

Board of Health for the  
Haliburton Kawartha Northumberland Peterborough Health Unit  
REGULAR MEETING  
AGENDA

Wednesday, February 19, 2025 – 5:00 p.m. – 7:30 p.m.  
Peterborough Office: 185 King Street, Peterborough, ON K9J 2R8

1. Call to Order
2. Land Acknowledgement
3. Declaration of Conflict of Interest
4. Adoption of the Agenda
5. Adoption of Regular Minutes
  - 5.1. [January 16, 2025](#)
  - 5.2. [January 31, 2025 – Special Virtual Meeting](#)
  - 5.3. [February 4, 2025 – Special Virtual Meeting](#)
6. Business Arising
7. Medical Officer of Health Updates
8. Reports
  - 8.1. 2025 Cost-Shared Budget
    - [Staff Report](#)
  - 8.2. Policies for Review
    - [Staff Report](#)
  - 8.3. Streaming Report
    - [Staff Report](#)
9. Correspondence (nil)
10. Consent Items
11. New Business
12. In-Camera Session

*In accordance with the Municipal Act, 2001, Section 239(2)(d) Labour relations or employee negotiations.*
13. Motions for Open Session

**14. Date of Next Meeting**

Thursday, March 20, 2025 – 1:00 p.m. – 3:30 p.m.

Port Hope office: 200 Rose Glen Road, Port Hope ON, L1A 3V6

**15. Adjournment**

## HKNP HEALTH UNIT

### Board of Health – STAFF REPORT

<b>TITLE:</b>	<b>Stewardship Committee: Draft 2025 Cost-Shared Budget</b>
<b>DATE:</b>	<b>February 19, 2025</b>
<b>PREPARED BY:</b>	<b>Larry Stinson, Director Matthew Vrooman, Director Michelle McWalters, Executive Assistant</b>
<b>APPROVED BY:</b>	<b>Dr. Thomas Piggott, MOH/CEO</b>

### PROPOSED RECOMMENDATIONS

That the Board of Health for Haliburton Kawartha Northumberland Peterborough Health Unit:

- Receive the staff report 2025 Cost-Shared Budget for information;
- and, receive the recommendation of Scenario 3 from the HKNP Stewardship Committee for information;
- and, approve the 2025 Cost-Shared Budget based on Scenario 3.

### BACKGROUND

The following Staff Report was presented to the HKNP Stewardship Committee on Monday, February 10, 2025, by Mr. Larry Stinson.

The following motion was carried:

#### MOTION:

That the Stewardship Committee for the HKNP Health Unit:

- receive the staff report, Draft 2025 Cost-Shared Budget, for information;
- and, recommend that the Board of Health for HKNP Health Unit approve a cost-shared budget based on scenario 3.

Moved: Councillor Richardson

Seconded: Dr. Stelzer

### APPENDIX:

Staff Cover Report

Draft budget scenario 1

Draft budget scenario 2

Draft budget scenario 3

[HKPR 2024 Budget](#)

[HKPR 2025 No Merger Budget](#)

[PPH 2024 Budget](#)

[PPH 2025 No Merger Budget](#)

**HKNP HEALTH UNIT**  
**STEWARDSHIP – STAFF REPORT**

<b>TITLE:</b>	<b>Draft 2025 Cost-Shared Budget</b>
<b>DATE:</b>	<b>Date of Board Meeting</b>
<b>PREPARED BY:</b>	<b>Larry Stinson, Director</b> <b>Matthew Vrooman, Director</b> <b>Dale Bolton, Manager</b>
<b>APPROVED BY:</b>	<b>Thomas Piggott, MOH/CEO</b>

**PROPOSED RECOMMENDATIONS**

That the Board of Health for the Haliburton Kawartha Northumberland Peterborough Health Unit:

- receive the staff report, *Draft 2025 Cost-Shared Budget*, for information;
- and, recommend that the Board of Health for HKNP Health Unit approve a cost-shared budget based on the preferred scenario.

**FINANCIAL IMPLICATIONS AND IMPACT**

Budget preparation and approvals for cost-shared programs (Ontario Public Health Standards) are commonly completed prior to the fiscal year, which runs from January to December. Due to the approval of the merger between Peterborough Public Health (PPH) and Haliburton, Kawartha, Pine-Ridge District Health Unit (HKPR) in December 2024, the new Board of Health for the Haliburton, Kawartha, Northumberland and Peterborough Health Unit will need to approve a budget for the 2025 fiscal year. The budget scenarios presented, as requested by the Board Chair and Vice-Chair, are based on known and anticipated expenses and revenues. Under the Health Protection and Promotion Act, the Board is required to submit a balanced budget as part of the Annual Service Plan, due to the Ministry of Health on March 31, 2025.

**DECISION HISTORY**

Due to the uncertainty of the provinces support for the proposed merger between PPH and HKPR, both former Boards of Health approved No-Merger Budgets for 2025 in November 2024. The expense and revenue from the approved budgets have been reconciled and brought forward in the budget scenarios as described in this report.

**BACKGROUND**

Public Health Units have been challenged to fully deliver all of the Requirements under the Ontario Public Health Standards since they were implemented by the Ministry of Health in 2008 and revised in 2018. The primary challenge has been the lack of fiscal and human resources required, largely as a result of no or inadequate increases in provincial grants for public health units and continued downloading on to municipal and First Nation funders. As a result, the

stated target ratio of 75% funding from provincial sources and 25% from local sources has rarely been met by any health unit across the province. In fact, almost all of the health units see a local share greater than 25%, with a few higher than 40%.

In August 2023, the province announced a three-pronged approach to strengthen public health and to address challenges experienced by local health units in full delivery of the OPHS. This included: i) a review of the OPHS, with the intent to reduce the expectations on local health units; ii) an offer for voluntary mergers with three years of funding support to participating health units (including merger and stabilization funds); and iii) a plan to review the funding methodology for public health and stabilized annual increases (1% per year) in the interim (2024, 2025 and 2026).

## **RATIONALE**

The 2025 Cost-Shared Budgets include only those programs which are funded through a combination of provincial, municipal and First Nation funding. It does not include 100% Ministry of Health funded initiatives (e.g. Ontario Seniors Dental Program, Merger Funding, One-Time Funding) or 100% MCCSS funded programs (HBHC, ICDP), which are reported as part of a consolidated budget.

The revenues identified in the attached budget are based on the following assumptions:

1. Ministry of health funding is based on a 1% increase in allocations over the approved 2024 allocations.
2. The allocations for municipal contributions are based on the requested scenarios.
3. Revenue shortfalls are made up through allocations of expenses to the merger budget as stabilization costs.
4. There is no use of reserves to balance the budget.
5. Offset revenue levels are based on 2024 actuals and any anticipated adjustments required.

The expenses for the proposed budgets are based on the following assumptions:

1. Increases to budget lines based on 2024 Actuals, planned contract increases for benefits and wages, predicted increases for other budget line items or minimum increase based on cost of living.
2. Reductions in budget lines where costs savings are anticipated (occupancy cost reduction due to payout of mortgage, insurance cost reduction through consolidated contract).
3. Removal of staffing positions previously identified to be funded by the Merger Budget, if approved.

The three scenarios for local funder contribution requested for a draft budget included:

- Scenario 1: 4% increase across board to all funders;
- Scenario 2: \$1.23 increase per capita across board to all funders;

- Scenario 3: \$1.23 increase per capita across board, but difference for PPH legacy funders mitigated with merger dollars in 2025.

Under Scenario 1, where the local levy is 4% for all local funders, the outcome is a shortfall of revenue of \$744,965. This shortfall would be addressed through the transfer of expenses (primarily staffing wages/benefits) to the Merger Budget for 2024/2025 and 2025/2026, if necessary. The 4% increase in levy would result in an increase in local contributions of \$363,300 and create a ratio of provincial:local share of 70:30.

Scenario 2 applies a \$1.23 per capita increase across all local funders. Given that this is a proportionally higher increase for legacy PPH funders, it results in an additional \$51,845 generated by the combined increase for the City of Peterborough, Peterborough County, Hiawatha First Nation and Curve Lake First Nation (an increase from \$129,831 to \$181,676). This reduces the budget shortfall to \$693,120 (from \$744,965). This shortfall would be covered by the Merger Budget as noted above.

Scenario 3 is much like Scenario 2, but the additional \$51,845 that would be required of the legacy PPH local funders would be covered through funding from the 2024/2025 Merger Budget. This is seen under the revenue line Local Partner Mitigation – Legacy PPH Funder Offset.

**APPENDIX:**

Draft budget scenario 1

Draft budget scenario 2

Draft budget scenario 3

[HKPR 2024 Budget](#)

[HKPR 2025 No Merger Budget](#)

[PPH 2024 Budget](#)

[PPH 2025 No Merger Budget](#)

**HALIBURTON KAWARTHA NORTHUMBERLAND PETERBOROUGH HEALTH UNIT  
2025 COST-SHARED BUDGET - Mandatory Programs**

	<b>2025 Combined Budget</b>	<b>2024 Combined Budget</b>	<b>Change</b>	<b>% Change</b>
<b>REVENUES</b>				
1 Ministry of Health - Mandatory Programs	21,463,813	21,251,300	212,513	1.00%
2 - Indigenous Communities	10,000	10,000	-	0.00%
3 Municipal Partners - Note 1	9,445,801	9,082,501	363,300	4.00%
4 Offset revenue and expenditure recoveries	748,800	887,678	(138,878)	-15.65%
5 Transfer from reserves	-	500,000	(500,000)	-100.00%
<b>TOTAL REVENUES</b>	<b>31,668,414</b>	<b>31,731,479</b>	<b>(63,065)</b>	<b>-0.20%</b>
<b>EXPENDITURES</b>				
1 Salaries and wages	19,842,920	19,060,915	782,005	4.10%
2 Employee benefits	5,966,906	5,734,438	232,467	4.05%
3 Staff learning and development	138,800	145,039	(6,239)	-4.30%
4 Board of Health committee	38,300	37,598	702	1.87%
5 Travel	350,345	413,819	(63,474)	-15.34%
6 Occupancy and building maintenance	2,956,687	3,128,097	(171,410)	-5.48%
7 Office supplies and equipment	100,161	124,374	(24,213)	-19.47%
8 Program materials and resources	598,823	698,545	(99,722)	-14.28%
9 Professional and purchased services	1,280,072	1,189,542	90,530	7.61%
10 Communication and media	260,753	296,911	(36,158)	-12.18%
11 Information technology and equipment	879,612	902,201	(22,589)	-2.50%
<b>TOTAL EXPENDITURES</b>	<b>32,413,379</b>	<b>31,731,479</b>	<b>681,899</b>	<b>2.15%</b>
<b>COST SHARED BUDGET - DEFICIT</b>	<b>(744,965)</b>	<b>0</b>	<b>(744,965)</b>	
<b>Ministry of Health / Local Partner Proportion</b>	70 : 30 with Merger \$			

**Note 1****MUNICIPAL PARTNER CONTRIBUTIONS**

	<b>2025 Contribution</b>	<b>2024 Contribution</b>	<b>Change</b>	<b>% Change</b>
City of Peterborough	1,912,039	1,838,499	73,540	4.00%
County of Peterborough	1,443,249	1,387,739	55,510	4.00%
Curve Lake First Nation	15,337	14,747	590	4.00%
Hiawatha First Nation	4,970	4,779	191	4.00%
City of Kawartha Lake	2,542,753	2,444,955	97,798	4.00%
County of Northumberland	2,867,404	2,757,119	110,285	4.00%
County of Haliburton	660,050	634,663	25,387	4.00%
<b>PARTNER CONTRIBUTIONS</b>	<b>9,445,801</b>	<b>9,082,501</b>	<b>363,300</b>	

**HALIBURTON KAWARTHA NORTHUMBERLAND PETERBOROUGH HEALTH UNIT**  
**2025 COST-SHARED BUDGET - Mandatory Programs**

	<b>2025</b>	<b>2024</b>		<b>%</b>
	<b>Combined</b>	<b>Combined</b>	<b>Change</b>	<b>Change</b>
	<b>Budget</b>	<b>Budget</b>		
<b>REVENUES</b>				
1 Ministry of Health - Mandatory Programs	21,463,813	21,251,300	212,513	1.0%
2 - Indigenous Communities	10,000	10,000	-	0.0%
3 Municipal Partners - Note 1	9,497,646	9,082,501	415,145	4.6%
4 Offset revenue and expenditure recoveries	748,800	887,678	(138,878)	-15.6%
5 Transfer from reserve	-	500,000	(500,000)	-100.0%
<b>TOTAL REVENUES</b>	<b>31,720,259</b>	<b>31,731,479</b>	<b>(11,220)</b>	<b>-0.04%</b>
<b>TOTAL EXPENDITURES - Per Scenario 1 (above)</b>	<b>32,413,379</b>	<b>31,731,479</b>	<b>681,899</b>	<b>2.15%</b>
<b>COST SHARED BUDGET - DEFICIT</b>	<b><u>(693,120)</u></b>	<b><u>(0)</u></b>	<b><u>(693,120)</u></b>	
<b>Ministry of Health / Local Partner Proportion</b>	70 : 30 with Merger \$			

**Note 1****MUNICIPAL PARTNER CONTRIBUTIONS**

	<b>2025</b>	<b>2024</b>		<b>%</b>
	<b>Contribution</b>	<b>Contribution</b>	<b>Change</b>	<b>Change</b>
City of Peterborough	1,941,405	1,838,499	102,906	5.60%
County of Peterborough	1,465,415	1,387,739	77,676	5.60%
Curve Lake First Nation	15,572	14,747	825	5.60%
Hiawatha First Nation	5,046	4,779	267	5.60%
City of Kawartha Lake	2,542,753	2,444,955	97,798	4.00%
County of Northumberland	2,867,404	2,757,119	110,285	4.00%
County of Haliburton	660,050	634,663	25,387	4.00%
<b>PARTNER CONTRIBUTIONS</b>	<b>9,497,646</b>	<b>9,082,501</b>	<b>415,145</b>	



Draft Budget: Scenario 3    \$1.23 increase per capita to each local partner over 2024 contributions  
4% for each partner and difference of 1.056% for PPH legacy partners funded through Merger/Reserves

**HALIBURTON KAWARTHA NORTHUMBERLAND PETERBOROUGH HEALTH UNIT**  
**2025 COST-SHARED BUDGET - Mandatory Programs**

	<b>2025 Combined Budget</b>	<b>2024 Combined Budget</b>	<b>Change</b>	<b>% Change</b>
<b>REVENUES</b>				
1 Ministry of Health - Mandatory Programs	21,463,813	21,251,300	212,513	1.0%
2                    - Indigenous Communities	10,000	10,000	-	0.0%
3 Municipal Partners - Note 1	9,445,801	9,082,501	363,300	4.0%
4 Offset revenue and expenditure recoveries	748,800	887,678	(138,878)	-15.6%
5 Transfer from reserve	-	500,000	(500,000)	-100.0%
5 Local Partner Mitigation - Legacy PPH Funder offset	51,845	-	51,845	100.0%
<b>TOTAL REVENUES</b>	<b>31,720,259</b>	<b>31,731,479</b>	<b>(11,220)</b>	<b>-0.04%</b>
<b>TOTAL EXPENDITURES - Per Scenario 1 (above)</b>	<b>32,413,379</b>	<b>31,731,479</b>	<b>681,899</b>	<b>2.15%</b>
<b>COST SHARED BUDGET - DEFICIT</b>	<b>(693,120)</b>	<b>(0)</b>	<b>(693,120)</b>	
<b>Ministry of Health / Local Partner Proportion</b>	70 : 30 with Merger \$ / Reserve			

**Note 1**

**MUNICIPAL PARTNER CONTRIBUTIONS**

	<b>2025 Contribution</b>	<b>2024 Contribution</b>	<b>Change</b>	<b>% Change</b>
City of Peterborough	1,912,039	1,838,499	73,540	4.00%
County of Peterborough	1,443,249	1,387,739	55,510	4.00%
Curve Lake First Nation	15,337	14,747	590	4.00%
Hiawatha First Nation	4,970	4,779	191	4.00%
City of Kawartha Lake	2,542,753	2,444,955	97,798	4.00%
County of Northumberland	2,867,404	2,757,119	110,285	4.00%
County of Haliburton	660,050	634,663	25,387	4.00%
<b>PARTNER CONTRIBUTIONS</b>	<b>9,445,801</b>	<b>9,082,501</b>	<b>363,300</b>	

**HALIBURTON KAWARTHA NORTHUMBERLAND PETERBOROUGH HEALTH UNIT  
BOARD OF HEALTH**

<b>TITLE:</b>	<b>By-Law Approvals</b>
<b>DATE:</b>	<b>February 19, 2025</b>

**PROPOSED RECOMMENDATIONS**

That the Board of Health for the Haliburton Kawartha Northumberland Peterborough Health Unit approve the following policies:

- a. Remuneration of Community Members
- b. Delegation of Authority
- c. Board of Health Proceedings

**ATTACHMENTS**

- a. [Remuneration of Community Members](#)
- b. [Delegation of Authority](#)
- c. [Board of Health Proceedings](#)

**SUMMARY**

- a. Remuneration of Community Members
  - Adopted from legacy Health Unit policy (legacy PPH)
- b. Delegation of Authority
  - Adopted from legacy Health Unit policy (legacy PPH)
- c. Board of Health Proceedings
  - Board Meeting Proceedings• Drafted by legal counsel

## HALIBURTON KAWARTHA NORTHUMBERLAND PETERBOROUGH (HKNP) HEALTH UNIT

<b>Policy</b>	<b>DRAFT Board Meeting Proceedings</b>
Section	Board of Health
Number	02-04
Policy Lead	Board of Health
Approval Level	Board of Health
Original Approval	YYYY-MMM-DD
Reviewed/Revised	YYYY-MMM-DD
Next Review	YYYY-MMM-DD
Associated HKNP Procedures and Forms	

### POLICY

#### PURPOSE

The purpose of this policy is to provide further guidance with respect to the conduct of meetings held pursuant to the Haliburton Kawartha Northumberland Peterborough (HKNP) Board of Health By-Law Number 3 - Calling of and Proceedings at Meetings.

#### DEFINITIONS

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

“Board” means the Board of Health for the 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;

“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 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.

## **1. Agenda**

1.1. Agenda packages will be posted on the Board website on the same day that agendas are distributed to members.

1.2. On the day following Board meetings, members will be contacted and advised of the date, time, and location of the next meeting, and asked about their availability for the next meeting.

1.3. Consent items are items to be considered for the Consent portion of the agenda and shall be determined by the Medical Officer of Health. Matters selected for

Consent Items are to be routine, housekeeping, information or non-controversial in nature and can include staff reports, correspondence or Committee reports.

- 1.3.1. If the Board wishes to comment or seek clarification on a specific matter noted in the list of Consent Items, the member is asked to identify the item and clarification or comment will be provided or made. An item(s) requiring more than clarification or comment will be extracted and moved to the New Business section of the agenda. The Consent Items, exclusive of extracted items where applicable, can be approved in one resolution.
- 1.3.2. Matters listed under Consent Items shall include an explanatory note as follows: “All matters listed under Consent Items are considered to be routine, housekeeping, information or non-controversial in nature and to facilitate the Board of Health’s consideration can be approved by one motion”.
- 1.4. New Business items are those that have not been discussed by meeting attendees previously and that do not belong in staff or Committee reports.
- 1.5. The Chairperson of the Board shall direct the preparation of an agenda for a special meeting.
- 1.6. The business of each special meeting shall be taken up in the order as listed on the agenda of such meeting unless otherwise decided by the members.

## **2. Minutes**

- 2.1. Minutes shall include:
  - 2.1.1. The place, date and time of the meeting;
  - 2.1.2. The name of the Chair and the attendance of the members and all persons in attendance;
  - 2.1.3. The adoption of the previous minutes and corrections, if requested; and
  - 2.1.4. All other proceedings of the meeting without note or comment, including the name of a Member who declares a Conflict of Interest in accordance with the *Ontario Municipal Conflict of Interest Act*, R.S.O. 1990, c. M.50.

## **3. Delegations and Debate**

- 3.1. 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 to a maximum of five (5) per meeting.

- 3.2. All delegations appearing before the Board shall be permitted to speak only once on an item, unless new information is being brought forward, or unless permission is given by the Chair, in consultation with the Medical Officer of Health.
- 3.3. Every member shall address the Chair respectfully prior to speaking to any motion.
- 3.4. When two or more members ask to speak, the Chair shall name the member who, in their opinion, first asked to speak.
- 3.5. A member may speak more than once to a motion, but after speaking shall be placed at the foot of the list of members wishing to speak.
- 3.6. No member shall speak to the same motion at any one time for longer than ten minutes. Five-minute extensions may be granted by resolution.
- 3.7. A member may ask questions prior to speaking to a motion.
- 3.8. Any member may request that the question or motion under discussion be read at any time during the debate, but not so as to interrupt a member while speaking.
- 3.9. A member may ask a question of the previous speaker and then only to clarify any part of their remarks.
- 3.10. When it is a member's turn to speak, before speaking, they may ask questions of the Medical Officer of Health or staff present, to obtain information relating to the matter in question and with the consent of the speaker, or other members may ask a question of the same persons.
- 3.11. All questions shall be stated concisely and shall not be used as a means of making statements or assertions.
- 3.12. Any question shall not be ironical, offensive, rhetorical, trivial, vague or meaningless or shall not contain epithet, innuendo, ridicule, or satire.
- 3.13. Any member who has the floor may require the motion under discussion to be read.

#### **4. Decorum and Discipline**

- 4.1. A member shall not:
  - 4.1.1. Speak disrespectfully of His Majesty the King or any member of the Royal

Family, the Governor General, a Lieutenant Governor, the Board or any member thereof;

- 4.1.2. Use offensive or unparliamentary language;
  - 4.1.3. Disobey the rules of the Board or the decision of the Chair or of the Board on questions of order or practice or upon the interpretation of the rules of the Board;
  - 4.1.4. Speak other than to the matter in debate;
  - 4.1.5. Leave their seat or make any noise or disturbance while a vote is being taken and until the result is declared; or
  - 4.1.6. Interrupt a member while speaking except to raise a point of order.
- 4.2. If a member commits an offence, the Chair shall interrupt and correct the member.
- 4.2.1. If an offence is serious or repeated, the Board may decide, by resolution, not to permit the member to resume speaking;
  - 4.2.2. Should any member persist in a breach of decorum after having been called to order by the Chair, the Chair shall without debate put the question, "Shall the member be ordered to leave their seat for the duration of the meeting?";
  - 4.2.3. If the Board votes in the affirmative, the Chair shall order the member to leave their seat for the duration of the meeting; and
  - 4.2.4. If the member apologizes, the Chair, with the approval of the Board, may permit them to resume their seat.

## **5. Questions of Privilege and Points of Order**

- 5.1. The Chair shall permit any member to raise a question relating to the rights and benefits of the Board or one or more of the members thereof and questions of privilege shall take precedence over all other motions, except to adjourn and to recess.
- 5.2. When a member wishes to call attention to a violation of the rules of procedure, they shall ask leave of the Chair to raise a point of order and after leave is granted, they shall state the point of order with a concise explanation and then not speak until the Chair has decided the point of order.
- 5.3. The decision of the Chair shall be final unless a member appeals immediately to the Board.
- 5.4. If the decision is appealed, the appeal must have a seconder. The appellant has the right to speak to the appeal and the Chair may respond. The Board shall then decide the question without debate by majority vote and its decision shall be final.

5.5. When the Chair calls a member to order, the member shall cease speaking until the point of order is dealt with and they shall not speak again without the permission of the Chair unless to appeal the ruling of the Chair.

## **6. Voting**

6.1. Where a member requires that a recorded vote be taken, the Chair will poll the members alphabetically by their last name and the Secretary shall document the vote of each Member for the minutes.

6.2. After any matter has been decided, any member may move for reconsideration of the matter at a subsequent meeting in the same year, but no discussion of the question that has been decided shall be allowed until the motion for reconsideration has been carried by two-thirds of the members.

6.3. After any matter has been decided, any member may move for reconsideration of the matter at a subsequent meeting in the same year but no discussion of the question that has been decided shall be allowed until the motion for reconsideration has carried by two-thirds of the members, and no matter shall be reconsidered more than once in the same calendar year.

## **7. Committees**

7.1. It shall be the duty of a committee:

7.1.1. to report to the Board on all matters referred to it and to recommend such action as it deems necessary;

7.1.2. to forward to an incoming committee for the following year any matters not disposed of; and

7.1.3. to provide to the Board any information relating to the committee that is requested by the Board.

## **8. In-Camera Sessions**

8.1. The following script 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, 2010, and must include the general nature of the discussion, providing as much information as possible without compromising the matter:

*“In accordance with the Municipal Act, 2001,  
- Section 239(2)(a), Security of Board property;*



- Section 239(2)(b), *Personal matters about an identifiable individual, including Board employees;*
- Section 239(2)(c), *A proposed or pending acquisition or disposition of land by the Board;*
- Section 239(2)(d), *Labour relations or employee negotiations;*
- Section 239(2)(e), *Litigation or potential litigation, including matters before administrative tribunals affecting the Board;*
- Section 239(2)(f), *Advice that is subject to solicitor-client privilege;*
- Section 239(2)(g), *A matter in respect of which a council, board, committee or other body may hold a closed meeting under another Act.*
- Section 239(2)(h) *information explicitly supplied in confidence to the municipality or local board by Canada, a province or territory or a Crown agency of any of them;*
- Section 239(2)(i) *a trade secret or scientific, technical, commercial, financial or labour relations information, supplied in confidence to the municipality or local board, which, if disclosed, could reasonably be expected to prejudice significantly the competitive position or interfere significantly with the contractual or other negotiations of a person, group of persons, or organization;*
- Section 239(2)(j) *a trade secret or scientific, technical, commercial or financial information that belongs to the municipality or local board and has monetary value or potential monetary value; or*
- Section 239(2)(k) *a position, plan, procedure, criteria or instruction to be applied to any negotiations carried on or to be carried on by or on behalf of the municipality or local board.*
- Section 239(3)(a), *A request under the Municipal Freedom of Information and Protection of Privacy Act, if the council, board, commission or other body is the head of an institution for the purposes of that Act.”*

8.2. Voting in a closed meeting is only allowed for procedural reasons or to give directions or instructions to staff and others identified under the Act.

8.3. After a closed meeting, the Chair should, in a general manner, how the agenda items were dealt with. The Board must also pass a corresponding motion in open session.

For example:

**MOTION:**

*That the Board of Health for the HKNP:*

- *receive for information, In Camera item XX - Confidential Update, pertaining to exception Section 239(X)(X)*
- *approve direction to staff, as discussed, related to In Camera item XX, pertaining to exception Section 239(X)(X)*
- *direct staff to report back to a subsequent Board or Committee meeting, related to In Camera Item XX, pertaining to exception Section 239(X)(X)*

#### **ADDITIONAL INFORMATION**

#### **RELATED HKNP DOCUMENTS**

By-Law Number 3 - Calling of and Proceedings at Meetings

#### **VERSION HISTORY**

<b>DATE</b>	<b>LEAD</b>	<b>DESCRIPTION</b>
-------------	-------------	--------------------

<b>Policy</b>	<b>DRAFT Delegation of Authority</b>
Section	Board of Health
Number	02-03
Policy Lead	Board of Health
Approval Level	Board of Health
Original Approval	YYYY-MM-DD
Reviewed/Revised	YYYY-MM-DD
Next Review	YYYY-MM-DD
Associated HKNP Procedures and Forms	

## POLICY

### PURPOSE

To outline the delegation of authority and accountability that ensures the effective administration and oversight of public health programs and services, in alignment with legislative responsibilities of the Board of Health.

### POLICY STATEMENT

The Board of Health is responsible by legislation to superintend, provide or ensure the provision of public health programs and services.

### POLICY DETAILS

The Board delegates the day-to-day administration and oversight of the Health Unit to its Medical Officer of Health / CEO. This includes, but is not limited to, all duties and responsibilities as outlined in the Medical Officer of Health / CEO job description as approved by the Board of Health. The Medical Officer of Health / CEO may delegate certain functions as appropriate.

### RELATED HKNP DOCUMENTS

Medical Officer of Health / CEO Position Description (to be developed)

### EXTERNAL REFERENCES

[Ontario Public Health Standards](#)

### VERSION HISTORY

<b>DATE</b>	<b>LEAD</b>	<b>DESCRIPTION</b>
Month XX, 2025	Board of Health	Approved

<b>Policy</b>	<b>Remuneration of Community Members</b>
Section	Board of Health
Number	02-02
Policy Lead	Board of Health
Approval Level	Board of Health
Original Approval	YYYY-MMM-DD
Reviewed/Revised	YYYY-MMM-DD
Next Review	YYYY-MMM-DD
Associated HKNP Procedures and Forms	Procedure – Remuneration of Community Members

## **POLICY**

### **PURPOSE**

The purpose of this policy is to guide the compensation of community members who contribute their time and expertise to the Haliburton Kawartha Northumberland Peterborough (HKNP) Board of Health and/or its Committees.

### **DEFINITIONS**

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

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

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

### **POLICY STATEMENT**

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

### **POLICY DETAILS**

1. From time to time, the Board of Health and/or one of its standing Committees may seek expertise from community members, as required, for occasional or project-specific

support.

2. Community members who contribute their time at the request of the Board or one of Committees will be reimbursed for all “out-of-pocket” costs. Out-of-pocket costs include mileage, parking and any other expense incurred while volunteering for the Board. Mileage will be reimbursed at the current HKNP staff rate.
3. Community members appointed by the Board of Health for specific work or to a standing Committee will also be entitled to a meeting honorarium equal to eligible board members at the rate established by the Board of Health, as per Policy 02-01, Remuneration of Board of Health Members. These members will be asked to advise whether they would like to have their honourarium paid to them, or directed to the organization they are representing.

## **PROCEDURE – REMUNERATION OF COMMUNITY MEMBERS**

### **PROCEDURE DETAIL**

1. The Executive Assistant (EA) to the BOH will keep a record of all applicable meetings attended by community members.
2. Community members should advise the EA of any additional expenses incurred, including applicable mileage and parking charges (receipts should be submitted, where available).
3. Reimbursement will be prepared by the EA for the applicable member, in accordance with organizational policy.
4. For community members appointed for specific work or Committees, the EA will issue a statement to each member on a quarterly basis for verification by the member. Once verified, the EA will forward the statement to Accounting for processing and payment.

### **ADDITIONAL INFORMATION**

#### **RELATED HKNP DOCUMENTS**

Remuneration of Board Members (02-01)

#### **VERSION HISTORY**

<b>DATE</b>	<b>LEAD</b>	<b>DESCRIPTION</b>
-------------	-------------	--------------------

**HALIBURTON KAWARTHA NORTHUMBERLAND PETERBOROUGH HEALTH UNIT  
BOARD OF HEALTH – STAFF REPORT**

<b>TITLE:</b>	<b>Board of Health Meeting Streaming Options</b>
<b>DATE:</b>	<b>February 19, 2025</b>
<b>PREPARED BY:</b>	<b>Ashley Beaulac, Communication Services Manager Sarah Gill, Acting Communications Manager Evan Brockest, Communications &amp; IT Manager</b>
<b>APPROVED BY:</b>	<b>Matthew Vrooman, Director of Corporate Services Larry Stinson, Director of Operations Dr. Thomas Piggott, Medical Officer of Health and CEO</b>

**PROPOSED RECOMMENDATIONS**

That the Board of Health for the Haliburton Kawartha Northumberland Peterborough Health Unit:

- receive the staff report, Board of Health Meeting Streaming Options, for information; and, approve the recommendation to proceed with livestreaming Board of Health meetings on YouTube.

***Recommendation: Livestream Board of Health Meetings***

While there is no explicit legal requirement in Ontario to livestream meetings, the Municipal Act, 2001 strongly encourages transparency by requiring municipalities to hold open meetings and provide public notice, which can be achieved through livestreaming and recording meetings, as per the Ombudsman’s interpretation of the Act; essentially making it a best practice to livestream meetings to promote public access and accountability.

While it presents certain technical challenges, the benefits of increased transparency, enhanced accessibility and expanded reach outweigh the drawbacks. It allows better access for the public, media and community partners to attend Board of Health meetings without the need for travel time and, given the large geographic area, this will be key to establishing trust and transparency while accommodating a larger region.

To successfully implement livestreaming, it will be important to:

- Continue to update and maintain necessary equipment and technical training.
- Establish clear guidelines and protocols for the livestreaming process.
- Promote upcoming livestreams.

By embracing livestreaming, we can create a more transparent, engaging, and accessible environment for everyone, ultimately strengthening our organization and its commitment to effective communication.

To note, the implementation of any approach requiring video and audio will require an implementation period to ensure equipment can support certain meeting sites. Implementation wouldn’t be possible at all sites until Q2 at the earliest.

## **FINANCIAL IMPLICATIONS AND IMPACT**

There are minimal financial implications arising from this report.

## **DECISION HISTORY**

At its January 16, 2025, meeting, the Board of Health requested that staff prepare a report outlining the options available for meeting public/media participation and sharing and provide a recommendation going forward for HKNP.

## **BACKGROUND**

Prior to the merger of the Haliburton, Kawartha, Northumberland, Peterborough Health Unit, the Haliburton, Kawartha, Pine Ridge (HKPR) District Health Unit and the Peterborough Public Health Unit (PPH) respective Boards of Health used technology to make their meetings more accessible to a wider audience. However, both Boards of Health took different approaches to streaming their meetings – with the HKPR District Health Unit opting for live streaming and summary reports sent directly to municipalities and posted online and PPH offering audio conferencing and summary reports.

### ***Legacy HKPR District Health Unit***

The HKPR District Health Unit offered livestreaming of Board of Health Meetings direct to YouTube. This approach allowed for a larger audience to view the meeting as live streams can be accessed from anywhere with an internet connection. In fact, the media, staff and the public have become accustomed to being able to watch the Board of Health meetings live and have submitted complaints and inquiries when livestreaming is not available. In addition to live streaming, a meeting summary report was circulated to municipal partners and posted on the website.

### ***Legacy Peterborough Public Health***

Peterborough Public Health offered audio conferencing and summary reports as an alternative to in-person attendance at their meetings. This approach allows individuals to call in and listen to the proceedings of the meeting. Audio conferencing can be a convenient option for those who may not have access to the necessary technology for live streaming or who prefer the simplicity of a phone call.

## **RATIONALE**

In today's digital age, transparency and accessibility are paramount, and streaming meetings has not only become an increasingly important tool for engaging the public, but it has also become the new norm among different levels of government and other public sector organizations. This report outlines three potential options for providing the public with access and/or recap information about the Board of Health meetings. These options include summary reports, recording and posting online, and livestreaming.

### **Option 1: Summary Reports**

This option involves creating a concise written summary of the meeting's key discussion points and decisions, and no posting of audio/video of the meeting. The summary would



then be distributed to the media via email, posted online and sent to website news subscribers via email.

**Pros:**

- **Resource Efficient:** Requires relatively minimal resources to create and distribute compared to other streaming options. Staff time involved is approximately one person for two hours.
- **Time Saving for Audience:** Allows community partners and the public to quickly grasp the essential information without investing the time required to watch a full recording or live stream.
- **Control over Key Messages:** Allows for a curated and careful representation of the meeting's content.

**Cons:**

- **Resource Intensive:** Requires 1FTE from Communications Team to attend meeting and 203 hours to produce report. Requires MOH review and approval.
- **Lack of Transparency:** Community members and partners are reliant on the summarizer's interpretation of events, potentially leading to bias or omissions.
- **Limited Depth of Information:** Nuances and context can be lost in the summarization process.
- **Delayed Publishing:** The Summary Reports would be posted approximately 2-3 days after a Board of Health meeting.

**Option 2: Record and Post Online**

This option entails recording the entire meeting and then making the recording available online for on-demand viewing.

**Pros:**

- **Increased Transparency:** Provides a comprehensive record of the meeting, allowing the public to access the full context of discussions and decisions.
- **Convenience for Viewers:** Allows the public to watch the meeting at their own convenience and at their own pace.
- **Accessibility:** Can be easily accessed by a wider audience than those who can attend the meeting in person.
- **Control over Video Content:** The meeting can be edited in post-production to remove any long breaks or filming mishaps that could occur. The video can also include 'Video Chapters' to allow viewers to easily navigate through agenda items within the video like a Table of Contents.

**Cons:**

- **Resource Intensive:** Requires some staff time to access meeting recording from Microsoft Teams, edit, and upload online.
- **Delayed Publishing:** The recording of the Board of Health meeting would take approximately four hours, or next day depending on the time of the meeting, to publish online following the meeting.

- **Connectivity:** Requires audience to have a high-speed internet connection to watch the video.
- **Technical Requirements:** Equipment will need to be appropriately maintained and upgraded, as needed, which may lead to additional expenses in the future. To accommodate, audiovisual upgrades would be needed in Lindsay and Port Hope offices for in-person meetings.

### **Option 3: Livestreaming**

This option involves broadcasting the meeting live over the internet, allowing staff, community partners and the public to watch the meeting in real-time. This option would also allow for the livestream to be viewed as a recorded video following the meeting without the impact of delayed publishing time.

#### **Pros:**

- **Maximum Transparency:** Offers the most transparent view of the meeting proceedings, fostering trust and accountability.
- **Expanded Reach:** Can reach a wider audience who may not be able to attend the meeting in person, especially with the larger geographic area.
- **Enhanced Accessibility:** With proper captioning and accessibility features, livestreaming can accommodate a diverse range of viewers.
- **Existing Equipment:** Investments have been made (through legacy HKPR District Health Unit) to support the livestreaming of Board of Health meetings which includes multiple Meeting Owls, 360-degree, 1080p HD video conferencing devices with built-in microphones and speakers.
- **Former Experience:** Communication Services staff have developed a Board of Health meeting process that allows for hybrid meetings, virtual and/or in-person presenters and shared presentations that can be viewed through the livestream. This setup can be easily mobilized to any location with a stable internet connection.

#### **Cons:**

- **Technical Requirements:** Requires a stable internet connection, appropriate equipment (cameras, microphones, streaming platform), and technical expertise. Equipment will need to be appropriately maintained and upgraded, as needed, which may lead to additional expenses in the future. To accommodate, audiovisual upgrades may be needed in Lindsay and Port Hope offices for in-person meetings.
- **Potential for Distractions:** Live broadcasts are susceptible to unforeseen technical issues and interruptions.
- **Increased Preparation:** Requires careful planning and preparation to ensure a professional and engaging viewing experience.
- **Connectivity:** Requires audience to have a high-speed internet connection to stream the meeting.

## **ATTACHMENTS**

Below is a chart of the counties and lower-tier municipalities within the HKNP Health Unit area and the access option provided for the public to view Council meetings.

<b>County/First Nation Name</b>	<b>Access Option for the Public</b>
<b>City of Kawartha Lakes</b>	Livestream on Cogeco YourTV and YouTube.
<b>City of Peterborough</b>	Livestream on YouTube.
<b>County of Haliburton</b>	Livestream on YouTube.
Municipality of Highlands East	Livestream on YouTube.
The Municipality of Dysart Et Al	Livestream on YouTube.
Township of Algonquin Highlands	Livestream on YouTube.
Township of Minden Hills	Livestream on YouTube.
<b>County of Peterborough</b>	Livestream on YouTube.
Asphodel Norwood	Recording posted on YouTube. Summary Report posted on website.
Municipality of Trent Lakes	Livestream through Go To Webinar. Recording posted on website.
Township of Cavan Monaghan	Livestream on YouTube.
Township of Douro-Dummer	Livestream on YouTube.
Township of Havelock-Belmont-Methuen	Join the Zoom meeting to watch/listen live. Recording posted to YouTube.
Township of North Kawartha	Livestream on YouTube.
Township of Otonabee-South Monaghan	In-person.
Township of Selwyn	Livestream on YouTube.
<b>Northumberland County</b>	Join Zoom meeting to watch live. Recording posted to website (eScribe).
Alnwick/Haldimand Township	Join Zoom meeting to watch live. Recording posted on YouTube.
Cramahe Township	Livestream on YouTube.
Hamilton Township	Livestream on YouTube.
Municipality of Brighton	Livestream on YouTube.
Municipality of Port Hope	Livestream on YouTube.
Municipality of Trent Hills	Livestream on YouTube.
Town of Cobourg	Livestream/recording though eScribe. Summary Report posted.
<b>Curve Lake First Nation</b>	Virtual link available upon request.
<b>Hiawatha First Nation</b>	Join Zoom link to watch live.
<b>Alderville First Nation</b>	In-person only. However, now considering live streaming after consultation.

All five counties within the Haliburton, Kawartha, Northumberland, Peterborough region offer livestream access to Council meetings, while 19 of the 21 lower tier municipalities offer live viewing access to meetings.

**Board of Health for the  
Haliburton Kawartha Northumberland Peterborough Health Unit  
MEETING MINUTES  
Thursday, January 16, 2025, 2:00 p.m. - 3:30 p.m.  
Meeting Rooms, 108 Angeline St. S, Lindsay ON**

**In Attendance:**

**Board Members:**

Deputy Mayor Ron Black, Chair  
Warden Bonnie Clark  
Mayor Olena Hankivsky (Virtual)  
Mr. Paul Johnston  
Councillor Dan Joyce  
Councillor Nodin Knott (Virtual)  
Councillor Joy Lachica  
Mayor John Logel  
Dr. Ramesh Makhija (Virtual)  
Mr. David Marshall  
Mr. Dan Moloney (Virtual)  
Councillor Keith Riel (Virtual)  
Deputy Mayor Cecil Ryall  
Dr. Hans Stelzer (Virtual)  
Councillor Kathryn Wilson

**Staff:**

Dr. Natalie Bocking, Deputy Medical Officer of Health  
Dr. Thomas Piggott, Deputy Medical Officer of Health  
Ms. Ashley Beaulac, Manager of Communications  
Ms. Alida Gorizzan, Executive Assistant (Virtual)  
Ms. Michelle McWalters, Executive Assistant (Recorder)

**Absent with regrets:**

Councillor Tracy Richardson

**1. Call to Order**

The Chair called the meeting to order at 2:01 p.m.

**2. Land Acknowledgement**

**3. Declaration of Conflict of Interest**

There were no declarations of conflict of interest.

#### **4. Adoption of the Agenda**

MOTION:

That the agenda be approved.

Moved: Warden Clark

Seconded: Mayor Logel

Motion carried. (2025-015)

#### **5. Adoption of Regular Minutes**

##### **5.1. January 2, 2025**

MOTION:

That the Board of Health for the Haliburton Kawartha Northumberland Peterborough Health Unit approve meeting minutes for January 2, 2025.

Moved: Councillor Lachica

Seconded: Mr. Moloney

Motion carried. (2025-016)

#### **6. Business Arising**

#### **7. Consent Items to be Considered Separately (nil)**

#### **8. Reports**

##### **8.1. Report: Approval of Board Meeting Schedule**

The Chair shared details related to legacy health unit's meetings at various locations, noting that meeting sites are to be determined beyond April 2025 as staff pursue alternate meeting locations.

Several members noted a conflict for the proposed September date which coincides with the Ontario East Municipalities Conference.

The following action items were determined:

- Executive Assistants to explore alternate dates for the September meeting.

MOTION:

That the Board of Health for the Haliburton Kawartha Northumberland Peterborough Health Unit approve the following meeting schedule for 2025:

Wednesday, February 19 – 5pm (Peterborough Office)  
Thursday, March 20 – 1pm (Port Hope Office)  
Wednesday, April 16 – 5pm (location to be determined)  
Thursday, May 15 – 1pm 9 (location to be determined)  
Wednesday, June 18 – 5pm (location to be determined)  
September Meeting (date and location to be determined)  
Wednesday, October 15 – 5pm (location to be determined)  
Thursday, November 20 – 1pm (location to be determined)  
Wednesday, December 17 – 5pm (location to be determined)  
Moved: Councillor Wilson  
Seconded: Dr. Makhija  
Motion carried. (2025-016)

## **8.2. Report: Approval of Board Remuneration Policy and Rate**

The Chair provided an overview of the new policy adapted from Board policies from the legacy health units and noted relevant updates arising from a legal review.

The following action items were determined:

- Executive Assistants to explore efficiencies in the collection of information from Board members to verify meeting attendance and issue payments.
- Deputy MOHs to confirm if remuneration is applicable under merger funds during the transitional period.

MOTION:

That the Board of Health for the Haliburton Kawartha Northumberland Peterborough Health Unit:

- approve Board of Health Policy 02-01 – Remuneration of Board Members; and,
- approve a remuneration amount of \$100 per meeting for Board of Health Members for 2025.

Moved: Mayor Hankivsky

Seconded: Deputy Mayor Ryall

Motion carried. (2025-017)

## **9. Consent Items (nil)**

## **10. New Business**

### **10.1. Presentation: HKNP Merger Briefing – Journey Towards Full Integration**

Mr. Tony Yu, Sense & Nous, shared history and highlighted a timeline of accomplishments achieved by the organization so far. Mr. Yu's presentation provided a high-level overview on priorities, levels of impact, and the

importance of organizational structure and how decisions are being made collaboratively in the interim.

**MOTION:**

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

Title: HKNP Merger Briefing – Journey Towards Full Integration

Presenter: Tony Yu, Principal, Sense & Nous

Moved: Councillor Wilson

Seconded: Warden Clark

Motion carried. (2025-018)

**10.2. Presentation: Partnering to Enhance Merger Success**

Ms. Angela Burton, ProSci, provided a presentation on change management practices and preparing both legacy organizations to be ready for change.

**MOTION:**

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

Title: Partnering to Enhance Merger Success

Presenter: Angela Burton, Principal Change Advisor, Prosci

Moved: Councillor Lachica

Seconded: Mayor Logel

Motion carried. (2025-019)

**10.3. Legal Corporate Address**

The Chair shared the legal/provincial requirement for a corporate address, primarily given the need for a singular mailing address for related communications and legal documents. Ownership of the Peterborough site was a determining factor as other existing facilities are leased; however, it was emphasized that this does not reflect a decision on corporate headquarters since all four HKNP offices (i.e. Peterborough, Port Hope, Lindsay and Haliburton) are technically headquarters with rotating management and employees at each site.

**MOTION:**

That the Board of Health for the Haliburton Kawartha Northumberland Peterborough Health Unit confirm its legal corporate address as Jackson Square, 185 King Street, Peterborough, Ontario, K9J 2R8.

Moved: Councillor Wilson

Seconded: Dr. Makhija

Motion carried. (2025-020)

#### **10.4. Meeting Streaming**

The Chair provided background regarding the legacy health units' practices related to media and public access to meetings. Peterborough Public Health (PPH) historically held in-person meetings with media/public access permitted pre-pandemic and moved to providing audio access to meetings more recently. Haliburton, Kawartha, Pine Ridge District Health Unit (HKPRDHU) livestreamed and posted recordings of meetings via YouTube. This history was shared for information purposes only at this time.

The following action item was determined:

- Executive Assistants and Communication teams to collaborate and bring forward a report on efficiencies to inform a Board decision for the February meeting.

#### **11. Correspondence (nil)**

#### **12. In-Camera Session**

MOTION:

That the Board of Health go In Camera at 3:06 p.m. to discuss two items in accordance with the Municipal Act, 2001, Section 239(2)

(d) Labour relations or employee negotiations.

(j) a trade secret or scientific, technical, commercial or financial information that belongs to the municipality or local board and has monetary value or potential monetary value.

Moved: Mr. Johnston

Seconded: Mr. Moloney

Motion carried. (2025-021)

MOTION:

That the Board of Health rise from In Camera at 4:35 p.m.

Moved: Councillor Wilson

Seconded: Mr. Marshall

Motion carried. (2025-022)

#### **13. Motions From In Camera Session**

MOTION:



That the Board of Health for the Haliburton Kawartha Northumberland Peterborough Health Unit:

- receive for information, In Camera item 5.1 - Confidential update with related correspondence, pertaining to exception Section 239(2)(d);
- approve the two procedural recommendations as discussed related to In Camera item 5.1, pertaining to exception Section 239(2)(d);
- receive for information, In Camera item 6.1 - Confidential update pertaining to exception Section 239(2)(j).

Moved: Councillor Lachica

Seconded: Mayor Logel

Motion carried. (2025-023)

#### **14. Date of Next Meeting**

Wednesday, February 19, 2025, 5:00 p.m.

Multipurpose Rooms, Jackson Square, 185 King Street, Peterborough.

#### **15. Adjournment**

MOTION:

That the meeting be adjourned at 4:36 p.m.

Moved: Mr. Johnston

Seconded: Dr. Stelzer

Motion carried. (2025-024)

**Board of Health for the  
Haliburton Kawartha Northumberland Peterborough Health Unit  
SPECIAL MEETING  
Minutes  
Friday, January 31, 2025 – 8:30 a.m.  
Virtual**

**In Attendance:**

**Board Members:**

Deputy Mayor Ron Black, Chair  
Mayor Olena Hankivsky  
Mr. Paul Johnston  
Councillor Dan Joyce  
Councillor Nodin Knott  
Councillor Joy Lachica  
Mayor John Logel  
Dr. Ramesh Makhija  
Mr. David Marshall  
Mr. Dan Moloney  
Councillor Tracy Richardson  
Councillor Keith Riel  
Deputy Mayor Cecil Ryall  
Dr. Hans Stelzer  
Councillor Kathryn Wilson

**Staff:**

Ms. Alida Gorizzan, Executive Assistant  
Ms. Michelle McWalters, Executive Assistant (Recorder)

**Absent with regrets:**

Warden Bonnie Clark

**1. Call to Order & Land Acknowledgement**

*The Chair called the meeting to order at 8:30 a.m.*

**Land Acknowledgement**

*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.*

**2. Confirmation of the Agenda**

MOTION:

That the agenda be approved.

Moved: Dr. Makhija

Seconded: Dr. Stelzer

Motion carried. (2025-025)

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

MOTION:

That the Board of Health go In Camera at 8:32 a.m. to discuss one item in accordance with the Municipal Act, 2001, Section 239(2)

(d) Labour relations or employee negotiations.

Moved: Councillor Riel

Seconded: Councillor Lachica

Motion carried. (2025-026)

**4. Motions for Open Session**

MOTION:

That the Board of Health for the Haliburton Kawartha Northumberland Peterborough approve direction to the Chair, as discussed, related to In Camera item 4.1, pertaining to exception Section 239(2)(d)

Moved: Councillor Riel

Seconded: Dr. Makhija

Motion carried. (2025-027)

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

Tuesday, February 4, 2025 / 8:30 a.m. / Virtual

**6. Adjournment**

MOTION:

That the meeting be adjourned at 9:03 a.m.

Moved: Councillor Lachica

Seconded: Councillor Riel

Motion carried. (2025-028)

**Board of Health for the  
Haliburton Kawartha Northumberland Peterborough Health Unit  
SPECIAL MEETING  
Minutes  
Tuesday, February 4, 2025 – 8:30 a.m.  
Virtual**

**In Attendance:**

**Board Members:**

Deputy Mayor Ron Black, Chair  
Warden Bonnie Clark  
Mayor Olena Hankivsky  
Mr. Paul Johnston  
Councillor Dan Joyce  
Councillor Nodin Knott  
Councillor Joy Lachica  
Mayor John Logel  
Dr. Ramesh Makhija  
Mr. David Marshall  
Mr. Dan Moloney  
Councillor Tracy Richardson  
Councillor Keith Riel  
Deputy Mayor Cecil Ryall  
Dr. Hans Stelzer  
Councillor Kathryn Wilson

**Staff:**

Ms. Michelle McWalters, Executive Assistant (Recorder)

**1. Call to Order & Land Acknowledgement**

*The Chair called the meeting to order at 8:30 a.m.*

**Land Acknowledgement**

*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.*

**2. Confirmation of the Agenda**

MOTION:

That the agenda be approved.

Moved: Warden Clark  
Seconded: Mr. Johnston  
Motion carried: (2025-029)

### **3. In Camera to Discuss Confidential Matters**

MOTION:

That the Board of Health go In Camera at 8:33 a.m. to discuss one item in accordance with the Municipal Act, 2001, Section 239(2)  
(d) Labour relations or employee negotiations.

Moved: Dr. Stelzer  
Seconded: Deputy Mayor Ryall  
Motion carried: (2025-030)

### **4. Motions for Open Session**

MOTION:

That the Board of Health for the Haliburton Kawartha Northumberland Peterborough Health Unit appoint Dr. Thomas Piggott as Acting Medical Officer of Health and Chief Executive Officer, effective immediately, subject to a signed employment agreement and Minister of Health final approval for Medical Officer of Health appointment.

Moved: Councillor Riel  
Seconded: Dr. Makhija  
Motion carried: (2025-031)

### **5. Date, Time, and Place of the Next Meeting**

Wednesday, February 19, 2025, 5:00 p.m. Multipurpose Rooms, 185 King Street, Peterborough.

### **6. Adjournment**

MOTION:

That the meeting be adjourned at 8:53 a.m.

Moved: Warden Clark  
Seconded: Councillor Lachica  
Motion carried: (2025-032)