors, including economic downturn. In combination with the proposed fee increases, staffing levels in the program will be considered and reallocated, as necessary, throughout the year.

The historical (Appendix B) and projected (Appendix C) annual operation fee summaries are included as per the Building Code Act and the Ontario Building Code requirements to report on fees and demonstrate that fees charged will not exceed anticipated reasonable costs. To confirm the fee increases after the statutory public meeting, Schedule A to the Board of Health By-Law Number 8 – Building Code Act – Sewage Systems will be amended accordingly (Appendix D).

## **DECISION HISTORY**

At its meeting on September 9, 2020, the Board of Health agreed to an amended fee schedule, as part of the new agreement for sewage system services. That fee schedule included modest fee increases, compared to the previous five years. In addition, the Board of Health agreed to a provision allowing the Board to review and change the fee schedule annually, as required.

The fee schedule outlined in the amended agreement came into effect on May 1, 2021, after approval of the amended agreement and the statutory public meeting for the fee changes. There have been no additional changes to the fee schedule since then.

## **BACKGROUND**

In September, 2020, the Board of Health received a staff report related to the proposed agreement for Peterborough Public Health's delivery of activities and services related to onsite sewage systems and maintenance inspection programs. This agreement (Appendix A) was finalized in November, 2020 and includes eight (8) signatories:

- Township of Asphodel-Norwood;
- Township of Cavan Monaghan;
- Township of Havelock-Belmont-Methuen;
- Township of Otonabee-South Monaghan;
- Township of Selwyn;
- Municipality of Trent Lakes;
- Peterborough County; and
- Peterborough Public Health

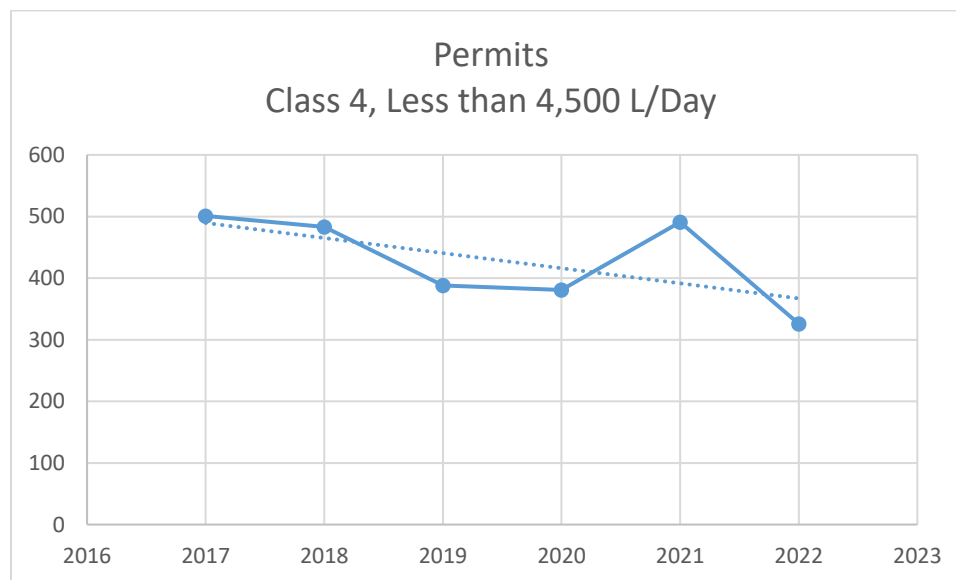
The Townships of North Kawartha and Douro-Dummer are not signatories to the agreement as they opted to cease receiving services from PPH related to onsite sewage systems in 2014 and 2019, respectively. Hiawatha First Nation and Curve Lake First Nation are outside of the scope of the agreement as both First Nations receive services related to onsite sewage systems from Health Canada. PPH staff are prepared to explore any assistance we can provide to our First Nation partners in response to any expressed needs or invitation.

Since the agreement was established, program delivery and the provision of services has been smooth. Throughout PPH's emergency response to COVID-19, there were several challenges with respect to staff redeployment and service interruptions mandated by the *Reopening Ontario (A Flexible Response to COVID-19) Act*. For example, at one time, permits for new construction were not permitted to be issued. With that said, program activities continued to be steady and we saw approximately a 10% increase of permits issued for replacement sewage systems in 2020 and 2021, when compared to previous years. In consultation with local municipalities, it was noted that with the increased ability to work from home, many residents were permanently relocating to their seasonal properties. This resulted in additional stress on



older sewage systems, leading to the increase of permits for replacement systems due to malfunction and failure.

Over the last several months, there has been a decline in the number of permit applications. Projections for 2022 indicate a 14% decrease from permit applications in 2020 and a 34% decrease from 2021. Permit trends are depicted in Figure 1, including 2022 projected values.



**Figure 1: Number of Permit Applications 2017 to 2022 (projected)**

Although the number of applications is declining, many of the applications received are more challenging as larger, more complex builds are being proposed, often with secondary suites or multiple dwellings on a single lot. This is exceptional from a housing perspective but can create challenges for onsite sewage systems and often, more inspections and site visits are required to achieve confidence in permit issuance that is compliant with the Ontario Building Code. This may be due to multiple agents and parties involved in the site, more complicated site and soils evaluation, and/or the need for advanced or complex sewage systems. We are fortunate that PPH has been able to retain, recruit and train skilled staff to manage these increasingly challenging applications.

There are numerous reasons that permit applications can decline, but sewage program activities and applications are often associated with economic trends. Rising interest rates and increased inflation are creating an economic downturn in Ontario. This is likely impacting the number of applications received by the program as people are exercising caution with respect to personal finances. The proposed fee increases will be necessary to ensure that PPH can continue to provide service delivery to the extent that our stakeholders have become accustomed to. PPH will continue to engage and collaborate with local municipalities to ensure that expectations are met, including annual meetings with Chief Building Officials and municipal building department staff.

## **RATIONALE**

Continuing to have PPH implement and deliver services related to onsite sewage systems, including maintenance inspection programs, ensures that the primary objectives of environmental and public health protection are achieved. PPH continues to have the expertise and tools to provide these services, as well as all historical records for sewage systems in the County of Peterborough (dating back to 1976), which facilitates program delivery.

Since the establishment of the most recent agreement in November, 2020, there has been no indication from any of the signatories of a desire to terminate the agreement. The agreement will continue until November 17, 2024 unless terminated earlier, in accordance with the requirements outlined in the agreement. There are provisions that will permit PPH to terminate the agreement, if it is deemed necessary to do so. Therefore, increasing fees to permit the continuation of services on a cost-recovery basis does not require any additional commitment from the Board of Health, and will protect the program from entering into a detrimental deficit.

## **ATTACHMENTS:**

- a. Services Agreement for the Provision of Inspection Services Relating to Sewage Systems and Mandatory and Discretionary Sewage System Maintenance Inspections
- b. Historical Annual Operations Financial Summary
- c. Projected Annual Operations Financial Summary
- d. Proposed Amendment to Board of Health By-Law Number 8

## **REFERENCES**

1. My Property – City of Kawartha Lakes Building and Septic Permits. City of Kawartha Lakes. <https://www.kawarthalakes.ca/en/living-here/my-property.aspx#:~:text=Building%20and%20Septic%20Permit%20Fees%202022&text=A%20minimum%20permit%20fee%20of,results%20in%20a%20lesser%20amount.> Accessed September 26, 2022.
2. Schedule 'A' Fee Schedule. Durham Region. <https://www.durham.ca/en/health-and-wellness/resources/Documents/EnvironmentandYourHealth/FeeSchedule.pdf>. Updated March 30, 2022. Accessed September 26, 2022.

**Services Agreement for the Provision of Inspection Services Relating to Sewage  
Systems and Mandatory and Discretionary Sewage System Maintenance  
Inspections**

This Agreement dated this 17th day of November, 2020.

Between:

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

- and –

The Corporation of the County of Peterborough  
(hereinafter called the "County")

-and-

The Township of Asphodel-Norwood  
The Township of Cavan Monaghan  
The Township of Havelock-Belmont-Methuen  
The Township of Otonabee-South Monaghan  
The Township of Selwyn, and,  
The Municipality of Trent Lakes  
(hereinafter called "Local Municipalities")

Whereas this Agreement is being entered into pursuant to Section 6.2 of the Building Code Act, 1992, S.O. 1992, C. 23 as amended (hereinafter called the "Act"), for the purpose of delegating to the Board of Health certain responsibilities under the Act and Ontario Regulation 332/12 as amended (hereinafter called the "Building Code"), as set out herein with respect to sewage systems;

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

**Article One  
General**

**Section 1.01 Application:** This Agreement shall be applicable to all lands where properties are not connected to municipal sewers in the County (hereinafter called the "Lands").

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

## **Article Two Definitions**

Section 2.01: In this Agreement,

- (i) "Discretionary Maintenance Inspection" means a Maintenance Inspection as set out in section 10.1.1 of Division C, Part 1 of the Building Code.
- (ii) "Inspector" means an inspector appointed under section 6.2(3) of the Act.
- (iii) "Maintenance Inspection" shall be as defined in the Act.
- (iv) "Mandatory Maintenance Inspection" means a Maintenance Inspection as set out in section 1.10.2 of Division C, Part 1 of the Building Code.
- (v) "Sewage System" shall be as defined in the Building Code.

## **Article Three Services of the Board of Health**

Section 3.01 **Services:** The Board of Health shall be responsible for all matters related to the administration and enforcement of the Act or Building Code relating to Sewage Systems in relation to the Lands including but not limited to the following functions:

### **(a) Sewage System Services:**

- (i) Receive and process applications and requests related to activities listed in paragraphs (ii) through (vii) of this section.
- (ii) Inspect properties prior to the issuance of a permit for the construction, installation, establishment, enlargement, extension or alteration of a Sewage System to determine the suitability of the property for a Sewage System.
- (iii) Issue permits under the Act and Building Code relating to Sewage Systems.
- (iv) Following the issuance of a permit, inspect and re-inspect in accordance with the requirements of the Building Code Sewage System installations to ascertain compliance with the permit and other requirements under the Act and/or Building Code.
- (v) Conduct land inspections as necessary to determine the acceptability of applications for, but not limited to, minor variances or lot line adjustments, official plan amendments and zoning by-law amendments as they relate to existing and proposed Sewage Systems to ensure compliance with provisions of the Act and Building Code relating to Sewage Systems.

- (vi) Conduct inspections of land which is the subject of an application for severance or subdivision where no municipal sewage services are proposed, to ensure that each lot will be suitable for the installation of a Sewage System.
- (vii) Review planning documents including, but not limited to, subdivision or condominium proposals, draft official plans, and proposed amendments to ensure compliance with provisions of the Act and Building Code relating to Sewage Systems.
- (viii) Maintain records of all documents and other materials used in performing the duties required under this Agreement.
- (ix) Upon reasonable notice by a Party to this Agreement, provide reasonable access to the Party of all records kept under subsection 3.01 (viii).
- (x) Respond to inquiries made by any person under the Municipal Freedom of Information and Protection of Privacy Act, R.S.O. 1990, c. M.56 and related Regulations, as amended from time to time, or through any other legal channel.
- (xi) Investigate complaints and malfunctioning Sewage Systems, undertake compliance counselling and preparation of reports for abatement action as it relates to existing and proposed Sewage Systems.
- (xii) Issue Orders under the Act relating to Sewage Systems.
- (xiii) Prepare documentation necessary for enforcement activities relating to Sewage Systems under the Act and Building Code. Administer proceedings relating to Sewage Systems pursuant to the Act and the Provincial Offences Act, R.S.O. 1990, c. P.33, as amended from time to time.
- (xv) Provide all forms necessary for the administration of this Agreement.

**(b) Mandatory & Discretionary (Non-Mandatory) Maintenance Inspections of Sewage Systems:**

Provide all inspections, documentation, reporting, and enforcement activities related to Mandatory Maintenance Inspections and Discretionary Maintenance Inspections.

**Section 3.02 Maintenance Inspections:**

- (i) The Board of Health shall follow the Advanced Approach as outlined in Schedule B to this Agreement for Mandatory Maintenance Inspections.
- (ii) In determining whether or not to implement a Discretionary Maintenance Inspection program in a Local Municipality, the Board of Health shall consult with the Local Municipality and shall act in a manner consistent with the advice of the Local Municipality regarding the implementation and whether to follow the Basic,

Advanced, or Third Party Approach as outlined in Schedule B. A decision to implement a Discretionary Maintenance Inspection program will not be made without providing at least 6 months' notice by either party, unless such notice requirement has been mutually waived.

**Section 3.03 Planning Comments:** The Board of Health shall provide reports and/or comments on applications for, but not limited to, zoning by-law amendments, minor variances, site plan agreements and severances directly to the appropriate planning authority relating to Sewage Systems on the Lands.

## **Article Four Collection of Fees**

### **Section 4.01**

- (i) Collection of Fees for Sewage System Services:** The Board of Health shall collect and retain all fees, as set out in Schedule A, payable by any person for work performed by the Board of Health hereunder as compensation for its services provided hereunder and all persons required to pay, shall pay the fee to the Board of Health.
- (ii) Mandatory Maintenance Inspections of Sewage Systems:** Each Local Municipality is responsible for payment of the fees to the Board of Health for Mandatory Maintenance Inspections conducted within its boundaries.
- (iii) Discretionary Maintenance Inspections of Sewage Systems:** Each Local Municipality is responsible for re-payment of the fees to the Board of Health for Discretionary Maintenance Inspections conducted within its boundaries, unless inspection fees are charged by a third party provider.
- (iv)** The Board of Health may invoice each Local Municipality on a quarterly basis for Maintenance Inspections, and payment of fees by the Local Municipality to the Board of Health must be remitted within 60 days from the date of invoice.

**Section 4.02 Fee Schedule:** It is agreed and understood that the fees charged in association with the provision of the above services shall be on a cost recovery basis.

**Section 4.03 Amendment of Fee Schedule:** The Board of Health may review the fee schedule annually. In the event that the Board of Health needs to make changes to the Fee Schedule, it shall follow the process set out in section 7 of the Act and 1.9.1.2 of Division C of the Building Code. The Board of Health shall notify the Parties to this Agreement of any proposed change to the Fee Schedule in advance of the statutory public meeting. The Parties acknowledge and agree that any change to the Fee Schedule pursuant to this section shall not require an amendment to this Agreement. Any change to the Fee Schedule approved by the Board of Health shall be provided to the Parties and shall be publicly available at the Board of Health's office.

## **Article Five Inspectors**

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

## **Article Six Liabilities and Insurance**

Section 6.01 **Liability of the Board of Health:** The Board of Health shall indemnify and save harmless the County and local municipalities from and against all claims, demands, losses, costs, damage, actions, suits or proceedings by whomsoever made, brought or prosecuted in any manner based upon, arising out of, related to, occasioned by or attributable to the activities of the Board of Health in executing the work under this Agreement.

Section 6.02 **Insurance:** For the term of this Agreement and any renewals thereto, the Board of Health will, at its expense, maintain liability insurance contracts of the nature, in the amounts and containing the terms and conditions, if any, set out in Schedule C. The County and Local Municipalities shall be named as additional insureds on the policy of the Board of Health. The Board of Health shall provide a certificate of insurance annually to the County and local municipalities.

## **Article Seven Term, Termination of Agreement, and Township Opt-in**

Section 7.01 **Term:** This Agreement shall commence on November 18, 2020 and shall end on November 17, 2024 unless terminated earlier in accordance with the terms hereof. Following the conclusion of the Initial Term of four (4) years, this agreement shall automatically renew for one (1) additional four (4) year Term, subject to the right of any Party to terminate as provided in Section 7.02.

### **Section 7.02 Termination:**

- (i) This Agreement shall not be subject to any right of termination by any party or parties unless the party (or parties) wishing to have the Agreement terminated has given a minimum six (6) months' written notice to the other parties.
- (ii) Upon receipt of a notice of termination, this Agreement shall continue in full force and effect for the remaining parties for a period of one (1) year from the date of notice of termination, at which point this Agreement shall terminate unless amended by the remaining parties. The remaining parties to this Agreement agree to make good faith efforts to renegotiate the Agreement prior to the termination date.

- (iii) Notwithstanding section 7.02(ii), in the event the Board of Health provides a notice of termination, this Agreement shall terminate on the date set out in the notice of termination, which shall not be less than six (6) months from the notice of termination, provided that the parties may negotiate a termination date up to twelve (12) months from the notice of termination.

Section 7.03 **Transition:** When a party or parties to this Agreement provide a notice of termination, the applicable parties shall prepare a transition plan within two (2) months of the notice of termination which may include but is not limited to:

- (i) the transfer of records;
- (ii) responsibility for open permits and building permit applications;
- (iii) responsibility for outstanding inspections to the termination date;
- (iv) allocation of fees;
- (v) administrative costs of file transfers;
- (vi) outstanding enforcement activities; and
- (vii) retention of reserve funds to address enforcement and potential legal claims.

Section 7.04 **Township Opt-in:** Any non-participating Local Municipality in the County of Peterborough wishing to opt-in and utilize the Services provided by the Board of Health under this Agreement shall be permitted to do so upon providing a minimum of six (6) months' written notice to the Board of Health and the County. Accordingly, all Parties shall execute an amending document to add the non-participating local municipality as a Party to this Agreement.

## **Article Eight Dispute Resolution**

8.01 **Resolution of Disputes:** If a disagreement or dispute arises between any of the parties to this Agreement with respect to the interpretation, construction or performance of the Agreement, including the Transition Plan contemplated by Section 7.04, which the parties are unable to resolve, such disagreement or dispute shall be determined by arbitration in accordance with and pursuant to the provisions of the *Arbitration Act, 1991*, S.O. 1991, c. 17 and the arbitrator's decision shall be final and binding upon the parties and upon their respective successors and assigns and shall not be subject to appeal.

8.02 **Arbitrators** In the event that the parties cannot agree on an arbitrator, any party can apply to a single judge of the Superior Court of Justice in accordance with and pursuant to the provisions of the *Arbitration Act, 1991*, S.O. 1991, c. 17 to have an arbitrator appointed.



## **Article Nine Miscellaneous**

Section 9.01 **Preamble:** The preamble hereto shall be deemed to form an integral part hereto.

Section 9.02 **Gender, etc.:** Whenever the singular form is used in the Agreement and when required by the context, the same shall include the plural, the plural shall include the singular and the masculine gender shall include the feminine and neutral genders.

Section 9.03 **Amendments:** This Agreement shall not be changed, modified, or discharged in whole or in part except by instrument in writing signed by the parties hereto, or their respective successors or permitted assigns, and approved by by-law for each party, or otherwise as provided herein.

Section 9.04 **Assignment:** This Agreement shall not be assignable by any party hereto without the written consent of the other parties being first obtained.

Section 9.05 **Notices:** Any notice, report or other communication required or permitted to be given hereunder shall be in writing unless some other method of giving such notice, report or other communication is expressly accepted by the party to whom it is given and shall be given by being delivered or mailed to the following addresses of the parties respectively:

(a) To the Board of Health:

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

(b) To the County

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

(c) To the Township of Asphodel-Norwood

The Corporation of the Township of Asphodel-Norwood  
2357 County Road 45  
P.O. Box 29  
Norwood, Ontario K0L 2V0  
Attention: Clerk

(d) To the Township of Cavan Monaghan

The Corporation of the Township of Cavan Monaghan  
988 County Rd 10  
Millbrook, ON L0A 1G0  
Attention: Clerk

(e) To the Township of Havelock-Belmont-Methuen

The Corporation of the Township of Havelock-Belmont-Methuen  
1 Ottawa St. East  
PO Box 10.  
Havelock, Ontario K0L 1Z0  
Attention: Clerk

(f) To the Township of Otonabee-South Monaghan

The Corporation of the Township of Otonabee-South Monaghan  
20 Third Street  
PO Box 70  
Keene, Ontario K0L 2G0  
Attention: Clerk

(g) To the Township of Selwyn

The Corporation of the Township of Selwyn  
1310 Centre Line  
P.O. Box 270  
Swlwyn, Ontario K0L 1H0  
Attention: Clerk

(h) To the Municipality of Trent Lakes

The Corporation of the Municipality of Trent Lakes  
760 County Road 36  
Trent Lakes, Ontario K0M 1A0  
Attention: Clerk

Any notice, report or other written communication, if delivered, shall be deemed to have been given or made on the date on which it was delivered to any employee of such party, or if mailed, postage prepaid, and electronically delivered, shall be deemed to have been given or made on the third business day following the date on which it was mailed (unless at the time of mailing or within forty-eight hours thereof there shall be a strike, interruption or lock-out in the Canadian postal service, in which case service shall be by way of delivery only). Any party may at any time give notice in writing to the other parties of the change of its address for the purpose of this Section 9.05.

Any notice, report or other written communication may be delivered electronically, provided that delivery is not effective unless receipt of the electronic communication is confirmed in writing.

Section 9.06 **Headings:** The section headings hereof have been inserted for the convenience of reference only and shall not be construed to affect the meaning, construction or effect of this Agreement.

Section 9.07 **Governing Law:** The provisions of this Agreement shall be construed and interpreted in accordance with the laws of the Province of Ontario.

Section 9.08 **Severability:** If any term or provision of this Agreement or the application thereof to any party hereto shall to any extent be held to be void, invalid or unenforceable, the remainder of this Agreement or the application of such term or provision to all parties other than those to whom it was held to be void, invalid or unenforceable, shall not be affected thereby and each term and provision of this Agreement shall be separately valid and enforceable to the fullest extent permitted by law.

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

**Signature Page**

**The Corporation of the Township of Asphodel-Norwood**

**Services Agreement for the Provision of Inspection Services Relating to Sewage Systems and  
Mandatory and Discretionary Sewage System Maintenance Inspections**

  
\_\_\_\_\_  
R. Bonneau, Mayor

10-November-2020

\_\_\_\_\_  
Date

  
\_\_\_\_\_  
Candice White, Clerk

10-November-2020

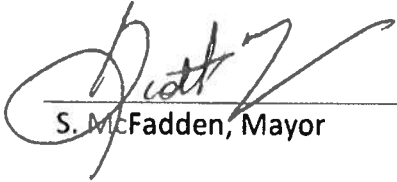
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Date

We have the authority to bind the Corporation.

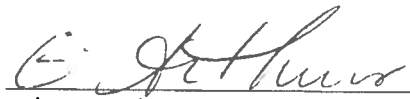
**Signature Page**

**The Corporation of the Township of Cavan Monaghan**

**Services Agreement for the Provision of Inspection Services Relating to Sewage Systems and  
Mandatory and Discretionary Sewage System Maintenance Inspections**

  
S. McFadden, Mayor

Nov. 2, 2020  
Date

  
Elana Arthurs, Clerk

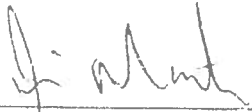
Nov. 2, 2020  
Date

We have the authority to bind the Corporation.


**Signature Page**

**The Corporation of the Township of Havelock-Belmont-Methuen**

**Services Agreement for the Provision of Inspection Services Relating to Sewage Systems and  
Mandatory and Discretionary Sewage System Maintenance Inspections**

  
\_\_\_\_\_  
J. Martin, Mayor

  
\_\_\_\_\_  
Date

  
\_\_\_\_\_  
Bob Angione, Clerk

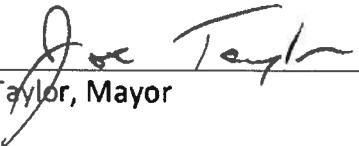
  
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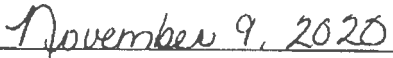
We have the authority to bind the Corporation.

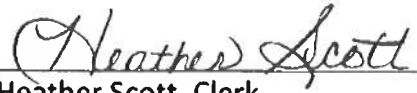
**Signature Page**


**The Corporation of the Township of Otonabee-South Monaghan**

**Services Agreement for the Provision of Inspection Services Relating to Sewage Systems and  
Mandatory and Discretionary Sewage System Maintenance Inspections**

  
\_\_\_\_\_  
J. Taylor, Mayor

  
\_\_\_\_\_  
Date

  
\_\_\_\_\_  
Heather Scott, Clerk

  
\_\_\_\_\_  
Date

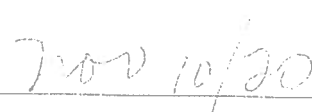
We have the authority to bind the Corporation.

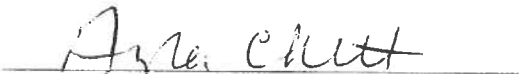
Signature Page

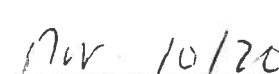
The Corporation of the Township of Selwyn

Services Agreement for the Provision of Inspection Services Relating to Sewage Systems and  
Mandatory and Discretionary Sewage System Maintenance Inspections

  
S. Senis, Deputy Mayor

  
Date

  
Angela Chittick, Clerk

  
Date

We have the authority to bind the Corporation.




**Signature Page**

**The Corporation of the Municipality of Trent Lakes**

**Services Agreement for the Provision of Inspection Services Relating to Sewage Systems and  
Mandatory and Discretionary Sewage System Maintenance Inspections**

  
\_\_\_\_\_  
J. Clarkson, Mayor

November 3, 2020  
\_\_\_\_\_  
Date

  
\_\_\_\_\_  
Jessie Clark, Clerk

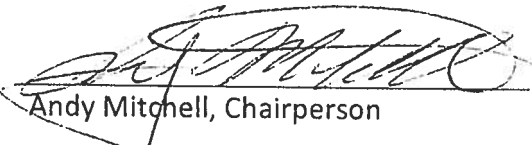
November 3, 2020  
\_\_\_\_\_  
Date

We have the authority to bind the Corporation.

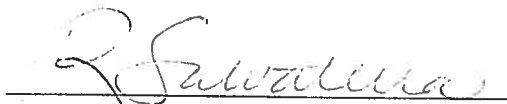
Signature Page

Board of Health for Peterborough County-City Health Unit

Services Agreement for the Provision of Inspection Services Relating to Sewage Systems and  
Mandatory and Discretionary Sewage System Maintenance Inspections

  
Andy Mitchell, Chairperson

Nov 12, 2020  
Date

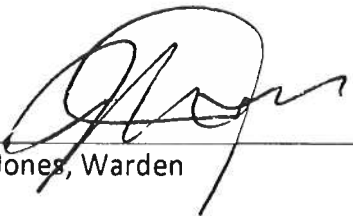
  
Rosana Salvaterra,  
Medical Officer of Health

Nov 12 / 20  
Date

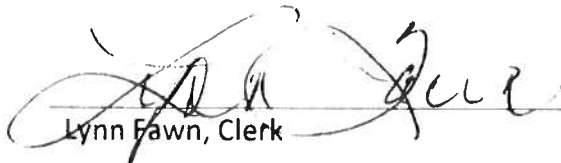
We have the authority to bind the Board.


**Signature Page**  
**The Corporation of the County of Peterborough**

**Services Agreement for the Provision of Inspection Services Relating to Sewage Systems and  
Mandatory and Discretionary Sewage System Maintenance Inspections**

  
\_\_\_\_\_  
J. M. Jones, Warden

  
\_\_\_\_\_  
Date

  
\_\_\_\_\_  
Lynn Fawn, Clerk

  
\_\_\_\_\_  
Date

We have the authority to bind the Corporation.

## Schedule A Fees

### Fees for Service Related to Sewage Systems

Service	Type	Timeframe* / Target**	Fee
<b>Sewage System Building Permits</b>	Permit for Class 4 Sewage System, design capacity less than or equal to 4500 litres per day	10 business days* (permit) 5 business days* (final inspection)	\$750.00
	Permit for Class 4 Sewage System, design capacity greater than 4500 litres per day and less than or equal to 10,000 litres per day	10 business days* (permit) 5 business days* (final inspection)	\$1,200.00
	Permit for Class 4 Sewage System Tank Replacement Only	10 business days* (permit) 5 business days* (final inspection)	\$400.00
	Permit for Class 5 Sewage System (Holding Tank)	10 business days* (permit) 5 business days* (final inspection)	\$750.00
	Permit for Class 3 Sewage System (Cesspool)	10 business days* (permit) 5 business days* (final inspection)	\$500.00
	Permit for Class 2 Sewage System (Greywater System)	10 business days* (permit) 5 business days* (final inspection)	\$500.00
	Sewage System Permit for Trench Bed repair or extension of 16 metres or less	10 business days* (permit) 5 business days* (final inspection)	\$500.00
	Sewage System Permit for Filter Bed repair, replacement or extension of 6 square metres or less	10 business days* (permit) 5 business days* (final inspection)	\$500.00
	Transfer of permit to a new owner	10 business days*	\$375.00
<b>Change of Use Permit (Review of Existing)</b>	Existing System Inspection (for Review of Existing Sewage System applications)	10 business days*	\$400.00
<b>Rezoning, Minor Variance, and site-specific Official Plan Amendments</b>	Rezoning or minor variance comments requiring a site visit	10 business days** (from notification of test holes ready or lot prepared, as applicable)	\$250.00
	Rezoning or minor variance comments not requiring a site visit	10 business days** (following receipt of notice of application)	\$0.00
	Site-specific Official Plan Amendments	10 business days** (following receipt of notice of application)	\$0.00
<b>Severance or Subdivision Comments</b>	First lot	10 business days**	\$300.00
	Each additional lot	(from notification of test holes ready or lot prepared)	\$150.00
<b>Severance or Subdivision Re-inspection</b>	First lot	10 business days**	\$300.00
	Each additional lot	(from notification of test holes ready or lot prepared)	\$150.00
<b>Copies</b>	Copies of archived permits	10 business days**	\$35.00

Service	Type	Timeframe	Fee
<b>File Search</b>	File search (e.g., Lawyer, real estate), copies and letter	10 business days**	\$125.00
<b>Mandatory Maintenance Inspections</b>	Maintenance inspections of sewage systems (Source Water Protection Areas)	Minimum once every five years*	\$325.00
<b>Discretionary Maintenance Inspections</b>	Basic Inspections	Seasonally, as required through consultation with local municipality**	\$200.00
	Advanced Inspections	Seasonally, as required through consultation with local municipality**	\$325.00
	Additional Phase I Inspections (including follow-up for a Third Party inspection)	Seasonally, as identified**	\$50.00

**\*Notes for Timeframes:**

- Published timeframes align with those legislated by the Ontario Building Code, O. Reg. 332/12: Building Code.
- Unless indicated otherwise, timeframes begin once a completed application is received by Peterborough Public Health, or notice has been given for readiness of inspection, as per the Ontario Building Code.
- A completed application includes receipt of payment, confirmation that all applicable law has been met, and the readiness of test holes for inspection, where required.

**\*\*Notes for Targets:**

- Published targets are not mandated by legislation but used by the Board of Health as key performance indicators.
- Unless indicated otherwise, targets begin once a completed application is received by Peterborough Public Health, or notice has been given for readiness of inspection.
- A completed application includes receipt of payment, confirmation that all applicable law has been met, and the readiness of test holes for inspection, where required.

**The fee schedule will be adjusted annually on January 1 in accordance with this agreement and the requirements of the Building Code Act and Ontario Building Code.**

## **Schedule B**

### **Discretionary Sewage System Maintenance Inspection Options**

#### **Option 1: Basic Sewage System Maintenance Inspection Program** **("Basic Program")**

The basic program will be broken down into three stages:

1. File Search and Review
2. Phase I Inspection
3. Phase II Inspection (when necessary)

This program will apply to all classes of sewage systems that are more than ten years old. Upon completion of inspections and where appropriate, a maintenance inspection certificate will be issued by Peterborough Public Health (PPH) for the property.

#### **File Search and Review – Basic**

On an annual basis, PPH will receive a list of properties subject to the discretionary maintenance inspection program from each Local Municipality. Upon receipt of this list, the file search and review stage will commence. This stage includes PPH contacting property owners to advise that the sewage system servicing their property is required to have a maintenance inspection.

#### **Phase I Inspections – Basic**

PPH will determine the designated timeframe when each property on the list supplied by the municipality will receive the Phase I inspection. These inspections will typically occur from mid-May until the end of October. The Phase I inspection will include (but may not be limited to) the following actions:

- Removal of the septic tank lids;
- Observation of the overall septic tank construction (steel tanks will be identified and required to be upgraded);
- Internal inspection of the septic tank condition including inlet and outlet baffles and assessment of the levels of sewage within the tank;
- Identification of any signs of a malfunctioning sewage system including saturation or breakout over the leaching bed area, evidence of sewage backup, and odour problems;
- Identification of physical situations putting the sewage system at risk for immediate failure including poor septic tank condition, the location of structures too close to the septic tank or leaching bed, and unsuitable vegetation over leaching bed areas; and
- Identification of any general environmental or public health concerns including proximity of sewage system components to wells and watercourses.

#### **Phase II Inspections - Basic**

A property will progress to Phase II under the Basic Program when a critical deficiency is identified. Critical deficiencies include (but may not be limited to): steel tanks, failing or potentially failing systems, broken septic tank lids, missing baffles, and substandard systems. Additional enforcement actions, will be taken as necessary when a sewage

system is identified to be in a failing state or creating a health hazard. When this situation is identified, the re-inspection file will be closed and the case transferred to PPH's regular Safe Sewage Disposal Program.

With the Basic Program, Phase II Inspections will not include additional enforcement or follow-up for semi-critical or non-critical deficiencies such as: encroachments of structures to the septic tank or leaching bed area, poor vegetation over the leaching bed, deep rooted shrubs or trees in the vicinity of the leaching bed, and additional hydraulic load in the area of the leaching bed. When these types of deficiencies are identified under the Basic Program, property owners will receive a letter after inspection advising of the deficiency and will be encouraged to consider upgrading or rectifying the issue. However, there will be no additional enforcement actions or follow-up. A maintenance inspection certificate will not be issued and the file will be closed.

#### Fees and Payment for the Basic Program

The Basic Program will be offered at a fee in accordance with the Fee Schedule as amended from time to time. This fee will be billed by PPH to the municipality upon the first visit to the property. In the event that the inspector attends the property and the septic tank lids have not been exposed in order for the inspection to be conducted, the property will go on to a "pending" list. At the end of each season, the pending list will be provided to the municipality and PPH will consult with the municipality regarding next steps. An additional fee per the Fee Schedule will be charged for any property that requires a second site visit to complete the Phase I inspection.

Municipalities seeking to pursue this option for re-inspection will be asked to commit to providing a list of 450 properties annually.

#### **Option 2: Advanced Sewage System Maintenance Inspection Program** **("Advanced Program")**

The advanced program implements a comprehensive assessment of onsite sewage systems and includes continuous follow-up and enforcement. The Advanced Program has the four stages:

1. File Search and Review
2. Phase I Inspections
3. Phase II Inspections
4. Additional Enforcement and Follow-Up

The Advanced Program applies to all classes of sewage systems that are more than ten years old. Upon completion of inspections and where appropriate, a maintenance certificate is issued by PPH for the property.

#### File Search and Review – Advanced

On an annual basis, PPH will receive a list of properties subject to the discretionary maintenance inspection program from the municipality. Upon receipt of this list, the file search and review stage will commence. This stage includes PPH contacting property owners to advise that the sewage system servicing their property is required to have a maintenance inspection.

### Phase I Inspections - Advanced

PPH will determine the designated timeframe when each property on the list supplied by the municipality will receive the Phase I inspection. These inspections will typically occur from mid-May until the end of October each year. The advanced Phase I inspection will include (but may not be limited to) the following actions:

- Removal of the septic tank lids;
- Observation of the overall septic tank construction (steel tanks will be identified and required to be upgraded);
- Internal inspection of the septic tank condition including inlet and outlet baffles and assessment of the levels of sewage within the tank;
- Identification of any signs of a malfunctioning sewage system including saturation or breakout over the leaching bed area, evidence of sewage backup, and odour problems;
- Identification of physical situations putting the sewage system at risk for immediate failure including poor septic tank condition (e.g. concrete spalling), the location of structures too close to the septic tank or leaching bed, and unsuitable vegetation over leaching bed areas;
- Identification of any other environmental or public health concerns including proximity of sewage system components to wells and watercourses; and
- Capacity calculation(s) for the onsite sewage system based on the daily sewage flow from the property.

### Phase II Inspections

Under the Advanced Program, Phase II inspections will be conducted to determine corrective actions for any deficiencies identified that may jeopardize the sewage system. A Phase II inspection may also be performed to ensure that corrective actions have been implemented. Phase II inspections for the Advanced Program may also require property owners to conduct more invasive activities such as uncovering portions of the leaching bed to confirm and observe minimum horizontal clearance distances or soil and groundwater conditions. The owners will get a letter outlining any deficiencies and additional Phase II inspections will be performed to ensure compliance, as necessary.

### Additional Enforcement and Follow-Up

Similar to the Basic Program, the Advanced Program will include additional enforcement actions being taken when critical deficiencies are identified, such as when a sewage system is identified to be in a failing state or creating a health hazard. When this situation is identified, the re-inspection file will be closed and the property will be transferred to PPH's regular Safe Sewage Disposal Program.

Unlike the Basic Program, the Advanced Program will include additional enforcement activities and follow-up for other deficiencies such as: exceedances of sewage system capacity based on daily design sanitary sewage flows, physical encroachments to the septic tank or leaching bed, inappropriate hydraulic loading, and inadequate alarms for holding tanks. There is no additional fee for follow-up activities, subject to regular permit fees, when applicable.

### Fees and Payment for the Advanced Program



The Advanced Program will be offered at a fee in accordance with the Fee Schedule as amended from time to time. This fee will be billed by PPH to the municipality upon the first visit to the property. In the event that the inspector attends the property and the septic tank lids have not been exposed in order for the inspection to be conducted, the property will go on to a “pending” list. At the end of each season, the pending list will be provided to the municipality and PPH will consult with the municipality regarding next steps. An additional fee per the Fee Schedule will be charged for any property that requires a second site visit to complete the Phase I inspection.

Municipalities seeking to pursue this option of re-inspection will be asked to commit to providing a list of 300 properties annually.

### **Option 3: Third Party Sewage System Maintenance Inspection Program** **(“Third Party Program”)**

The third party program will include the use of approved agencies to conduct Phase I inspections and issue certificates. Peterborough Public Health will oversee the third party program and follow up with reported issues of non-compliance. The components of the third party program may include:

1. Establishment of Terms and Conditions with the Local Municipality
2. Training for “qualified persons”
3. Phase I Inspection – Third Party
4. Additional Inspections/Enforcement (PPH, as necessary)

This program may apply to all classes of sewage systems that are more than ten years old. Upon completion of inspections and where appropriate, a maintenance inspection certificate will be issued by the approved person/agency conducting the maintenance inspection for the property. Property owners will be required to provide a copy of the certificate to PPH. Approved persons will be required to report issues of noncompliance to PPH.

#### **Establish Terms and Conditions with the Local Municipality**

If a Local Municipality wishes to pursue a third party maintenance inspection program, they will do so in consultation with Peterborough Public Health. Prior to the initiation of the third party inspection program, PPH and the Local municipality will define the mutually agreeable terms and conditions of the program, including applicable properties, overall process, applicable classes and ages of onsite sewage systems, inspection criteria, timelines, and administrative fees.

An example structure for a Third Party Program is presented below:

- Local Municipality wishes to pursue a third party re-inspection program.
- Local Municipality collaborates with Peterborough Public Health (PPH).
- Program established to apply to all classes of onsite sewage systems, older than ten years.
- Timeline set for program completion – ten years to have all properties serviced by an onsite sewage system inspected.
- PPH in collaboration with the Local Municipality provides notice to property owners and facilitates file searches.

- PPH facilitates training at least twice a year to establish a list of “approved persons/agencies” to conduct discretionary inspections.
- PPH will accept certificates issued by approved persons/agencies from property owners and maintain an inventory to track properties in compliance and follow up with those not in compliance.

### Training for Qualified Persons

Peterborough Public Health will facilitate training for qualified persons a minimum of twice per year, upon the establishment of a third party re-inspection program. Approved persons/agencies will be in accordance with the requirements set out in Division C of the Ontario Building Code for discretionary maintenance inspection programs; PPH training for approved persons will be mandatory.

The training will help to maintain the integrity of the program and ensure that consistent approaches are being used for inspections by qualified persons, and that standard inspection criteria are being evaluated when issuing a certificate to a property owner. This training will also outline a process for reporting issues of noncompliance to PPH for follow-up, as necessary.

### Phase I Inspections – Third Party

Phase I Inspections will be conducted by qualified persons who are considered to be a “third party” (i.e. not the property owner and not Peterborough Public Health). These inspections can be done at any time, provided the required inspection criteria are observed. These criteria will be determined collaboratively by PPH and the Local Municipality upon the establishment of a third party re-inspection program. Criteria may include the following:

- Removal of the septic tank lids;
- Observation of the overall septic tank construction (steel tanks will be identified and required to be reported to Peterborough Public Health);
- Internal inspection of the septic tank condition including inlet and outlet baffles and assessment of the levels of sewage within the tank;
- Identification of any signs of a malfunctioning sewage system including saturation or breakout over the leaching bed area, evidence of sewage backup, and odour problems;
- Identification of physical situations putting the sewage system at risk for immediate failure including poor septic tank condition, the location of structures too close to the septic tank or leaching bed, and unsuitable vegetation over leaching bed areas; and
- Identification of any general environmental or public health concerns including proximity of sewage system components to wells and watercourses.

Depending on the terms and conditions of the program, daily design sanitary sewage flow assessments and file searches may or may not be part of the Phase I inspection requirement.

### Additional Inspections / Enforcement

If a property owner fails to comply with providing a certificate for the onsite sewage system to Peterborough Public Health, the enforcement policy for noncompliance will be consistent with the terms and conditions defined at the establishment of the program. In the event that issues of noncompliance are reported by a qualified person conducting an

inspection, additional fees for inspection may be charged by PPH, in accordance with Schedule A.

#### Fees and Payment for the Third Party Program

Upon the establishment of a third party program, Peterborough Public Health will determine the cost-recovery administrative fees required for the administration of the program, based on the terms and conditions set in collaboration with the Local Municipality. The process for recovery of the administrative fees will be outlined in the terms and conditions for the program and may be remitted by the Local Municipality to PPH annually, in a lump-sum or on a "per property" basis. Fees for additional inspections by PPH will be charged to the property owner as per Schedule A. Fees for Phase I inspections by qualified persons will be set by qualified persons and fees will be charged by the qualified person conducting the inspection directly to the property owner.

**Schedule C**  
**Insurance Coverage of the**  
**Board of Health**

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

## Appendix B – Historical Annual Operations Financial Statement

### Peterborough Public Health

#### Summary of Safe Sewage Program - Annual Operations

\* Information extracted from Audited Financial Statements

Safe Sewage Program	2017	2018	2019	2020	2021
<b>Revenues</b>					
Fees Collected **	421,546	384,120	332,054	317,768	374,625
Interest	1,273	1,843	1,785	1,426	1,447
	<b>422,819</b>	<b>385,963</b>	<b>333,839</b>	<b>319,194</b>	<b>376,072</b>
<b>Expenditures</b>	<b>387,806</b>	<b>396,427</b>	<b>363,475</b>	<b>315,215</b>	<b>402,053</b>
<b>Net Operations - Surplus/(Deficit)</b>	<b>\$ 35,013</b>	<b>-10,464</b>	<b>-29,636</b>	<b>3,979</b>	<b>-25,981</b>
<b>Safe Sewage Program Reserve - Balance</b>	<b>\$ 146,014</b>	<b>\$ 135,550</b>	<b>\$ 105,914</b>	<b>\$ 109,893</b>	<b>\$ 83,912</b>

\*\* Fees collected represents septic permit applications, severance and lawyer search fees

## Appendix C – Projected Annual Operations Financial Statement

### Peterborough Public Health

### Safe Sewage Program

Projection for period ending December 31, 2023

	Projected 2023	Year To Date Sept 30/22
<b>Revenue</b>		
Septic Permit	352,100	189,710
Severances	18,500	35,977
Search Permits	4,000	3,210
<b>Total</b>	<b>374,600</b>	<b>228,897</b>
<b>Expenditures</b>		
Salaries	230,011	169,524
Benefits	60,734	48,952
Materials and Supplies	11,500	9,200
Professional Fees - Audit /Legal	5,000	2,111
Professional Development	1,000	1,421
Rent	7,000	5,250
Travel	21,000	15,791
Allocated Administration	38,355	28,764
	<b>374,600</b>	<b>281,013</b>
<b>Net Program Operations</b>	<b>-</b>	<b>-52,116</b>

## PETERBOROUGH PUBLIC HEALTH

Board of Health

### POLICY AND PROCEDURE

<b>Section:</b> Board of Health	<b>Number:</b> 2-170	<b>Title:</b> By-Law Number 8, Building Code Act – Sewage Systems
<b>Approved by:</b> Board of Health		<b>Original Approved by Board of Health On (YYYY-MM-DD): 1998-03-11</b>  <b>Author:</b>
<b>Signature:</b> <i>Original signed by Board Chair</i>		
<b>Date (YYYY-MM-DD):</b> 2020-09-09		
<b>Reference:</b> Services Agreement for the Provision of Inspection Services Relating to Sewage Systems and Mandatory and Discretionary Sewage System Maintenance Inspections <a href="#">Building Code Act, 1992, S.O. 1992, c. 23</a> <a href="#">Ontario Building Code, O. Reg. 332/12</a>		

**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.

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#### **By-law Number 8 Building Code Act – Sewage Systems**

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

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

NOW THEREFORE Peterborough Public Health enacts as follows:

#### **Definitions**

In this By-law:

- 1.1 "Act" means the Building Code Act, 1992, including amendments thereto;
- 1.2 "authorized agent" means the agent of the owner who is authorized in writing by the owner to act on his or her behalf;
- 1.3 "building" means a building as defined in Section 1 (1) of the Act;
- 1.4 "Building Code" means the regulations made under Section 34 of the Act;
- 1.5 "Chief Building Official" includes an inspector who has the same powers and duties as the chief building official, (a) in relation to sewage systems by virtue of subsections 3.1(3) or 6.2(4) of the Act;
- 1.6 "Designated Inspector" means an inspector who has been appointed under Section 3.1, 4 or 6.2 of the Act;

1.7 "Discretionary Maintenance Inspection" means a Maintenance Inspection as set out in section 10.1.1 of Division C, Part 1 of the Building Code.

1.8 "Maintenance Inspection" means a maintenance inspection as defined in Section 1(1) of the Act;

1.9 "Mandatory Maintenance Inspection" means a Maintenance Inspection as set out in section 1.10.2 of Division C, Part 1 of the Building Code.

1.10 "owner" means the registered owner of land on which a sewage system is located or proposed to be located;

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

1.12 "sewage system" means a sewage system as defined in Division A, Section 1.4.1.2 of the Building Code.

## **Permits**

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

## **Application for Permits**

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

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

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

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

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

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

c) size and design of proposed sewage system components;

d) the location of items listed in Column 1 of Tables 8.2.1.5., 8.2.1.6.A and 8.2.1.6.B of the Building Code; and

e) proposed access routes for system maintenance;

3.2.3 state the names, addresses and telephone numbers of the owner, and the authorized



agent, if any;

- 3.2.4 the name, address and telephone number of the person/firm installing or altering the sewage system;
- 3.2.5 where the person/firm named in 3.2.4 above requires qualifications under the Act or the Building Code:
  - a) the Building Code Identification Number (BCIN) of the person named in 3.2.4; and
  - b) the name and BCIN of the qualified person supervising the work to be done under the sewage system permit;
- 3.2.6 where the person who is to install or alter the sewage system is not known at the time of application the owner or authorized agent shall undertake to provide the information required in 3.2.4 and 3.2.5 above to the Designated Inspector as soon as it is available and, in any event, before any work is done under the permit;
- 3.2.7 provide test pits, as required by the Designated Inspector, for the evaluation of on-site conditions;
- 3.2.8 provide satisfactory evidence of compliance with municipal by-laws and Conservation Authority by-laws and regulations, when requested by the Designated Inspector;
- 3.2.9 such additional information as the Designated Inspector considers necessary to determine whether or not the proposed sewage system or change of use will conform to the requirements of the Act, the Building Code and any other applicable law;
- 3.2.10 in the application for a change of use permit, provide details of current and planned use and occupancy together with a sketch, site plan or survey and providing the information set out in 3.2.2;
- 3.2.11 provide detailed directions to the lands serviced or to be serviced from the nearest town, village or hamlet;
- 3.2.12 have an undertaking by the owner, or on behalf of the owner if the application is made by an authorized agent, to notify the Designated Inspector immediately of any changes of ownership if such change of ownership occurs before the permit is given final approval;
- 3.2.13 be signed by the owner or authorized agent who shall certify the truth of the contents of the application and any documents filed with the application;
- 3.2.14 be accompanied by the required fee; and
- 3.2.15 shall include any other information or details as required by the Act and the Building Code.

#### **Fees for Permits and Service**

- 4.1 Fees for permits and services are set out in Schedule "A" to this By-law and are due and payable upon submission of an application for a permit, or at the time of service delivery (for maintenance inspections).
- 4.2 In the case of withdrawal of an application, abandonment of all or a portion of the work or the non-commencement of a work the Designated Inspector shall determine the amount of paid

permit fees that may be refunded to the applicant, if any, in accordance with Schedule "B" attached to this By-law.

- 4.3 The Board of Health may review the fee schedule annually. In the event that the Board of Health needs to make changes to the fee schedule, it shall follow the process in section 7 of the Act and 1.9.1.2 of Division C of the Building Code, as well as the requirements of the *Services Agreement for the Provision of Inspection Services Relating to Sewage Systems and Mandatory and Discretionary Sewage System Maintenance Inspections*.

### **Notice Requirements**

- 5.1 In the case of a sewage system permit or a revised sewage system permit the owner or the authorized agent shall notify the Designated Inspector:
- a) when work will commence;
  - b) prior to back-filling over sewage system; and
  - c) on completion of work.
- 5.2 The owner or the authorized agent shall not back-fill over the sewage system until Designated Inspector has inspected and approved the installation or alteration.
- 5.3 A permit remains outstanding until:
- a) it has been revoked by the Chief Building Official; or
  - b) in the case of sewage system permit or a revised sewage system permit, all work has been completed and the Designated Inspector or the Assistant Designated Inspector has noted completion; or
  - c) in case of a change of use permit the Designated Inspector has noted that he/she has no objection.

### **Change of Use**

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

### **Forms and Orders**

- 7.1 The Designated Inspector may prepare and use such forms for permit applications, inspection reports, and approvals as he or she deems appropriate.
- 7.2 The Designated Inspector may prepare and use such forms for Orders which he or she is authorized to make under the Building Code Act as he or she deems appropriate.

### **Maintenance Inspections**

- 8.1 Designated Inspectors of Peterborough Public Health shall provide all inspections, documentation, reporting and enforcement activities related to Mandatory and Discretionary Maintenance Inspections according to the requirements of the Act, the Building Code and the *Services Agreement for the Provision of Inspection Services Relating to Sewage Systems and Mandatory and Discretionary Sewage System Maintenance Inspections*.

Read a first time this 11th day of March, 1998.

Read a second time this 11th day of March, 1998.

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

**Review/Revisions:**

- On** (YYYY-MM-DD): 2001-09-07 (MOH)
- On** (YYYY-MM-DD): 2003-07-11 (MOH)
- On** (YYYY-MM-DD): 2006-03-09 (MOH)
- On** (YYYY-MM-DD): 2006-05-17 (Board)
- On** (YYYY-MM-DD): 2011-04-13 (Board, fee schedule only)
- On** (YYYY-MM-DD): 2013-03-13 (Governance)
- On** (YYYY-MM-DD): 2014-03-19 (Board, fee schedule only)
- On** (YYYY-MM-DD): 2015-05-19 (Governance)
- On** (YYYY-MM-DD): 2016-11-09 (Board, fee schedule only)
- On** (YYYY-MM-DD): 2017-06-14 (Board)
- On** (YYYY-MM-DD): 2020-09-09 (Board)

**Schedule A**  
**Sewage System Fees**

Service	Type	Fee
Sewage System Building Permits	Permit for Class 4 Sewage System, design capacity less than or equal to 4500 litres per day	<del>\$750.00</del> <u>\$1,000.00</u>
	Permit for Class 4 Sewage System, design capacity greater than 4500 litres per day and less than 10,000 litres per day	<del>\$1,200.00</del> <u>\$1,450.00</u>
	Permit for Class 4 Sewage System Tank Replacement Only	\$400.00
	Permit for Class 5 Sewage System (Holding Tank)	<del>\$750.00</del>
	Permit for Class 3 Sewage System (Cesspool)	<u>\$1,000.00</u>
	Permit for Class 2 Sewage System (Greywater System)	\$500.00
	Sewage System Permit for Trench Bed repair or extension of 16 metres or less	\$500.00
	Sewage System Permit for Filter Bed repair, replacement or extension of 6 square metres or less	\$500.00
	Transfer of permit to a new owner	\$375.00
Change of Use Permit (Existing)	Existing System Inspection (Sewage Systems Permit for change of use or building addition, comments on minor variance, or rezoning)	\$400.00
Rezoning or Minor Variance	Rezoning or minor variance comments requiring a site visit	\$250.00
Severance or Subdivision Comments	First lot	\$350.00
	Each additional lot	\$150.00
Severance or Subdivision Re-inspection	First lot	\$350.00
	Each additional lot	\$150.00
Copies	Copies of Archived permits	\$35.00
File Search	File search (e.g., Lawyer, real estate), copies and letter	\$125.00
Mandatory Maintenance Inspections	Maintenance inspections of sewage systems	\$325.00

Discretionary Maintenance Inspections	Basic Inspections	\$200.00
	Advanced Inspections	\$325.00
	Additional Phase I Inspections	\$50.00

## Schedule B

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

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

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

<b>TITLE:</b>	<b>Child Health Programs Update</b>
<b>DATE:</b>	<b>November 9, 2022</b>
<b>PREPARED BY:</b>	<b>Krista Ward, Manager, Child Health Services</b>
<b>APPROVED BY:</b>	<b>Hallie Atter, Acting Director, Health Promotion Dr. Thomas Piggott, Medical Officer of Health &amp; CEO</b>

**PROPOSED RECOMMENDATIONS**

That the Board of Health for Peterborough Public Health:

- receive the staff report, *Child Health Programs Update*, for information; and,
- write to the Minister of Children, Community and Social Services:
  - that the Healthy Babies, Healthy Children and Infant and Toddler Development Programs remain 100% funded by the Ministry; and,
  - that they assess base funding and grant sufficient annual increases to board of health budgets to keep pace with financial costs associated with the demands from client families, partner agencies, and the community; and,
  - send copies of this correspondence to local MPPs, the Association of Local Public Health Agencies and Ontario Boards of Health.

**FINANCIAL IMPLICATIONS AND IMPACT**

Provincial base funding for the Healthy Babies, Healthy Children (HBHC) program has not been increased since 2007. To allow for inflationary increases, Peterborough Public Health (PPH) has been forced to institute a reduction in Public Health Nurse (PHN) and Family Home Visitor (FHV) staffing (a reduction of 0.4 full-time equivalent (FTE) PHN and 1.0 FTE FHV between 2007 and present) and further reductions are foreseen. With these reductions comes decreases in service delivery for our community.

The Infant and Toddler Development Program (ITDP) has not received any increase in funding since 2002. Due to rising program costs, this has resulted in the loss of 1.5 FTE Infant Development Worker (IDW) as well as a decrease in administration support, with the potential for further decreases.

PPH is concerned that the current base funding is insufficient to fully implement the delivery of both of these critical programs with increases such as collective agreement commitments to steps on salary grids, travel costs, and operational and administrative costs.

## **DECISION HISTORY**

In past years (2006, 2009, 2015, 2019) the Board of Health for Peterborough Public Health has expressed their concern to the Province regarding the chronic underfunding of the HBHC program and requested strengthened provincial investment.

## **BACKGROUND**

### **HBHC**

HBHC is a vital prevention/early intervention program aimed at vulnerable pregnant women and families with children from birth to entry to school. The program offers Ontario families the support and information they need to provide their children a healthy start in life and provides more intensive services and supports to families with children with risk factors that could prevent them from reaching their full potential. The program is delivered by PHNs and FHV's (who provide peer support) through evidence-informed interventions, referrals to community supports, etc. and is delivered via home visiting, virtual and telephone visiting.

### **ITDP**

The ITDP offers services to families with infants and young children (birth to 36 months) who are "at risk" or vulnerable to developmental delays because of prematurity, social or economic concerns, are diagnosed with special needs such as Down syndrome, cerebral palsy or who are otherwise delayed in their development. IDWs provide home visits, telephone and virtual visits, developmental assessments with corresponding activities to promote learning and development and provide families with coaching so they are able to provide this support to their children. IDWs also coordinate with other community agencies to ensure each family's needs are met. The ITDP is often the first provider of early services in a child's life, as waitlists for therapies at local children's treatment centers are very long.

### **Adverse Child Experiences**

Both HBHC and ITDP focus on provision of supports to children and families, with a primary interest in nurturing healthy development and preventing adverse child experiences (ACEs). Early childhood experiences play a critical role in the development and health of children throughout their lives. Research into child development has also shown that early interactions and experiences have an impact on a child's emotional and intellectual development. Interventions to support positive interactions ultimately result in long term health, education and economic benefits. Programs such as HBHC identify families at risk for ACEs provide early support and intervention.



Ministry of children and Youth Services (2018) Adverse Childhood Experiences Healthy Babies Healthy Children Analysis



HBHC and ITDP programming deliver client care with an equity lens. Providing service to the residents of Curve Lake and Hiawatha First Nations, the City and County of Peterborough most at risk and meeting them where they are at.

## **RATIONALE**

In order to provide effective service within the changing needs of our community, HBHC and ITDP continue to require an increase in base funding. Increased funding would allow maintenance of our current FTE staffing compliment and provide opportunities for further education in order to serve our community's growing complex needs.

With the introduction of virtual visiting and information sharing, as a result of the COVID-19 pandemic the use of technology has been an integral part of maintaining relationships and providing information to our clients and partners. The increase in base funding would provide other opportunities to integrate technology into our day-to-day practices.

Due to chronic underfunding of the HBHC and ITDP programs, fewer families are being served. Staff have less capacity for promotion of the program, education and support to community partner agencies (hospital, primary care, etc.). This results in fewer referrals and missed opportunities for assessment and intervention for families at risk. Without an increase in funding the HBHC and ITDP programs cannot provide the therapeutic interventions that enhance child development, nor target the key indicators that promote healthy growth and development.

Our HBHC and ITDP staff are highly trained and educated and provide service where it has an immediate impact in the family home. Providing intervention in the child's environment enables us to reach the most vulnerable families and is the most equitable approach to supporting improved health outcomes.

## **STRATEGIC DIRECTION**

This report applies directly to the following Strategic Direction in the PPH 2022-2025 Strategic Plan:

- Underserved single parents and families are supported in creating healthy, safe and nurturing environments for child development.

The HBHC program targets all live births in Ontario to provide early identification and intervention for families that score "with risk". Many of the questions on the HBHC screen, identify whether there is a risk for ACEs.

## **REFERENCES:**

Centers for Disease Control and Prevention (2019). [Preventing Adverse Childhood Experiences: Leveraging the Best Available Evidence](#). Atlanta, GA: National Center for Injury Prevention and Control, Centers for Disease Control and Prevention

Centers for Disease Control and Prevention (2019). CDC Vital Signs: Adverse Childhood Experiences (ACEs): Preventing Early Trauma to Improve Adult Health. Retrieved from: [vs-1105-aces-H.pdf](#)

Jack, S.M., Gonzalez, A., Strohm, S., Croswell, L., Sheehan, D., Orr, E., & Lokko, H. (2019). Implementation & delivery of Nurse-Family Partnership in four Ontario public health units. Hamilton, ON: McMaster University.

Ministry of children and Youth Services (2018) Adverse Childhood Experiences Healthy Babies Healthy Children Analysis. [Ministry of children and Youth Services \(2018\) Adverse Childhood Experiences Healthy Babies Healthy Children Analysis](#)

**PETERBOROUGH PUBLIC HEALTH  
BOARD OF HEALTH**

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

**PROPOSED RECOMMENDATIONS**

That the Board of Health for Peterborough Public Health:

- a. receive meeting minutes of the Governance Committee from July 26, 2022 for information;
- b. approve policy 2-151 Volunteer Remuneration (no changes);
- c. approve policy 2-402 Immunization (no changes);
- d. approve policy 2-403 Ethics Reporting Policy (no changes);
- e. approve policy 2-280 Complaints (revised);
- f. approve policy 2-153 Board Remuneration (revised);
- g. approve policy 2-251 Orientation (revised);
- h. appoint Councillor Kathryn Wilson as Acting Board of Health Chair commencing November 14, 2022; and,
- i. cancel the regular Board of Health meeting scheduled for December 14, 2022, in favour of scheduling an orientation/education session for new and existing members to be held that month.

**BACKGROUND**

The Committee met last on November 1, 2022. At that meeting, members requested that these items come forward to the Board at its next meeting.

With respect to item f, the Committee also approved a revised honourarium for 2023, this will come forward to the January 11, 2023, as per the policy.

Regarding item h, given that both the current Chair and Vice Chair will not be reappointed by their respective Councils, and based on past practice to revert to the former Board Chair when

both are unavailable, this recommendation is to ensure an Acting Chair is in place for the remainder of the year, and until a new Chair is elected in January, 2023.

Lastly, for item i, staff have been advised by the County of Peterborough Staff that new appointees will be confirmed on December 2<sup>nd</sup>. Given the lack of planned agenda items for December, it was felt that this time would be best used to orientation and education in advance of the January meeting.

### **ATTACHMENTS**

- a. Minutes, July 26, 2022
- b. 2-151 Volunteer Remuneration ([web hyperlink](#))
- c. 2-402 Immunization ([web hyperlink](#))
- d. 2-403 Ethics Reporting Policy ([web hyperlink](#))
- e. 2-280 Complaints (revised)
- f. 2-153 Board Remuneration (revised)
- g. 2-251 Orientation (revised)

**Board of Health for  
Peterborough Public Health  
MINUTES  
Governance Committee Meeting  
Tuesday, July 26, 2022 – 12:00 – 1:00 p.m.  
Multipurpose Rooms, 2<sup>nd</sup> Floor, PPH**

**Present:** Deputy Mayor Bonnie Clark, Chair  
Mayor Andy Mitchell  
Mr. Dan Moloney  
Councillor Don Vassiliadis  
Councillor Kathryn Wilson

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

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**1. Call to Order**

The Chair called the meeting to order at 12:05 p.m.

**2. Confirmation of the Agenda**

The agenda was confirmed as circulated.

**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 June 29, 2022 be approved as circulated and provided to the Board of Health at its next meeting for information.

Moved: Mr. Moloney

Seconded: Councillor Vassiliadis

Motion carried. (M-2022-012-GC)

**7. Business Arising From the Minutes**

**8. Staff Reports**

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

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

- 2-120, By-Law Number 3 - Calling of and Proceedings at Meetings  
(revised)

Moved: Councillor Vassiliadis

Seconded: Mayor Mitchell

Motion carried. (M-2022-013-GC)

**8.2. Draft Strategic Plan Highlights**

That the Governance Committee:

- receive the presentation, PPH Strategic Planning 2022-2025 - Draft Strategic Plan, for information; and,
- recommend approval of the Strategic Plan by the Board of Health at its August 10, 2022 meeting, as amended.

Moved: Mayor Mitchell

Seconded: Mr. Moloney

Motion carried. (M-2022-014-GC)

**9. Consent Items (nil)**

**10. New Business**

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

MOTION:

That the Committee go In Camera at 12:50 p.m. to discuss one item in accordance with the Municipal Act, 2001, Section 239(2)(d), Labour relations or employee negotiations.

Moved: Mr. Moloney

Seconded: Mayor Mitchell

Motion carried. (M-2022-015-GC)

MOTION:

That the Committee rise from the In Camera session at 1:05 p.m.

Moved: Councillor Wilson

Seconded: Mayor Mitchell

Motion carried. (M-2022-016-GC)

**12. Motions for Open Session**

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

October 4, 2022, 3:30 – 5pm, Peterborough Public Health, or at the call of the Chair.

**14. Adjournment**

MOTION:

*That the meeting be adjourned.*

Moved: Mr. Moloney

Seconded: Mayor Mitchell

Motion carried. (M-2022-017-GC)

The meeting was adjourned at 1:07 p.m.

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Chairperson

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Medical Officer of Health

**PETERBOROUGH PUBLIC HEALTH**  
Board of Health  
POLICY AND PROCEDURE

<b>Section:</b> Board of Health	<b>Number:</b> 2-280	<b>Title:</b> Complaints, Public
<b>Approved by:</b> Board of Health		<b>Original Approved by Board of Health On (YYYY-MM-DD):</b> 1997-02-12
<b>Signature:</b> _____		<b>Author:</b> Medical Officer of Health
<b>Date (YYYY-MM-DD):</b> 2019-12-11		
<b>Reference:</b>		

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

**POLICY**

**Objective**

All complaints received from members of the public, stakeholders, and partners will be addressed in a timely manner, in writing, and in accordance with Board of Health By-laws, policies, and procedures.

Complaints received regarding Peterborough Public Health (PPH) as an organization, or regarding a PPH staff member, will follow the procedure outlined below.

Complaints related to inspected facilities are not applicable. These will be directed to PPH Inspection staff via phone or email to ensure they are responded to and documented appropriately.

All complaints received by members of the Board of Health will be referred to the Medical Officer of Health for investigation and follow up.

**PROCEDURE**

1. The complainant will be requested to submit their complaint in writing. If assistance is required this will be provided by Peterborough Public Health (PPH) staff. Submissions can also be sent via e-mail to info@peterboroughpublichealth.ca.
2. One copy of the complaint is forwarded to the applicable Director and another copy is forwarded to the Medical Officer of Health. The Director has fourteen days to investigate and prepare a response to the complaint. A copy of the Director's response to the complaint is forwarded to the Medical Officer of Health.
3. If the response is not satisfactory to the complainant he or she will be directed to the Medical Officer of Health for follow-up.

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4. The Medical Officer of Health will investigate the complaint and issue a report to the complainant within two weeks. If the Medical Officer of Health is of the opinion that the complaint is frivolous, vexatious, made in bad faith, or an abuse of process, she/he will bring it to the attention of the Board Chair.
5. Should a Board member be approached directly with a complaint, they will advise the complainant to submit their grievance using the process outlined in this procedure.
6. The Medical Officer of Health will produce an annual summary report of complaints for the Board of Health which were responded to via this process. This report will be provided to the Board no later than in the first quarter of the following year.

#### **Review/Revisions**

**On** (YYYY-MM-DD): 2009-02-11 (Board)

**On** (YYYY-MM-DD): 2015-09-09 (Board – procedure 2-281 incorporated)

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

**On** (YYYY-MM-DD): 2019-12-11

## PETERBOROUGH PUBLIC HEALTH

### Board of Health

### POLICY AND PROCEDURE

<b>Section:</b> Board of Health	<b>Number:</b> 2-153	<b>Title:</b> Board Remuneration Review
<b>Approved by:</b> Board of Health		<b>Original Approved by Board of Health On (YYYY-MM-DD): 2013-09-11</b>
<b>Signature:</b> _____		
<b>Date (YYYY-MM-DD):</b> 2019-09-18		
<b>Reference:</b>		

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

### PROCEDURE

1. The Director of Operations or designate will prepare a report for the last meeting of the Governance Committee held each calendar year showing the per cent increase given to staff for the year ~~ending that December~~, and the increase in the Ontario Consumer Price Index (CPI) for the previous year.
2. The Governance Committee will review this data and examine the current Board remuneration rate.
3. The Governance Committee will provide a recommendation on remuneration to the eligible Board members at its first meeting of the following calendar year. The adjustment recommended will be based on the increase in the CPI or the increase given to staff, which ever is lower. The increase will include an allowance in lieu of benefits.
4. In the event that a change to staff wages occurs after the last meeting of the Governance Committee which would impact this adjustment, details will be provided to the Board of Health once this amount is confirmed, and adjustments will be made retroactively to the beginning of the calendar year for Board & Committee members.

3.—

### Review/Revisions

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

**On (YYYY-MM-DD):** 2015-03-11

**On (YYYY-MM-DD):** 2017-06-14

**On (YYYY-MM-DD):** 2019-09-18

PETERBOROUGH PUBLIC HEALTH  
Board of Health  
**POLICY AND PROCEDURE**

<b>Section:</b> Board of Health	<b>Number:</b> 2-251	<b>Title:</b> Orientation for Board of Health Members
<b>Approved by:</b> Board of Health		<b>Original Approved by Board of Health On (YYYY-MM-DD):</b> 1984-09-01
<b>Signature:</b> <i>Original signed by Board Chair</i>		<b>Author:</b> Governance Committee
<b>Date (YYYY-MM-DD):</b> 2020-03-11		
<b>Reference:</b>		

**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.

### Objective

To provide new Board members with appropriate orientation to Peterborough Public Health, its programs and services, and to ensure that all returning members are provided with ongoing education to enhance their potential contribution and to the capacity of the Board as a whole.

### Procedure

1. A letter communication will be sent welcoming the new Board member and advising of the dates of upcoming Board meetings, as well as Committee meeting dates should the member wish to attend as an observer.
2. The new Board member will be invited to visit Peterborough Public Health (PPH) to meet with the Medical Officer of Health (MOH). The MOH will provide an overview of PPH's programs and services; answer any questions the new member may have; and, provide the member with a tour of the office and introduce them to Management staff.
3. The new Board member will be provided with the following information:
  - Association of Local Public Health Agencies Board of Health Orientation Manual
  - History of Peterborough Public Health (PPH)
  - ~~History of Public Health Units of Ontario~~
  - PPH Strategic Plan
  - Current Organizational Chart
  - Most recent PPH Annual Report
  - Medical Officer of Health Job Description
  - Board of Health By-Laws, Policies and Procedures
  - Ontario Public Health Standards
  - ~~Ontario Public Health Organizational Standards~~
  - Health Protection and Promotion Act and applicable Regulations
  - Municipal Conflict of Interest Act
  - Information on Related Organizations (e.g., Ministry of Health, Public Health Ontario, etc.)

- Names and contact information of current Board of Health Members

This list may be supplemented with any reports/documents pertaining to major developments or issues of current interest to the Board.

4. All members will be required to complete an Indigenous Cultural Safety Micro-Credential Course recommended by the Indigenous Health Advisory Circle.

4.5. The new Board member will be required to sign a Declaration of Confidentiality Form prior to attending their first Board of Health meeting. Returning Members will be required to sign the same form at the first regular Board of Health meeting of each calendar year.

5.6. Beyond the initial orientation program, the Board of Health will provide ongoing professional development to ensure that its members maintain or improve their skills, and that they continue to deepen their understanding of Peterborough Public Health's services, related community matters and governance.

6.7. Ongoing education may take place as part of a regular or special Board meeting, or in a separate educational session. Additional opportunities may include attendance with external organizations at meetings, workshops and conferences.

**Review/Revisions**

On (YYYY-MM-DD): 1989-07-12 (MOH)  
On (YYYY-MM-DD): 2007-10-30 (MOH)  
On (YYYY-MM-DD): 2013-09-30 (Board)  
On (YYYY-MM-DD): 2015-12-09 (Board review/no changes)  
On (YYYY-MM-DD): 2017-12-13 (Board)  
On (YYYY-MM-DD): 2020-03-11 (Board)

**PETERBOROUGH PUBLIC HEALTH  
BOARD OF HEALTH**

<b>TITLE:</b>	<b>Stewardship Committee Report</b>
<b>DATE:</b>	<b>November 9, 2022</b>
<b>PREPARED BY:</b>	<b>Alida Gorizzan, Executive Assistant, on behalf of Dr. Hans Stelzer, Committee Chair</b>
<b>APPROVED BY:</b>	<b>Dr. Thomas Piggott, Medical Officer of Health &amp; CEO</b>

**PROPOSED RECOMMENDATIONS**

That the Board of Health for Peterborough Public Health:

- a. receive meeting minutes of the Stewardship Committee from August 25, 2022 for information;
- b. receive the Q3 2022 Financial Report for information;
- c. receive the staff report, 2023 Budget Approval – Ontario Seniors Dental Program, for information; and; approve the 2023 budget for the Ontario Seniors Dental Program in the total amount of \$898,100; and,
- d. approve By-Law Number 7, Execution of Documents (*no changes*).

**BACKGROUND**

The Committee met last on November 1, 2022. At that meeting, members requested that these items come forward to the Board at its next meeting.

An additional item from that meeting, the 2023 Cost-Shared Budget, has been included as a separate item within the meeting package.

**ATTACHMENTS**

- a. [Stewardship Minutes, August 25, 2022](#)
- b. [Q3 2022 Financial Report](#)
- c. [2023 Budget Approval - OSDP](#)
- d. [By-Law #7, Execution of Documents \(\*web hyperlink\*\)](#)

**Board of Health for  
Peterborough Public Health  
MINUTES  
Stewardship Committee Meeting  
Thursday, August 25, 2022 – 11:30 a.m. – 1:00 p.m.  
Dr. J.K. Edwards Board Room, 3<sup>rd</sup> Floor, PPH**

**Present:** Councillor Gary Baldwin  
Councillor Kathryn Wilson  
Mayor Andy Mitchell  
Dr. Hans Stelzer (Chair)

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

**Regrets:** Deputy Mayor Matthew Graham  
Larry Stinson, Director of Operations

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**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: Councillor Baldwin  
Seconded: Mayor Mitchell  
Motion carried. (M-2022-017-SC)

**3. Declaration of Pecuniary Interest**

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

**5. Delegations and Presentations**

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

MOTION:  
That the minutes of the meeting of June 23, 2022 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-2022-018-SC)

**7. Business Arising From the Minutes**

**8. Staff Reports**

**8.1. 2021-2022 Audited Financial Statement and Annual Reconciliation Report - Healthy Babies Healthy Children (HBHC) Program**

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

- receive the staff report, 2021-2022 Audited Financial Statement and Annual Reconciliation Report - Healthy Babies Healthy Children Program
- recommend approval of the 2021/2022 Audited Statements and Annual Reconciliation Report for the Healthy Babies Healthy Children Program to the Board of Health at its next meeting.

Moved: Councillor Baldwin

Seconded: Mayor Mitchell

Motion carried. (M-2022-019-SC)

**8.2. 2021-2022 Audited Financial Statement and Transfer Payment Annual Reconciliation - Infant and Toddler Development Program (ITDP)**

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

- receive the staff report, 2021/2022 Infant and Toddler Development Program Audited Financial Statement and Annual Reconciliation Report, for information; and
- recommend approval of the 2021/2022 Audited Statements and Annual Reconciliation Report for the Infant and Toddler Development Program to the Board of Health at its next meeting; and,
- direct staff to prepare a presentation for the Board of Health in the Fall 2022 with an update on the HBHC and ITDP programs.

Moved: Councillor Wilson

Seconded: Mayor Mitchell

Motion carried. (M-2022-020-SC)

**9. Consent Items**

**10. New Business**

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

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

- 2-180, By-Law #9, Management of Property (*no changes*)
- 2-374, Contractor Performance and Litigation (*no changes*)

Moved: Councillor Baldwin

Seconded: Councillor Wilson

Motion carried. (M-2022-021-SC)

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

**12. Motions for Open Session**

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

October 27, 2022, 11:30 a.m. – 1:00 p.m., PPH, or at the call of the Chair.

**14. Adjournment**

MOTION:

*That the meeting be adjourned.*

Moved: Mayor Mitchell

Seconded: Councillor Wilson

Motion carried. (M-2022-022-SC)

The meeting was adjourned at 11:58 a.m.

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Chairperson

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Medical Officer of Health



## Financial Update Q3 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 Sept 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	6,647,578	5,935,256	67.0%	712,322	Year-to-date underspending due to redeployment of staff to COVID response from January through April. Increase in expenditures for cost-shared program through the past two quarters as core program staff return to regular programs and some additional temporary staff retained through end of year to support catch-up work. 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	643,949	858,599	100.0%	(214,650)	Covid response for the 3rd 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 September 30 are \$1,779,441. 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 \$920,842 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 Sept 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	348,293	757,269	163.1%	(408,976)	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 September 30 are \$2,343,240. Year-to-date expenditures of \$757,269 represents the portion of costs to date that will be covered through the cost-shared budget. The excess cost of \$1,585,971 will be funded through one-time funding - see below.
Combined Cost-Shared		10,186,427			7,639,820	7,551,124	74.13%	88,696	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 Sept 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	673,575	576,119	67.9%	97,456	Program operating within Ministry approved pro-rated budget of \$848,600 for the current year. Staffing complement increased through the 3rd quarter to align with 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			8,313,395	8,127,243	142.0%	186,152	

	Funding Type	2022 Submission	Approved by Board	Approved by Province	YTD Budget \$ Based on 2022 Submission (100%)	Year To Date Expenditures to Sept 30	Year to Date % of Budget Submission	Year to Date Variance Under/(Over)	Comments
<b>One-Time Funding funded January 1 to December 31, 2022</b>									
COVID Response	100% MOH	2,565,659	10-Nov-21	5-May-22	1,462,426	920,842	35.9%	541,584	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 \$920,842 is below the budget submission due to changes in the 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	2,141,630	1,585,971	55.5%	555,659	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 \$1,585,971 is just above 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 some increase through end of 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 Sept 30	% of Budget	Year to Date Variance Under/(Over)	Comments
PHI Practicum Student	100% MOH	20,000	11-May-22	5-May-22	10,000	16,482	82.4%	(6,482)	Funding for 2 PHI Practicum Students for 12 week period. One student hired end of May and second hired in the fall of 2022. Program will be expended by end of December.
Needle Exchange Program	100% MOH	19,000	11-May-22	5-May-22	9,500	-	0.0%	9,500	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	2,200	-	0.0%	2,200	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	295,000	192,927	65.4%	102,073	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. Funding of \$295,000 approved for two installment periods. In June, total wages and benefits in the amount of \$98,214 were paid and in September, \$94,712 to eligible nurses for hours worked between February 13 to March 19. Unspent funds will be returned to the Ministry as the initiative is now complete.
Covid - School-Focused Nurses Initiative	100% MOH	448,000	11-May-22	5-May-22	224,000	219,923	49.1%	4,077	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 Sept 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	121,212	103,599	42.7%	17,613	Program operating below budget due to Infant Educator position vacancy until mid-May. Anticipate expenditures will be in line with the budget allocation over the remaining 6 months as staffing at full complement.
Healthy Babies, Healthy Children	100% MCCSS	928,413	13-Apr-22	Awaiting MCCSS approval	464,207	442,623	47.7%	21,584	Program operating just below budget due to redeployment of one PHN to COVID for the 1st quarter and underspending in travel. Anticipate expenditures will be in line with budget allocation over the remaining 6 months as staffing at full complement.

**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 Sept 30	% of Budget	Year to Date Variance Under/(Over)	Comments
Safe Sewage Program	Fee for Service	402,775	NA	402,775	228,697	280,813	69.7%	(52,116)	Program funded entirely by user fees. Expenditures are below budget and user fees below, resulting in a deficit of \$(52,116), higher than the prior years at this time. Program revenue expected to increase through the final quarter of the year as final inspection and closing of open files will be completed. Program activity will be monitored monthly. Excess expenditures in program, if realized, may be offset through the sewage program reserve.
Mandatory and Non-Mandatory Re-inspection Program	Fee for Service	97,500	NA	97,500	98,625	83,611	85.8%	15,014	Program funded entirely by fees. Program activity commenced in May and will continue through end of November to finalize property inspections. Surplus funds to date will support staffing needs through end of November.
<b>Total - All Programs</b>		<b>18,913,704</b>			<b>13,370,891</b>	<b>11,974,034</b>	<b>63.3%</b>	<b>1,396,857</b>	Variance primarily relates to projected COVID One-Time Budget and YTD actual expenditures

## **PETERBOROUGH PUBLIC HEALTH**

### **STEWARDSHIP COMMITTEE – STAFF REPORT**

<b>TITLE:</b>	<b>2023 Budget Approval – Ontario Seniors Dental Program</b>
<b>DATE:</b>	<b>November 1, 2022</b>
<b>PREPARED BY:</b>	<b>Dale Bolton, Manager, Finance and Property</b>
<b>APPROVED BY:</b>	<b>Larry Stinson, Director of Operations Thomas Piggott, Medical Officer of Health &amp; CEO</b>

#### **PROPOSED RECOMMENDATIONS**

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

- receive the staff report, 2023 Budget Approval – Ontario Seniors Dental Program, for information; and,
- recommend approval of the 2023 budget for the Ontario Seniors Dental Program in the total amount of \$898,100.

#### **FINANCIAL IMPLICATIONS AND IMPACT**

The Ontario Seniors Dental Program (OSDP) budget is 100% funded by the Ontario Ministry of Health (MOH).

The 2023 budget has been completed based on the provincial funding allocation of \$898,100. Prior to 2022, the approved operating budget for the program was \$700,100. As part of the 2022 annual budget submission, Peterborough Public Health (PPH) requested a base funding increase of \$198,000 to address fiscal pressures being faced to meet the increased demand for dental treatment services by eligible seniors within the community. The MOH approved the budget request and for 2022 the program received funding of \$848,600, a pro-rated portion of the annualized approval. It is anticipated that funding for the program for 2023 will remain at the same level at the prior year approval of \$898,100.

The program staff for 2023 will include 1.0 FTE Registered Dental Hygienist (RDH), 1.6 FTE Certified Dental Assistants (CDA), 1.0 FTE Administrative Assistant (AA) and a portion of the Program Manager and Director. Staffing for 2023, increased from the prior year as a result of the increase in the operational budget as follow RDH .60 FTE, CDA .20, and AA .60 FTE. Other program expenditures include Professional and Purchased Services for dental treatment and services provided through our contract dentist and also specialists such as periodontists.

The proposed budget for 2023 is balanced within the funding allocation of \$898,100 and projected fees collected, per Attachment A.

## **DECISION HISTORY**

The Board of Health is required to approve the annual operating budget for the OSDP. In 2022, the Board of Health approved the operating budget request of \$898,100 as part of the annual service plan submission to the MOH.

## **BACKGROUND**

Introduced in 2018 by the Government of Ontario, the OSDP is mandated as a requirement within the standard of the 2018 Ontario Public Health Standards (OPHS) of the Ministry of Health.

The OSDP is funded 100% by the MOH. The program provides comprehensive dental and preventative care to eligible low-income seniors to improve the quality of life for these seniors. In the fall of 2019, PPH began delivering the dental program. The Board of Health will provide oral health services for enrolled OSDP clients in accordance with the current program Schedule of Dental Services and Fees including preventive care, treatment, oral surgery, endodontics and prosthodontics.

## **STRATEGIC DIRECTION**

The OSDP is identified as a requirement under the standard in the OPHS. Approval of the budget will contribute to the program and Peterborough Public Health's ability prioritize and respond to health issues affecting under-served populations in our community.

## **ATTACHMENTS**

- a. Draft 2023 Ontario Seniors Dental Program Budget



**ATTACHMENT A: PETERBOROUGH PUBLIC HEALTH Proposed 2023 - Ontario Seniors Dental Program**

<b>100% Funded - Ministry of Health</b>	<b>2023 Projected Budget</b>	<b>2022 Actual Budget</b>	<b>Change</b>	<b>% Change</b>	<b>Comments</b>
<b>EXPENDITURES</b>					
1 Salaries and wages	279,947	198,174	81,773	41.26%	Increase for contract settlements net of staffing mix changes and increase in program complement
2 Employee benefits	81,353	52,676	28,677	54.44%	Increase due to staffing mix change and increase in complement net of benefit rate increases
% benefits of salary and wages	<b>29.06%</b>	<b>26.58%</b>			
3 Staff Training	2,000	1,000	1,000	100.00%	Training / development for new program staff and professional certification
4 Building Occupancy and Maintenance	13,500	13,500	-	0.00%	
Communications	2,500	2,500	-	0.00%	
5 Materials and Supplies	28,800	28,750	50	0.17%	
6 Professional and Purchased Services	419,000	494,000	(75,000)	-15.18%	Reduction in budget due to hiring of additional staff for program delivery. Reduction redirected to staffing and benefits.
7 Allocated Administration & Occupancy	78,000	65,000	13,000	20.00%	
<b>EXPENDITURES</b>	<b>905,100</b>	<b>855,600</b>	<b>49,500</b>	<b>5.79%</b>	
<b>FEES &amp; OTHER REVENUES</b>					
8 Fee for Service - Co-Payment	7,000	7,000	-	0.00%	
<b>FEES &amp; OTHER REVENUES</b>	<b>7,000</b>	<b>7,000</b>	<b>-</b>	<b>0.00%</b>	
<b>NET EXPENDITURES - Program</b>	<b>898,100</b>	<b>848,600</b>			
<b>Ministry of Health - 100% Funded</b>	<b>898,100</b>	<b>848,600</b>			

In 2022, the Ministry approved a base funding increase for the program from \$700,100 to \$898,100. Funding pro-rated in 2022 to \$848,600.