Board of Health for the
Haliburton Kawartha Northumberland Peterborough Health Unit
SPECIAL MEETING AGENDA
Thursday, January 2, 2025 – 11:00 a.m.
VIRTUAL

1. **Call to Order**

2. **Land Acknowledgement**

3. **Declaration of Conflict of Interest**

4. **Elections**

   4.1. **Chair**

   4.2. **Vice Chair**

5. **Adoption of the Agenda**

6. **Adoption of Regular Minutes** ***(nil)***

7. **Business Arising** ***(nil)***

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

9. **Medical Officer of Health Updates** ***(nil)***

10. **Reports**

    10.1. **By-Laws for Approval**

- **Cover Report**

a. **By-Law #1 – Management of Property**
b. **By-Law #2 – Banking and Finance**
c. **By-Law #3 – Calling of and Proceedings at Meetings**
d. **By-Law #4 – Appointment of Auditor**
e. **By-Law #5 – Duties of Officers and Management of Board of Health**

    10.2. **Committee Terms of Reference for Approval**

- **Cover Report**

a. **Indigenous Health Advisory Circle**

b. **Stewardship Committee Terms of Reference**

10.3. Committee Appointments – Board Members

- **Cover Report (to be circulated)**

10.4. Committee Appointments – Community Members

- **Cover Report**

10.5. Meeting Schedule and Honourarium

- **Cover Report**

11. Correspondence

- **Cover Report**

a. CMOH Memo – Regulatory Amendments

12. Consent Items *(nil)*

13. New Business

14. In-Camera Session

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

15. Motions from In-Camera Session

16. Date, Time and Place of Next Meeting

17. Adjournment

HALIBURTON KAWARTHA NORTHUMBERLAND PETERBOROUGH HEALTH UNIT
BOARD OF HEALTH

TITLE:	**By-Law Approvals**
DATE:	**January 2, 2025**

PROPOSED RECOMMENDATIONS

That the Board of Health for the Haliburton Kawartha Northumberland Peterborough Health Unit approve the following by-laws:

a. By-Law #1 – Management of Property
b. By-Law #2 – Banking and Finance
c. By-Law #3 – Calling of and Proceedings at Meetings
d. By-Law #4 – Appointment of Auditor
e. By-Law #5 – Duties of Officers and Management of Board of Health

ATTACHMENTS

a. By-Law #1 – Management of Property
b. By-Law #2 – Banking and Finance
c. By-Law #3 – Calling of and Proceedings at Meetings
d. By-Law #4 – Appointment of Auditor
e. By-Law #5 – Duties of Officers and Management of Board of Health

Haliburton Kawartha Northumberland Peterborough Health Unit

By-Law Number 1 Management of Property	Number: 01	Section: Board of Health
Approved by: Board of Health Signature: _____ Name: Title: Date (YYYY-MM-DD):		Revision and review history:
Refer to:	Ontario Public Health Standards: Requirements for Programs, Services, and Accountability (Standards)	

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Pursuant to Section 56 (1) (a) of the Ontario *Health Protection and Promotion Act*, RSO 1990, Chapter H7, the Board of Health shall pass a bylaw respecting the management of property.

1. In this by-law:

   "Act" means the Ontario *Health Protection and Promotion Act*, RSO 1990, Chapter H7;

   "Board" means the Board of Health for Haliburton Kawartha Northumberland Peterborough Health Unit;

   "Business Administrator" means the business administrator of the Board; and

   "Medical Officer of Health" means the Medical Officer of Health of the Board as defined under the Act and its regulations.

2. The Board may own, purchase, lease, sublease, mortgage, sell or otherwise acquire, charge or dispose of any interest in real property as permitted under the Act for the purpose of carrying out the functions of the Board.

3. The Medical Officer of Health has the authority to approve any transaction above with respect to real property for which the total cost of such transaction does not exceed $100,000. Transactions requiring resources above this amount require Board approval.

4. The Business Administrator shall be responsible for care, maintenance and compliance with respect to all real property matters, which shall include but not be limited to:

   a. Arrange for care and maintenance of any owned or leased real property, as the case may be, pursuant to the Board's responsibilities as it pertains to each respective property, which responsibilities may include arranging for capital repairs, seasonal maintenance, and cleaning services;

b. Continuously re-evaluate how each space is being used and advise the Board when the needs of the Board require more or less space in any given location;

c. Ensure compliance with applicable laws and regulations relating to real property as set out in municipal, provincial or federal legislation;

d. Managing and negotiating lease agreements and ensuring compliance with applicable lease provisions;

e. Managing and negotiating mortgage terms and agreements and ensuring compliance with mortgage provisions; and

f. Ensuring adequate insurance is in place with respect to all owned or leased real property.

5. The Medical Officer of Health shall designate staff representatives from time to time to represent the Board on property boards as needed (e.g. Condominium Boards for owned condominium real property), and shall ensure the staff perform regular reporting on the status of the real property matters to the Board not less than annually.

This By-law read a first, second and third and final time and passed this ___ day of _____, 202__.

_____	_____
Chair, Board of Health Haliburton Kawartha Northumberland Peterborough Health Unit	Medical Officer of Health Haliburton Kawartha Northumberland Peterborough Health Unit

Haliburton Kawartha Northumberland Peterborough Health Unit

By-Law Number 2 Banking and Finance	Number: 02	Section: Board of Health
Approved by: Board of Health Signature: _____ Name: Title: Date (YYYY-MM-DD):		Revision and review history:
Refer to:	*Health Protection and Promotion Act* (HPPA) Public Health Funding and Accountability Agreement (PHFAA) Ontario Public Health Standards: Requirements for Programs and Services, and Accountability (Standards)	

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Pursuant to Section 56 (1) (b) of the Ontario *Health Protection and Promotion Act*, RSO 1990, Chapter H7, the Board of Health shall pass a bylaw respecting banking and finance.

1. In this by-law:

   "Act" means the Ontario *Health Protection and Promotion Act*, RSO 1990, Chapter H7;

   "Board" means the Board of Health for Haliburton Kawartha Northumberland and Peterborough Health Unit;

   "Chair" means the Chair of the Board elected pursuant to the Act;

   "Business Administrator" means the business administrator of the Board;

   "Medical Officer of Health" means the Medical Officer of Health of the Board as defined under the Act and its regulations;

   "Associate Medical Officer of Health" means the Associate Medical Officer of Health of the Board as defined under the Act and its regulations; and

   "Vice-Chair" means the Vice-Chair of the Board elected pursuant to the Act.

2. All matters related to the financial affairs of the Board shall be overseen and executed by the Medical Officer of Health and shall be carried on without purpose of gain for such Medical Officer of Health or for any other individual working on behalf of the Board, and any profits or other gains to the organization shall be used in promoting its objectives.

3. The Board shall enter into an agreement with a recognized chartered bank or trust company which will provide the following services:

    a. A current account;

    b. The provision of cancelled cheques on a monthly basis, together with a statement showing all debits and credits;

    c. Payment of interest at a rate to be negotiated between the Board and the bank or trust company for all surplus funds temporarily held in such account(s);

    d. Provision of advice and other banking services as required by the Board; and

    e. Credit facilities and lending services as required by the Board from time to time as determined by the Medical Officer of Health.

4. The Medical Officer of Health and Business Administrator shall be authorized to enter into an agreement with a recognized company to provide additional financial services including but not limited to:
    a. Payroll services;
    b. Debit card processing; and
    c. Corporate credit card for procurement of goods and services.

5. Once every five years a Request for Proposal or tenders shall be called by the Business Administrator for banking services. A recommendation for approval will be provided to the Board by the Medical Officer of Health.

6. Signing authorities shall be restricted to the following parties:
    a. Medical Officer of Health;
    b. Associate Medical Officer of Health;
    c. Business Administrator;
    d. Chair; and
    e. Vice-Chair.

7. The Board shall maintain a formal up-to-date list of the names, titles and signatures of those individuals who have signing authority.

8. All cheques shall be signed by two authorized signing officers. The Chair and Vice-Chair shall not sign the same cheque.

9. The Medical Officer of Health along with the Associate Medical Officer of Health, Business Administrator, the Chair or the Vice-Chair may authorize the borrowing of funds up to a maximum loan amount of $100,000. Where a proposed loan amount exceeds $100,000, the Board approval is required and one of the authorizing signatures must be the Chair or Vice-Chair.

10. No person may approve a payment to themselves.

11. The Medical Officer of Health and the Business Administrator shall be authorized to:

    a. Depositor negotiate or transfer to the bank or trust company (but only for the credit of the Board) any and all cheques, promissory notes, bills of exchange or orders for payment of monies;

    b. Receive all paid cheques and vouchers and arrange, settle, balance and certify all books and accounts between the Board and the bank or trust company;

    c. Sign the form of settlement of balances and releases of the bank or trust company;

    d. Receive all monies and give acquittance for same; and

    e. Invest excess or surplus funds in interest-bearing accounts or short-term deposits.

12. The Business Administrator, under the direction of the Medical Officer of Health, shall:

    a. prepare and manage the annual budget for submission to the Board;

    b. prepare financial and operating statements for the Board in accordance with applicable policies indicating the financial position of the Board with respect to the current operations;

    c. act as custodian of the books of account and accounting records of the Board required to be kept by the laws of the province;

    d. arrange, in consultation with the auditor of the Board, for an annual audit of all accounting books and records;

    e. report to the Board on all financial and banking matters;

    f. reconcile all balances with all constituent municipalities and appropriate ministries upon receipt of final year end settlements; and

    g. perform other duties as the Board may direct from time to time.

This By-law read a first, second and third and final time and passed this ___ day of _____, 202__.

_____	_____
Chair, Board of Health Haliburton Kawartha Northumberland Peterborough Health Unit	Medical Officer of Health Haliburton Kawartha Northumberland Peterborough Health Unit

Haliburton Kawartha Northumberland Peterborough Health Unit

By-Law Number 3 Calling of and Proceedings at Meetings	Number: 03	Section: Board of Health
Approved by: Board of Health Signature: _____ Name: Title: Date (YYYY-MM-DD):		Revision and review history:
Refer to:	*Health Protection and Promotion Act, R.S.O. 1990, c. H.7, s. 56 (1)* Ontario Public Health Standards - Requirements for Programs, Services and Accountability *Municipal Act, 2001, S.O. 2001, c.25* "Providing Flexibility for Municipalities to Hold Local Meetings During Emergencies", Ministry of Municipal Affairs and Housing, March 2020	

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Pursuant to Section 56 (1) (c) of the Ontario *Health Protection and Promotion Act*, RSO 1990, Chapter H7, the Board of Health shall pass a bylaw respecting calling and proceedings of meetings.

1. In this by-law:

   "Act" means the Ontario *Health Protection and Promotion Act*, RSO 1990, Chapter H7;

   "Board" means the Board of Health for Haliburton Kawartha Northumberland Peterborough Health Unit;

   "Chair" means the Chair of the Board elected pursuant to the Act, or in the absence of the Chair of the Board, it means the person designated to act on their behalf with respect to meetings of the Board;

   "committee" means two or more members appointed by the Board to meet and transact business on behalf of the Board;

   "Councils" means the municipal councils of the Corporations of:
   a. County of Haliburton;
   b. City of Kawartha Lakes;
   c. County of Northumberland;
   d. City of Peterborough; and
   e. County of Peterborough;

   And First Nation Councils where Section 50 agreements are in place.

"Business Administrator" means the business administrator of the Board;

"Employee" means an employee of the Board;

"Health Unit" means Haliburton Kawartha Northumberland Peterborough Health Unit;

"In-Camera" means a part of a Board meeting or committee meeting that is closed to the public;

"Medical Officer of Health" means the Medical Officer of Health of the Board as defined under the Act and its regulations;

"meeting" means an official gathering of members of the Board or a committee to transact business;

"member" means a member of the Board who is appointed by a Council (inclusive of First Nation Councils where Section 50 agreements are in place) or the Lieutenant Governor-in-Council or a person who is appointed to a committee by the Board;

"motion" means a formal proposal by a member in a meeting that the Board or a committee take certain action;

"Municipal Act" means the Ontario *Municipal Act, 2001,* SO 2001 c25;

"quorum" means a majority of the members;

"resolution" means a motion that is carried at a meeting by a majority vote of the voting members; and

"Vice-Chair" means the Vice-Chair of the Board elected pursuant to the Act.

2 General

2.1. The rules in this By-law shall be observed in the calling of and the proceedings at all meetings of the Board and committees.

2.2. Except as herein provided, the most recent edition of Robert's Rules of Order shall be followed for governing the calling of and proceedings of meetings of the Board and committees.

2.3. In the event that a committee is struck where following sections 2.1 and 2.2 above would not be culturally appropriate, procedural rules that are better aligned with those cultural practices will be incorporated into its terms of reference that are approved by the Board.

2.4. No persons shall consume alcohol, tobacco products, cannabis, or non-prescription drugs at a meeting.

2.5. In accordance with the *Municipal Act*, electronic participation is permitted for all meetings of the Board and committees. A member who participates through electronic means (e.g., video/audio

teleconference or through an electronic meeting platform such as Zoom or Microsoft Teams) must be able to communicate adequately with all other participants and to participate fully in such meeting. A person participating through electronic means is deemed to be present and counted for the purpose of establishing quorum, and will be entitled to fully participate in the meeting, including exercising their applicable voting rights.

2.6. Meetings of the Board and committees are open to the general public, unless there are matters to be considered in in-camera session. In instances where physical attendance of the public cannot be accommodated due to health and safety concerns, or in the event that an emergency has been declared to exist in all or part of a municipality within the Health Unit pursuant to the *Emergency Management and Civil Protection Act*, electronic means (e.g. video/audio teleconference) may be employed to facilitate the participation of members of the public.

3 Convening of Meetings

3.1 The first meeting of the Board shall take place on or before January 31 of each year following the members' appointment to the Board where possible.

3.2 The Medical Officer of Health shall call the meeting to order and preside over the election of the Chair for the current year. Upon election, the new Chair shall complete the election of Board officers as necessary and preside over the remainder of the agenda.

3.3 At the first meeting of each year, the Board shall:

- 3.3.1 elect the Chair and the Vice-Chair;
- 3.3.2 appoint members to its committees;
- 3.3.3 fix, by resolution, the date and time of regular meetings; and,
- 3.3.4 establish the honourarium paid to each member eligible for compensation in accordance with the Act.

3.4 The Board shall determine the schedule of regular meetings for the year.

3.5 The Chair may call special meetings with the provision of 48 hours' notice. The Chair shall call a special meeting at the written request of a majority of the members.

3.6 Meetings, as determined by the Chair and the Medical Officer of Health, may take place virtually or via teleconference. Members attending virtually or via teleconference will be counted as quorum per Subsection 238 (3.1) of the *Municipal Act*. Ratification of any decisions made during a special meeting shall take place at the next Board meeting.

3.7 The Medical Officer of Health shall:

3.7.1 Give notice of each regular and special meeting;

3.7.2 Ensure that the notice accompanies the posting of the agenda and any other matter, so far as known, to be brought before the meeting; and

3.7.3 Ensure that the notice be electronically delivered to the residence or place of business of each member or by email or telephone so as to be received not later than three working days prior to the meeting.

3.8 The lack of receipt of notice shall not affect the validity of the holding of the meeting or any action taken at such meeting.

3.9 In the absence of the Chair, the Vice-Chair shall perform the duties of the Chair. In the absence of both the Chair and Vice-Chair, the Medical Officer of Health shall convene the meeting and the members shall elect a presiding officer for that meeting.

3.10 A meeting may be rescheduled or cancelled due to the following circumstances:

3.10.1 in the event that an emergency has been declared by the Medical Officer of Health;

3.10.2 if there is indication from members in advance of the meeting that quorum will not be achievable; or

3.10.3 if upon consultation with the Medical Officer of Health, the Chair determines there is insufficient business to be considered.

In all instances, the Chair will poll members to obtain consensus to proceed with a cancellation. If approval is obtained through a majority vote, members will be notified and a public notice will be issued.

3.11 No business other than that stated in the notice of a special meeting shall be considered at such meeting except with the unanimous consent of the members present.

4 Quorum

4.1 A quorum of the Board shall be a simple majority of appointed members.

4.2 If there is no quorum within ten minutes after the time appointed for the meeting, the Secretary of the meeting shall call the roll and record the names of the members present, and the meeting shall adjourn until the next meeting.

4.3 If a quorum is present at the opening of a meeting and during the meeting the attendance decreases below quorum, the members present may not proceed with the business of the meeting and must adjourn the meeting until the day and time fixed for the next meeting.

5 Attendance

5.1 Members will advise the Secretary of their non-attendance prior to the meeting.

5.2 Roll call for meetings shall be taken verbally at meetings held virtually or via teleconference and duly recorded to ensure members of the Board of Health are recognized as in attendance and are able to hear and be heard.

5.3 Members participating electronically must notify the Chair of their departure (either temporary or permanent) from the meeting before absenting themselves.

5.4 Three consecutive meeting absences by a member will be reviewed by the Board. The Board will decide if a discussion with the absent member is necessary. Any such discussion will require the presence of the absent member, the Chair and the Vice-Chair.

5.5 Where the member is unable to fulfill the responsibilities of membership on the Board, correspondence from the Chair will be forwarded to the appropriate Council, or Public Appointments Branch of the Ministry of Health, requesting the appointment of such member be terminated and a new member appointed.

5.6 A member who attends 50 percent of annual meetings or less for any reason, shall be brought to the attention of the appointing body via correspondence from the Chair.

5.7 In the event that a Board virtual or teleconference meeting is encountering interference and/or disruption caused by public participants, the Chair shall warn the participant the first time, advise them a second time that any further disturbance/interference will result in them being disconnected, and upon further disturbance/interference, direct the site monitor to shut off the participant' electronic access.

6 Agenda

6.1 The Medical Officer of Health shall have an agenda prepared for each regular meeting that should generally include:

- 6.1.1 Call to Order
- 6.1.2 Land Acknowledgement
- 6.1.3 Declaration of Conflict of Interest
- 6.1.4 Adoption of the Agenda
- 6.1.5 Adoption of Regular Minutes
- 6.1.6 Business Arising
- 6.1.7 Consent Items to be Considered Separately
- 6.1.8 Medical Officer of Health Updates
- 6.1.9 Reports
- 6.1.10 Consent Items
- 6.1.11 New Business (including Business from Board Members)
- 6.1.12 Correspondence
- 6.1.13 In-Camera Session (Declaration of Conflict of Interest, Adoption of In-Camera Minutes, and any subject matter as outlined in this By-Law)
- 6.1.14 Motions from In-Camera Session
- 6.1.15 Date, time and place of next meeting

6.1.16 Adjournment

6.2 Any item not included on the prepared agenda may be added by resolution.

7 Minutes

7.1 The Medical Officer of Health shall ensure that minutes are recorded of the proceedings of all meeting including a text of the bylaws and the resolutions passed by the Board.

8 Delegations and Debate

8.1 Requests for delegations to the Board must be submitted in writing to the Chair or the Medical Officer of Health, no fewer than six business days prior to a regular meeting.

8.2 Requests for delegations to the Board submitted fewer than six days prior to a regular meeting will be considered for the subsequent Board meeting.

8.3 The Chair, in consultation with the Medical Officer of Health, will determine if the request is appropriate.

8.4 The Medical Officer of Health or designate will advise the requestor of the Board's decision with respect to the delegation, and the date, time, and location of the meeting and allotted time (10-minute maximum, plus question period) for the delegation.

8.5 The Chair shall give due consideration to the length of the agenda and the number of delegation requests received, and may limit the number of delegations per meeting.

8.6 Unless otherwise directed by resolution, no action respecting a delegation will be taken until the Board has had an opportunity to discuss the delegation and to receive advice from the Medical Officer of Health.

8.7 The Board will be informed of all requests from delegations and the disposition of such requests and, upon review, the Board may reverse the decision of the Chair of the Board by resolution.

8.8 If the Chair of the Board wishes to leave the chair for the purpose of taking part in the debate or otherwise, the Chair shall call upon the Vice-Chair, or in the Vice-Chair's absence, on another member, to fill their place until they resume the chair.

9 Motions

9.1 Every motion shall be verbal unless the Chair requests that the motion be submitted in writing.

9.2 A motion relating to a matter not within the jurisdiction of the Board shall not be in order.

9.3 Debate on a debatable motion shall not proceed unless it has been seconded.

9.4 Every motion shall be deemed to be in possession of the Board for debate after it has been presented by the Chairperson, but may, with permission of the members who moved and seconded a motion, be withdrawn at any time before amendment or decision.

9.5 A main motion before the Board shall receive disposition before another main motion can be received except a motion:

9.5.1 to adjourn;
9.5.2 to recess;
9.5.3 to raise a question of privilege;
9.5.4 to lay on the table;
9.5.5 to order the previous question (close debate);
9.5.6 to limit or extend limits of debate;
9.5.7 to postpone definitely (defer);
9.5.8 to commit or refer;
9.5.9 to postpone indefinitely (withdraw); or
9.5.10 to amend;

which have been listed in order of precedence.

9.6 When a motion that the vote be taken is presented, it shall be put to a vote without debate, and if carried by resolution, the motion and any amendments under debate shall be put forthwith without further debate.

9.7 A motion to adjourn a meeting or debate shall be in order, except:

9.7.1 when a member has the floor;
9.7.2 when it has been decided that the vote be now taken; or
9.7.3 during the taking of a vote;

and when rejected, shall not be moved again on the same item.

10 Voting

10.1 A main motion may be divided by resolution and each division shall be voted on separately.

10.2 Only one primary amendment at a time can be presented to a main motion and only one secondary amendment can be presented to a primary amendment, but when the secondary amendment has been disposed of, another may be introduced, and when a primary amendment has been decided, another may be introduced.

10.3 A secondary amendment, if any, shall be voted on first, and, if no other secondary amendment is presented, the primary amendment shall be voted on next, and if no other primary amendment is presented, or if any amendment has been carried, the main motion as amended shall be put to a vote.

10.4 Members shall not speak after the Chair calls for a vote.

10.5 Every member present at a meeting shall vote when a vote is taken unless prohibited by statute.

10.6 Votes that are refused to be taken shall be deemed negative.

10.7 The Chair shall call the result of the vote.

10.8 If a member disagrees with the declaration by the Chair of the result of any vote, the member may object immediately and require that the vote be retaken and recorded.

10.9 Any member may require that a recorded vote be taken.

11 Committees

11.1 The Board may strike committees and appoint Members to the committees to consider matters as directed by the Board.

11.2 The Chair of a committee shall:

11.2.1 preside over all meetings of the committee;

11.2.2 report on the deliberations and recommendations of the committee to the Board; and

11.2.3 perform such other duties as may be determined from time to time by the Board or the committee.

11.3 The Board of Health shall approve all appointments of non-Board members to any committee.

11.4 The number of non-Board members of a committee shall not exceed the number of Board members of the same committee at any time, with the exception of the Indigenous Health Advisory Circle which relies on the lived experience and knowledge of Indigenous community members.

11.5 All committees shall be dissolved no later than immediately preceding the first meeting of each fiscal year.

11.6 The Board may dissolve, by resolution, any committee at any time.

12 In-Camera Sessions

12.1 Notice of all meetings will be publicly posted. Meetings may be held in-camera where permitted by applicable legislation. If the meeting is to be held in-camera, this will be noted on the public posting and the general nature of the matter(s) to be considered will be noted.

12.2 The Board or committee requires a resolution that the Board or Committee go in-camera and state the general nature of the matter to be considered.

12.3 The prescribed script, as amended by the Board from time to time, should be used for notice regarding in-camera matters on the public agenda. The corresponding exception should be listed based on the topic being addressed under section 239 of the *Municipal Act* and must include the general nature of the discussion, providing as much information as possible without compromising the matter.

12.4 A meeting may be closed if it is held for the purpose of educating or training the Members, so long as no Member discusses or otherwise deals with any matter during the closed meeting in a way that materially advances the business or decision-making of Board or committee (Section 239(3.1) of the *Municipal Act*).

12.5 The determination regarding whether a matter should be dealt with in-camera is the responsibility of the Chair, in consultation with the Medical Officer of Health and Secretary.

12.6 Whenever possible, agendas, minutes, reports and other information required for in-camera discussion or consideration shall be pre-circulated electronically to Board or committee members, as applicable, in a secure form. When pre-circulation is not practical or possible, printed documents will be provided to the Board or committee at the time of the meeting.

12.7 The rules governing the procedure of the Board in open session and the conduct of members shall be observed in-camera.

12.8 The Chair shall dispose the decisions taken in-camera in open session.

12.9 The Secretary must be present to record the proceedings of the in-camera meeting. They must be knowledgeable in the requirements for the taking of minutes as set out in Subsection 228(1) of the *Municipal Act*. The Chair of the board will determine which staff are required to be in attendance. Unless otherwise directed, attendance will be limited to the Medical Officer of Health and other executives of the Board.

12.10 Minutes of in-camera meetings will be kept securely by the Medical Officer of Health, without comment, recording all resolutions, decisions and other proceedings. Minutes of an in-camera meeting shall be brought forward for approval at the following in-camera session.

12.11 Voting in an in-camera meeting is permitted if the in-camera meeting is otherwise authorized and the vote is for a procedural matter or for giving directions or instructions to officers, employees or agents of the Board or of a committee of the Board; or to persons retained by or under a contract with the Board. No other voting can occur.

12.12 All members will ensure that confidential matters discussed in-camera are not disclosed unless disclosure is authorized by the Board.

12.13 After a closed meeting, the Chair of the Board should announce in open meeting that an in-camera meeting was held. The Chair should use the script and guidelines prescribed by the

Board, as amended from time to time, to report, in a general manner, how the agenda items were dealt with.

12.14 Written material for an in-camera meeting should be limited to only that information which would qualify for discussion at an in-camera meeting.

13 Bylaws

13.1 Every bylaw shall be introduced by motion, specifying the title of the bylaw.

13.2 Every bylaw shall have three readings prior to being passed.

13.3 Every bylaw enacted by the Board shall be numbered and dated and signed by the Chair and the Medical Officer of Health and affixed with the Corporate Seal.

13.4 Bylaws shall be retained by the Medical Officer of Health.

13.5 Bylaws shall be reviewed a minimum of every two years.

14 Corporate Seal

14.1 The corporate seal of the Board shall be retained by the Business Administrator.

14.2 The corporate seal shall be used as directed by the Chair to seal any bylaw, contract, or obligation of the Board where required.

15 Severability

15.1 The provisions of this bylaw are severable. If any question, section or word is held to be invalid or illegal, such invalidity or illegality shall not affect any of the remaining provisions, sections or words, and this bylaw shall be read and construed as if such illegal or invalid provision was omitted.

This By-law read a first, second and third and final time and passed this ___ day of _____, 202__.

_____	_____
Chair, Board of Health Haliburton Kawartha Northumberland Peterborough Health Unit	Medical Officer of Health Haliburton Kawartha Northumberland Peterborough Health Unit

Haliburton Kawartha Northumberland Peterborough Health Unit

By-Law Number 4 Appointment of Auditor	Number: 04	Section: Board of Health
Approved by: Board of Health Signature: _____ Name: Title: Date (YYYY-MM-DD):		Revision and review history:
Refer to:	*Health Protection and Promotion Act, R.S.O. 1990, c. H.7, s. 56 (1)*	

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Pursuant to Section 56 (1) (d) of the Ontario *Health Protection and Promotion Act*, RSO 1990, Chapter H7, the Board of Health shall pass a bylaw respecting the appointment of an auditor.

1. In this by-law:

   "Act" means the Ontario *Health Protection and Promotion Act*, RSO 1990, Chapter H7;

   "Board" means the Board of Health for Haliburton Kawartha Northumberland Peterborough Health Unit;

   "Director of Operations" means the business administrator of the Board;

   "Medical Officer of Health" means the Medical Officer of Health of the Board as defined under the Act and its regulations;

   "meeting" means an official gathering of members of the Board or a Committee to transact business;

   "member" means a member of the Board who is appointed by a Council or the Lieutenant Governor-in-Council or a person who is appointed to a committee by the Board;

   "Municipal Act" means the Ontario *Municipal Act, 2001,* SO 2001 c25;

   "Municipal Affairs Act" means the Ontario *Municipal Affairs Act*, RSO 1990, cM46; and

   "Public Inquiries Act" means the Ontario *Public Inquiries Act, 2009*, S.O. 2009, c. 33, Sched. 6.

2. The Board shall appoint an auditor who shall not be a member of the Board and who shall be duly licensed under the Ontario *Public Accounting Act, 2004,* S.O. 2004, c. 8.

3. In accordance with the *Municipal Act*, Section 296, Subsection (10), since the Board is a local board of more than one municipality, the auditor shall also be the auditor of the municipality which is responsible for the largest share of the operating costs, as its auditor is required to audit the local board.

4. The auditor is entitled to attend any meeting of members of the Board, to receive all notices relating to any such meeting and to be heard at any such meeting that the auditor attends on any part of the business that concerns them as auditor.

5. The auditor shall:

   (1) meet with the Stewardship Committee of the Board, or the Board as a whole as appropriate, a minimum of twice a year; once to present the planning letter for the audit and the second meeting to present the draft audited financial statements;

   (2) provide the Board with a letter of independence and a management letter annually;

   (3) audit the accounts and transactions of the Board;

   (4) examine financial statements and express an opinion thereon;

   (5) perform such duties as are prescribed with respect to local boards under the Municipal Act and the Municipal Affairs Act;

   (6) perform such other duties as may be prescribed by the Board that do not conflict with the duties as otherwise set out in this By-law or applicable legislation;

   (7) have a right of access at all reasonable hours to all books, records, documents, accounts and vouchers of the Board;

   (8) be entitled to require from the Medical Officer of Health and Business Administrator and other members of the Board such information, evidence, oath and explanation that, in the auditor's opinion may be necessary to carry out their prescribed duties, including under section 33 of the Public Inquiries Act; and

   (9) meet with the Board as requested.

This By-law read a first, second and third and final time and passed this ___ day of _____, 202__.

_____	_____
Chair, Board of Health Haliburton Kawartha Northumberland Peterborough Health Unit	Medical Officer of Health Haliburton Kawartha Northumberland Peterborough Health Unit

Haliburton Kawartha Northumberland Peterborough Health Unit

By-Law Number 5 Duties of Officers and Management of Board of Health	Number: 05	Section: Board of Health
Approved by: Board of Health Signature: _____ Name: Title: Date (2024-01-02):		Revision and review history:
Refer to:	*Health Protection and Promotion Act, R.S.O. 1990, c. H.7, s. 56 (1)*	

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

Pursuant to Section 56 (2) (b) and (c) of the Ontario *Health Protection and Promotion Act*, RSO 1990, Chapter H7, the Board of Health may pass bylaws respecting the appointment, duties and removal of officers (other than the medical officer of health or an associate medical officer of health) and employees, and the remuneration, pensions and other benefits of officers and employees, as well as any other matter necessary or advisable for the management of the affairs of the board of health.

1. In this by-law:

   "Act" means the Ontario *Health Protection and Promotion Act*, RSO 1990, Chapter H7;

   "Board" means the Board of Health for Haliburton Kawartha Northumberland Peterborough Health Unit;

   "Chair" means the Chair of the Board elected pursuant to the Act, or in the absence of the Chair of the Board, it means the person designated to act on their behalf with respect to meetings of the Board;

   "committee" means two or more members appointed by the Board to meet and transact business on behalf of the Board;

   "Councils" means the municipal councils of the Corporations of:
   a. County of Haliburton;
   b. City of Kawartha Lakes;
   c. County of Northumberland;
   d. City of Peterborough; and
   e. County of Peterborough;

   And First Nation Councils where Section 50 agreements are in place.

   "Business Administrator" means the business administrator of the Board;

"Medical Officer of Health" means the Medical Officer of Health of the Board as defined under the Act and its regulations;

"meeting" means an official gathering of members of the Board or a Committee to transact business;

"Associate Medical Officer of Health" means the Associate Medical Officer of Health of the Board as defined under the Act and its regulations;

"member" means a member of the Board who is appointed by a Council (inclusive of First Nation Councils where Section 50 agreements are in place) or the Lieutenant Governor-in-Council or a person who is appointed to a committee by the Board;

"Municipal Act" means the Ontario *Municipal Act, 2001,* SO 2001 c25;

"Vice-Chair" means the Vice-Chair of the Board elected pursuant to the Act.

2 Duties of Officers of the Board

2.1 The officers of the Board shall be:

2.1.1 the Chair of the Board; and

2.1.2 the Vice-Chair of the Board.

2.2 The Chair of the Board is elected at the first meeting of the year and has the following responsibilities:

- Provide leadership to the Board.
- Ensure the Board meets its obligations and fulfills its governance role while respecting and understanding the role of management.
- Preside at all meetings of the Board and ensure meetings are efficient and effective which shall generally include the following tasks:
    - ensure that matters dealt with at Board meetings adequately reflect the Board's role;
    - ensure that Board meetings are conducted in an orderly manner, in accordance with applicable legislation and Board by-laws and policies;
    - facilitate and move forward the business of the Board, ensuring that relevant information is made available to Board members in a timely manner;
    - encourage all Board members to actively and respectfully participate in discussions on agenda topics, providing for fair and appropriate debate on issues relevant to the agenda;
    - rule on procedural matters during Board meetings; and
    - facilitate the Board in reaching consensus, whenever possible.
- Ensure the effectiveness of standing committees of the Board :
    - The Chair serves as an ex-officio member on all Board committees to which the Chair has not been appointed as a member.
    - As an ex-officio member to all committees, the Chair retains the rights and privileges afforded to other committee members, such as the right to vote,

however the Chair is not counted when determining the number required for a quorum of the Committee.

- Represent the Board as required at public or official functions and act as the official spokesperson of the Board, or designate another Board member to do so.
- Oversee the Board's evaluation processes and provide constructive feedback to Board members.
- Sign on behalf of the Board, any class of or particular contract, arrangement, conveyance, mortgage, obligation or other document.
- Serve as a mentor to other Board of Health members and ensure that all Board of Health members contribute fully to the work of the Board.
- Act on non-attendance at Board of Health or Board Committee meetings.
- Support the Medical Officer of Health by carrying out the following responsibilities:
    - Serve as the Board of Health's central point of official communication with the Medical Officer of Health and counsel the Medical Officer of Health regarding the Board's expectations and concerns.
    - Facilitate co-operative relationships and foster a collaborative work environment for Board members and the Medical Officer of Health.
    - Lead in monitoring and evaluating the performance of the Medical Officer of Health. A performance appraisal should be scheduled before the end of the Medical Officer of Health's probationary period, and then at least every two (2) years, preferably around the Medical Officer of Health's anniversary date.
    - Meet with the Medical Officer of Health at the beginning and end of the Chair's term to review the annual work plan, which includes the setting of professional development goals.
    - Review and approve vacation, conference and expense requests for the Medical Officer of Health.
- Other duties and powers as are from time to time determined by the Board.

2.3 The Vice-Chair shall have all the powers and performs all the duties of the Chair of the Board in the absence or disability of the Chair of the Board together with such powers and duties, if any, as may be assigned from time to time by the Board

2.4 The terms of all officers of the Board shall expire when their successors are elected and no later than immediately preceding the first meeting of each year as set out in By-law Number 3.

3 Execution of Documents

3.1 Except as otherwise directed by the Board or as otherwise expressly set out in any by-law or policy of the Board, the signing authorities of the Board shall be as follows:

3.1.1 Chair of the Board;
3.1.2 Vice-Chair of the Board;
3.1.3 Medical Officer of Health;
3.1.4 Associate Medical Officer of Health
3.1.5 Business Administrator;

The above individuals shall be authorized to sign any class of or particular contract, arrangement, conveyance, mortgage, obligation or other document.

3.2 Only one signature of the signing officers set out in section 3.1 of this By-law shall be required for a duly-authorized contract, arrangement, conveyance, mortgage, or other document with a pecuniary value of less than $100,000. For a duly-authorized contract, arrangement, conveyance, mortgage, or other document with a pecuniary value of $100,000 or more, two signatures of the signing officers shall be required. One signature shall be the Chair of the Board or in the absence of the Chair, the Vice-Chair of the Board. The second signature shall be the Medical Officer of Health or in the absence of the Medical Officer of Health, the Associate Medical Officer of Health, or the Business Administrator.

3.3 The Medical Officer of Health, Associate Medical Officer of Health and the Business Administrator are authorized to sign Provincial Accountability Agreements and Service Agreements as required and specified by the relevant Ministry.

3.4 An electronic signature may be affixed for the Medical Officer of Health, Associate Medical Officer of Health, Business Administrator, Chair or Vice Chair in compliance with the terms of the agreement, contract or other document, and provided written approval is received from the individual prior to affixing such individual's signature to the document.

This By-law read a first, second and third and final time and passed this ___ day of _____, 202__.

_____	_____
Chair, Board of Health Haliburton Kawartha Northumberland Peterborough Health Unit	Medical Officer of Health Haliburton Kawartha Northumberland Peterborough Health Unit

HALIBURTON KAWARTHA NORTHUMBERLAND PETERBOROUGH HEALTH UNIT
BOARD OF HEALTH

TITLE:	**Committee Terms of Reference**
DATE:	**January 2, 2025**

PROPOSED RECOMMENDATIONS

That the Board of Health for the Haliburton Kawartha Northumberland Peterborough Health Unit approve the following Committee Terms of Reference:
a. Indigenous Health Advisory Circle
b. Stewardship Committee

ATTACHMENTS

a. Indigenous Health Advisory Circle TOR
b. Stewardship Committee TOR

DRAFT Indigenous Health Advisory Circle
Terms of Reference

PURPOSE

To deepen awareness, sensitivity and meaningful actions on issues that are of relevance and public health importance to Indigenous people living within the Haliburton Kawartha Northumberland Peterborough (HKNP) catchment area.

Objectives

The Indigenous Health Advisory Circle (IHAC) will:

- provide a forum for Circle Members to brainstorm, explore and propose public health-related agenda items for the Board of Health (BOH) to consider that are of importance to Indigenous people living within the HKNP catchment area. In particular, this includes a review of the Calls to Action from the Truth and Reconciliation Commission, which redress the legacy of residential schools and advance the process of reconciliation, as well as the United Nations Declaration on the Rights of Indigenous Peoples.

- advise and support the BOH to become a stronger and more effective ally and advocate with respect to local First Nation (FN) Communities and on matters that impact on the health and well-being of their members and environment;

- advise and support the BOH and its staff on ways to strengthen relationships with local Indigenous partners and the broader Indigenous stakeholder community;

- collaborate with Curve Lake First Nation (CLFN), Hiawatha First Nation (HFN), Alderville First Nation (AFN), the Peterborough and District Wapiti Métis Council and urban Indigenous organizations on strategies and initiatives that will benefit their communities and the well-being and future of Indigenous populations living in the HKNP catchment area; and,

- advise staff on organizational strategies to address and improve Indigenous public health, with a focus on the social determinants of Indigenous heath and holistic wellbeing.

Membership

1. The Circle will be composed of a minimum of three Board Members in addition to the Chair (ex-officio member). Board members appointed through Section 50 Agreements with the BOH will be prioritized.

2. In addition, the Board will seek community members representing the broader Indigenous stakeholder community as it pertains issues of Indigenous health.

    2.1. Community member appointments to the IHAC require approval from the BOH and must be renewed annually.

    2.2. Remuneration for community members appointed to the IHAC will be completed in accordance with the Remuneration of Community Members procedure.

3. The Circle will elect its own Chair and Vice-Chair at the first meeting of each calendar year.

4. Internal staff resources will be provided for the Circle through the Medical Officer of Health or their designate.

Quorum

A majority of Circle members constitute a quorum.

Reporting and Minutes

1. The Executive Assistant to the Board of Health, or designate, will record the proceedings at meetings and provide secretarial support to the Circle.

2. The minutes are circulated in draft to Circle members prior to the next Circle meeting. Minutes are corrected and/or approved at the next meeting of the Circle. Approved minutes will be provided to the BOH at the next scheduled meeting.

3. The Chair, or designate, will take recommendations deemed appropriate by the Circle forward to the Board of Health at the next scheduled meeting.

4. The approved minutes are retained by the Executive Assistant to the BOH in accordance with the BOH records retention policy.

Meetings

The Circle will meet quarterly, at a minimum, and may meet more frequently as needed.

Agendas and Meeting Proceedings

1. Agendas will be prepared and distributed in a format to be determined by the Circle.

2. Formal motions will not be utilized; however, actions and decisions will be captured in meeting minutes.

3. All decisions will be reached by consensus.

Review

The Terms of Reference will be reviewed every two years, or more often as needed.

RELATED HKNP DOCUMENTS

Remuneration of Community Members

VERSION HISTORY

DATE	LEAD	DESCRIPTION
2024-01-02	A. Gorizzan	Original

DRAFT Stewardship Committee
Terms of Reference

PURPOSE

1. To ensure that the Board of Health fulfils its due diligence responsibilities for accountable, effective and efficient management of public resources.

2. To fulfill obligations and oversight responsibilities relating to financial planning, the audit process and financial reporting.

3. To promote and provide oversight for effective risk management practices.

Duties and Responsibilities

1. Financial Planning
   The Committee will review and make recommendations to the Board in respect of:
   a. Annual budgets and Annual Service Plan for all funding agreements greater than $100,000;
   b. Consistency of planned budget allocations with strategic plans and other identified priorities.

2. Financial Reporting
   The Committee will review and recommend approval to the Board:
   a. financial management by-laws and polices;
   b. Ministry accountability reports;
   c. quarterly financial statements; and
   d. annual audited financial statements.

3. External Audit
   The Committee will:
   a. Meet with the External Auditor to review the terms of engagement and approve the audit plan.
   b. Meet with the External Auditor to discuss significant findings, recommendations and/or problems experienced in conducting the audit, including any issues with management's cooperation or disagreements regarding financial statements or disclosure.
   c. Recommend to the Board the approval of the annual Audited Financial Statement and the appointment of the External Auditor.

4. Internal Controls:
   The Committee will:

a. Review on an annual basis the control measures in place to manage financial risk.
b. Review all known matters, including legal, that have potential to impact financial statements in a material way and where deemed appropriate advise and/or seek direction from the Board.
c. Review any recommendations from External Auditors for improved financial management practices together with management.

5. Risk Management:
   The Committee will:
   a. Review on a quarterly basis management`s assessment of any material changes to risk categories as identified in the Province of Ontario's Integrated Risk Management Quick Reference Guide (see Appendix A).
   b. Request management reports on risk management status for categories deemed most relevant to the Board of Health, including but not limited to: strategy, service delivery, human resources, information and privacy, infrastructure, legislative compliance, technology, security and equity.
   c. Ensure compliance with relevant legislation.

Membership

1. The Committee will be composed of a minimum of four Board members with at least 50% of the membership consisting of local funding partner representatives, in addition to the Chair of the Board who is an ex-officio member.

2. The Committee will elect its own Chair and Vice-Chair at the first meeting of each calendar year.

3. Internal staff resources will be provided for the Committee through the Medical Officer of Health and/or their designate.

Quorum

A majority of Committee members constitute a quorum.

Reporting and Minutes

1. The Committee will provide its minutes, once approved, to the Board of Health at the next scheduled meeting.

2. The Chair will take motions and/or recommendations deemed appropriate by the Committee forward to the Board of Health at the next scheduled meeting.

3. The Executive Assistant to the Board of Health, or designate, will record the proceedings at meetings and provide secretarial support to the Committee.

4. The minutes are circulated in draft to Committee members prior to the next Committee meeting. Minutes are corrected and approved at the next meeting of the Committee.

5. The approved minutes are retained by the Executive Assistant to the BOH in accordance with the BOH records retention policy.

Meetings

1. The Committee will meet a minimum of quarterly and may meet more frequently

2. Extraordinary meetings to address specific items may be held at the call of the Chair of the Stewardship. Time-limited sub-committees may be formed to address specific issues.

3. The Stewardship Committee will meet with other Board Committees as required.

Agendas

Agendas will be prepared and distributed according to the format set forth in Section 4 – Agenda and Order of Business, as written in Board of Health By-Law #3, Calling of and Proceedings at Meetings.

Review

The Terms of Reference will be reviewed every two years, or more often as needed.

ADDITIONAL INFORMATION

APPENDICES

Appendix A: Integrated Risk Management Quick Reference Guide

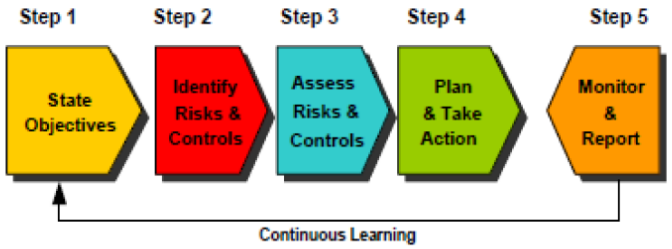
VERSION HISTORY

DATE	LEAD	DESCRIPTION
2024-01-02	A. Gorizzan	Original

APPENDIX A - INTEGRATED RISK MANAGEMENT QUICK REFERENCE GUIDE

INTEGRATED RISK MANAGEMENT QUICK REFERENCE GUIDE

The OPS risk management process



Step 1: State (or establish) objectives

- Define context and confirm objectives
- Risks must be assessed and prioritized in relation to the objective
- The more specific the objectives (specific goals, key milestones, deliverables and commitments) the easier it is to assess potential risks
- Risks can be assessed at any level; operational, program, initiative, unit, branch, health system

Risk (uncertainty)
The chance that a future event will impact the achievement of established objectives. Risks can be positive or negative.

Control / Mitigation Strategy
Controls/ mitigation strategies put in place by management to minimize negative risks or maximize opportunities.

Consequences

- Identify the specific consequences of each risk, if the risk in fact occurred
- Consider and quantify consequences in relation to cost, quality, time, etc.

Cause/Source of Risk

- Understand the cause/source of each risk
- Use a cause/effect diagram

Step 2: Identify risks & controls

Identify risks - What could go wrong?

- Always use the 13 categories of risk
- Examine trends and consider past risk events
- Obtain information from similar organizations or projects
- Brainstorm with colleagues and/or stakeholders
- Increase awareness of new initiatives/ agendas and regulations, consider interdependencies
- Document short-term and long-term consequences for each risk (consider interdependencies)

Identify existing controls – What do you already have in place?

- Preventative controls (address causes and source of risk)
- Corrective / Recovery controls (focuses on reducing impact after risk has occurs)

13 categories of risk

RISK	DESCRIPTION
Compliance/ Legal	Uncertainty regarding compliance with laws, regulations, standards, policies, directives, contracts; may expose the ministry to the risk of fines, penalties, litigation.
Equity	Uncertainty that policies, programs, services will have an equitable impact on the population.
Financial	Uncertainty of obtaining, using, maintaining economic resources; meeting overall financial budgets/commitments; preventing, detecting or recovering fraud.
Governance / Organizational	Uncertainty of having appropriate accountability and control mechanisms such as organizational structures and systems processes; systemic issues, culture and values, organizational capacity, commitment, and learning and management systems, etc.
Information / Knowledge	Uncertainty regarding the access to or use of accurate, complete, relevant and timely information. Uncertainty regarding the reliability of information systems.
Operational or Service Delivery	Uncertainty regarding the performance of activities designed to carry out any of the functions of the ministry/unit, including design and implementation.
People / Human Resources	Uncertainty as to the ministry's/ business unit's ability to attract, develop and retain the talent needed to meet its objectives.
Political	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.
Privacy	Uncertainty with regards to the safeguarding of personal information or data, including identity theft or unauthorized access.
Security	Uncertainty relating to physical or logical access to data and locations (offices, warehouses, labs, etc).
Stakeholder / Public Perception	Uncertainty around the expectations of the public, other governments, media or other stakeholders; maintaining positive public image; ensuring satisfaction and support of partners.
Strategic / Policy	Uncertainty that strategies and policies will achieve required results or that policies, directives, guidelines, legislation will not be able to adjust as necessary.
Technology	Uncertainty regarding alignment of IT infrastructure with technology and business requirements. Uncertainty of the availability and reliability of technology.

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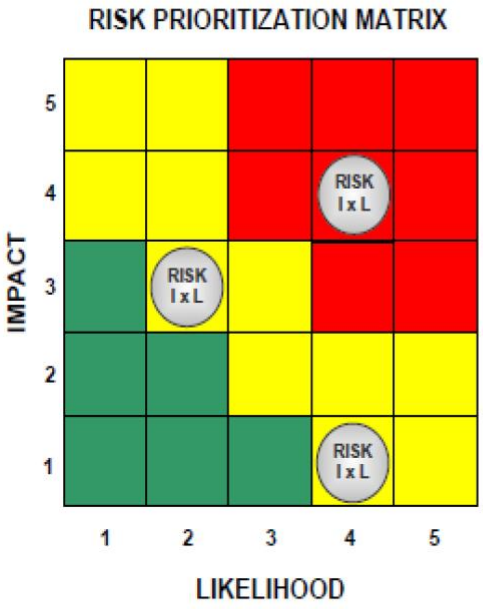


Step 3: Assess Risks & Controls

Assess inherent risks

- *Inherent likelihood* – Without any mitigation, how likely is this risk to occur?
- *Inherent impact* – Without any mitigation, how big will be the impact of the risk on your objective?
- *Inherent Risk Prioritization* - Rate inherent likelihood, impact and proximity of the risk.
- *Risk Owner* - Identify the specific person accountable if the risk occurs. Involve Risk Owner if not already involved.

Assess existing controls

- *Controls* - Evaluate the effectiveness of existing mitigation strategies.
- *Control Owner* - Identify the person accountable for implementing specific control. Involve Control Owner if not already involved.

Reassess residual risks

- *Residual likelihood* – With existing mitigation strategies in place, how likely is this risk to occur?
- *Residual impact* – With existing mitigation strategies in place, how big an impact will this risk have on your objective?
- *Residual Risk Prioritization* - Re-assess the impact, likelihood and proximity of the risk with mitigation strategies in place.
- Use the 'Risk Assessment Worksheet' available through the Integrated Risk Management Team.

Rating Scale

VALUE	LIKELIHOOD	IMPACT	PROXIMITY	*SCALE*
1	Unlikely to occur	Negligible Impact	More than 36 months	*Very Low*
2	May occur occasionally	Minor impact on time, cost or quality	12 to 24 months	*Low*
3	Is as likely as not to occur	Notable impact on time, cost or quality	6 to 12 months	*Medium*
4	Is likely to occur	Substantial impact on time, cost or quality	Less than 6 months	*High*
5	Is almost certain to occur	Threatens the success of the project	Now	*Very High*

Step 4: Plan & Take Action

- For each of the 13 risk categories establish risk appetite and tolerances with senior management.
- Assess existing mitigation strategies have reduced the risk rating (Impact x Likelihood) so that the risk is below approved risk tolerance levels.
- Evaluate whether further mitigation strategies are needed.
- Develop SMART (Specific, Measurable, Achievable, Realistic, Time-specific) actions that will either reduce the likelihood of the risks or minimise the impact.
- Develop detailed action plans with timelines, responsibilities and outline deliveries.
- Use the 'Action Plan Worksheet' available through the Integrated Risk Management Team.

Step 5: Monitor & Report

- Ensure processes are in place to review risk levels and the effectiveness of mitigation strategies
- Use risk indicators
- Monitor and report by asking:
  - Have risks changed? How?
  - Are there new risks? Assess them.
  - Do you need to report or escalate risks? To whom? When? How?
- The Integrated Risk Management Team can help you establish monitoring processes.

Key Risk Indicators (KRI)

- *Leading Indicators* - Early or leading indicators that measure sources or causes to help prevent risk occurrences
- *Lagging Indicators* - Detection and performance indicators that help monitor risks as they occur

Risk Tolerance

- The amount of risk that the entity can manage for the area being assessed.

Risk Appetite

- The amount of risk that the entity is willing to manage for the area being assessed.

HALIBURTON KAWARTHA NORTHUMBERLAND PETERBOROUGH HEALTH UNIT
BOARD OF HEALTH

TITLE:	**Committee Appointments – Community Members**
DATE:	**January 2, 2025**

PROPOSED RECOMMENDATIONS

That the Board of Health for the Haliburton Kawartha Northumberland Peterborough Health Unit confirm appointments of the following community members to the Indigenous Health Advisory Circle for 2025:

- Ashley Safar, Peterborough Community Health Centre
- David Newhouse, Trent University
- Executive Director (or delegate), Niijkiwendidaa Anishnaabekwewag Services Circle
- Executive Director (or delegate), Nogojiwanong Friendship Centre
- Elizabeth Stone, Fleming College
- Representative, Alderville First Nation
- Kristy Kennedy, Métis Nation of Ontario, Peterborough & District Wapiti Métis Council
- Rebecca Watts, Lovesick Lake Native Women's Association

BACKGROUND

The Indigenous Health Advisory Circle met last on December 13. At that meeting, the Circle requested that the following individuals noted above be appointed to IHAC in 2025.

HALIBURTON KAWARTHA NORTHUMBERLAND PETERBOROUGH HEALTH UNIT
BOARD OF HEALTH

TITLE:	**Meeting Schedule and Honourarium**
DATE:	**January 2, 2025**

PROPOSED RECOMMENDATIONS

That the Board of Health for the Haliburton Kawartha Northumberland Peterborough Health Unit defer decisions on establishing a meeting schedule and honourarium paid to eligible members until the next regular meeting.

HALIBURTON KAWARTHA NORTHUMBERLAND PETERBOROUGH HEALTH UNIT
BOARD OF HEALTH

TITLE:	**Correspondence**
DATE:	**January 2, 2025**

PROPOSED RECOMMENDATIONS

That the Board of Health for the Haliburton Kawartha Northumberland Peterborough Health Unit receive the following correspondence for information:

a. Memo dated December 11, 2024, from Dr. Kieran Moore, Ontario Chief Medical Officer of Health, regarding regulatory amendments to effect the voluntary mergers of select local public health agencies.

Ontario

Ministry of Health

Office of Chief Medical Officer of Health, Public Health

Box 12
Toronto, ON M7A 1N3

Fax.: 416 325-8412

Ministère de la Santé

Bureau du médecin hygiéniste en chef, santé publique

Boîte à lettres 12
Toronto, ON M7A 1N3

Téléc. :416 325-8412

December 11, 2024

Re: Regulatory Amendments to Effect Voluntary Mergers of Local Public Health Agencies

Dear Colleagues,

I am pleased to share that the government has approved amendments to regulations under the *Health Protection and Promotion Act* (HPPA) that will effect the voluntary mergers of the following local public health agencies (LPHAS) effective January 1, 2025:

- Porcupine Health Unit and Timiskaming Health Unit to become the **Northeastern Health Unit.**
- Brant County Health Unit and Haldimand-Norfolk Health Unit to become the **Grand Erie Health Unit.**
- Haliburton, Kawartha and Pine Ridge District Health Unit and Peterborough County-City Health Unit to become the **Haliburton Kawartha Northumberland Peterborough Health Unit.**
- Hastings and Prince Edward Counties Health Unit and Kingston, Frontenac and Lennox and Addington Health Unit and Leeds, Grenville and Lanark District Health Unit to become the **South East Health Unit.**

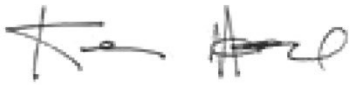
Regulatory amendments to Reg. 553 (Areas Comprising Health Units) and Reg. 559 (Designation of Municipal Members of Boards of Health) will be filed to effect the voluntary mergers of LPHAs. In addition, consequential amendments will be made to Schedule 1 of Reg. 569 (Reports), to update names and addresses of certain public health clinics within the merged entities.

With this change, the government has fulfilled the commitment made in August 2023 to support boards of health in moving towards a stronger public health system across the province. The number of LPHAs across the province will be reduced from 34 to 29, enabling improved delivery and access to public health services in local communities across the province.

The updated regulations will be available on e-Laws | ontario.ca shortly.

I want to recognize this significant milestone for both the merging LPHAs as well as Ontario's public health system. I appreciate your steadfast dedication and tireless efforts in managing these mergers and look forward to our ongoing collaboration to support implementation.

Sincerely,



Dr. Kieran Michael Moore, MD, CCFP(EM), FCFP, MPH, DTM&H, FRCPC, FCAHS
Chief Medical Officer of Health and Assistant Deputy Minister, Public Health

c. Elizabeth Walker, Executive Lead, Office of the Chief Medical Officer of Health, Public Health Division
Brent Feeney, Director, Accountability and Liaison Branch, Office of the Chief Medical Officer of Health, Public Health Division
Colleen Kiel, Director, Public Health Strategic Policy, Planning and Communications, Office of the Chief Medical Officer of Health, Public Health Division