

**Board of Health for the
Haliburton Kawartha Northumberland Peterborough Health Unit
MEETING AGENDA
Wednesday, April 16, 2025, 5:00 – 7:30 p.m.
Meeting Rooms, 108 Angeline Street South, Lindsay ON**

1. Call to Order

2. Land Acknowledgement

The HKNP Health Unit is situated on the traditional territories of the Michi Saagiig and Chippewa Nations. This includes the territories of Treaty 20 and Williams Treaties. We respectfully acknowledge that these Nations are the stewards and caretakers of these lands and waters for all time and that they continue to maintain this responsibility to ensure their health and integrity for generations to come.

We also recognize that as an organization rooted in a colonial system, we have a responsibility and are committed to building meaningful relationships with Indigenous communities and in improving our understanding of local Indigenous peoples as we celebrate their cultures and traditions, serve their communities, and responsibly honour all our relations.

3. Declaration of Conflict of Interest

4. Adoption of the Agenda

5. Adoption of Regular Minutes

5.1. March 20, 2025

- Cover Report
- a. Minutes, March 20, 2025

6. Business Arising (nil)

7. Delegations and Presentations

7.1. Presentation: Peterborough Youth Substance Use Prevention Initiative

- Cover Report
- a. Presentation

8. Medical Officer of Health Updates

9. Consent Items to be Considered Separately

10. Reports

10.1. Report: Stewardship Committee

- Cover Report
- a. Minutes, Feb. 10
- b. HKNP 2025/26 Merger Budget
- c. Procurement Policy (new)
- d. By-Law 2 – Banking and Finance (revised)
- e. By-Law 5 – Duties of Officers and Management of Board (revised)

10.2. Report: Association of Local Public Health Agencies Membership Approval

- Cover Report
- a. alPHa Letter, April 1/25
- b. alPHa Invoice

10.3. Report: Merger Progress Update

- Report

11. Consent Items (nil)

12. New Business

13. Correspondence (nil)

14. In-Camera Session

The Board will proceed in camera to discuss two items in accordance with the Municipal Act, 2001, Section 239(2):

*(b) Personal matters about an identifiable individual, including Board employees; and,
(d) Labour relations or employee negotiations.*

15. Motions From In Camera Session

16. Date of Next Meeting

Wednesday, May, 15, 2025 – 1:00 p.m. – 3:30 p.m.

NEW: Hiawatha L.I.F.E. Services and Administration Office
431 Hiawatha Line, Hiawatha First Nation

17. Adjournment

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

TITLE:	Meeting Minutes for Approval
DATE:	April 16, 2025

PROPOSED RECOMMENDATIONS

That the Board of Health for the Haliburton Kawartha Northumberland Peterborough Health Unit approve meeting minutes for March 20, 2025.

ATTACHMENTS

- a. [Draft Minutes, March 20, 2025](#)

**Board of Health for the
Haliburton Kawartha Northumberland Peterborough Health Unit
DRAFT MEETING MINUTES
Thursday, March 20, 2025, 1:00 p.m. - 3:30 p.m.
200 Rose Glen Road, Port Hope ON**

In Attendance:

Board Members:

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

Staff:

**Dr. Thomas Piggott, Acting Medical Officer of Health & Chief Executive Officer
Dr. Natalie Bocking, Acting Deputy Medical Officer of Health
Ms. Alida Gorizzan, Executive Assistant (Recorder)
Ms. Michelle McWalters, Executive Assistant
Ms. Ashley Beaulac, Manager, Communications
Ms. Sarah Gill, Acting Manager, Communications**

Absent with regrets:

**Councillor Keith Riel
Councillor Kathryn Wilson**

1. Call to Order

The Chair called the meeting to order at 1:00 p.m.

2. Land Acknowledgement

3. Declaration of Conflict of Interest

There were no declarations of conflict of interest.

4. Adoption of the Agenda

A request was made to move item 11.1 (alPHa Presentation) up to occur after Business Arising.

MOTION:

That the agenda be approved as amended.

Moved: Mr. Moloney

Seconded: Councillor Richardson

Motion carried. (2025-042)

5. Adoption of Regular Minutes

5.1. February 19, 2025

MOTION:

That the Board of Health for the Haliburton Kawartha Northumberland Peterborough Health Unit approve meeting minutes for February 19, 2025.

Moved: Warden Clark

Seconded: Mayor Logel

Motion carried. (2025-043)

6. Business Arising (nil)

Presentation: Overview of the Association of Local Public Health Agencies

MOTION:

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

- Title: Association of Local Public Health Agencies (alPHa) Orientation
- Presenter: Loretta Ryan, Executive Director
- Guests – alPHa Executive Committee Members:
 - Trudy Sachowski, Chair, Board of Health Section Representative, Northwest Region (Provincial Appointee, Northwestern Health Unit)
 - Dr. Charles Gardner, Past Chair, Council of Medical Officers of Health Section Representative (MOH/CEO, Simcoe Muskoka District Health Unit)

Moved: Mr. Johnston

Seconded: Dr. Makhija

Motion carried. (2025-044)

7. Medical Officer of Health Updates

MOTION:

That the Board of Health for the Haliburton Kawartha Northumberland Peterborough Health Unit receive the Medical Officer of Health Update for information.

Moved: Mr. Moloney

Seconded: Dr. Stelzer

Motion carried. (2025-045)

Dr. Makhija departed the meeting at 2:02 p.m.

8. Consent Items to be Considered Separately

MOTION:

That the following items be passed as part of the Consent Agenda: 10.1a; 10.21

Moved: Mr. Marshall

Seconded: Councillor Ryall

Motion carried. (2025-046)

MOTION (10.1a)

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

a. alPHa e-newsletter, February 20, 2025

Moved: Mr. Marshall

Seconded: Councillor Ryall

Motion carried. (2025-046)

MOTION (10.2):

That the Board of Health for the Haliburton Kawartha Northumberland Peterborough Health Unit receive meeting minutes from the Indigenous Health Advisory Circle from December 13, 2024 for information.

Moved: Mr. Marshall

Seconded: Councillor Ryall

Motion carried. (2025-046)

9. Reports

9.1. Report: OMERS

MOTION:

That the Board of Health for the Haliburton Kawartha Northumberland Peterborough Health Unit approves the Resolution to authorize participation in the OMERS Primary Pension Plan and the Retirement Compensation Arrangement for the OMERS Primary Pension Plan.

Moved: Councillor Lachica

Seconded: Mayor Logel
Motion carried. (2025-047)

9.2. Report: Policies and Procedures for Approval

MOTION:

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

- a. Exit Interviews for Vacating Board Members - Procedure (new)
- b. Provincial Appointments – Policy (new)

Moved: Councillor Richardson

Seconded: Dr. Stelzer

Motion carried. (2025-048)

10. Consent Items

11. New Business

12. Correspondence

13. In-Camera Session

MOTION:

That the Board of Health go In Camera 2:13 p.m. to discuss one items in accordance with the Municipal Act, 2001, Section 239(2)(d) Labour relations or employee negotiations.

Moved: Mayor Logel

Seconded: Councillor Ryall

Motion carried. (2025-049)

MOTION:

That the in-camera session be dissolved, and the membership return to open session at 2:59 p.m.

Moved: Mr. Johnston

Seconded: Councillor Lachica

Motion carried. (2025-050)

14. 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 5.1a - Confidential update pertaining to exception Section 239(2)(d).

- approve the procedural recommendation as discussed, related to In Camera item 5.1b - Confidential update pertaining to exception Section 239(2)(d).

Moved: Mr. Moloney

Seconded: Mr. Marshall

Motion carried. (2025-051)

MOTION:

That the Board of Health for the Haliburton Kawartha Northumberland Peterborough Health Unit appoint Dr. Natalie Bocking as Acting Deputy Medical Officer of Health (Acting Associate Medical Officer of Health for legislative requirements), effective immediately, and subject to Minister of Health final approval.

Moved: Councillor Richardson

Seconded: Mr. Marshall

Motion carried. (2025-052)

15. Date of Next Meeting

Wednesday, April 16, 2025 – 5:00pm – 7:30 p.m.

Meeting Rooms, 108 Angeline St. S, Lindsay ON

16. Adjournment

MOTION:

That the meeting be adjourned at 3:02 p.m.

Moved: Dr. Stelzer

Seconded: Councillor Joyce

Motion carried. (2025-053)

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

TITLE:	Presentation: Peterborough Youth Substance Use Prevention Initiative
DATE:	April 16, 2025

PROPOSED RECOMMENDATIONS

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

- Title: Peterborough Youth Substance Use Prevention Initiative
- Presenters:
 - Martha Faulkner, Public Health Nurse, HKNP
 - Lora Keitel, Coordinator, Peterborough Drug Strategy

ATTACHMENTS

- a. [Presentation](#)

PETERBOROUGH YOUTH SUBSTANCE USE PREVENTION (PYSUP) INITIATIVE

PRESENTATION FOR THE BOARD OF HEALTH
FOR HKNPHU

MARTHA FAULKNER, PHN, HKNPHU
LORA KEITEL, PDS COORDINATOR

Financial contribution:



Public Health
Agency of Canada

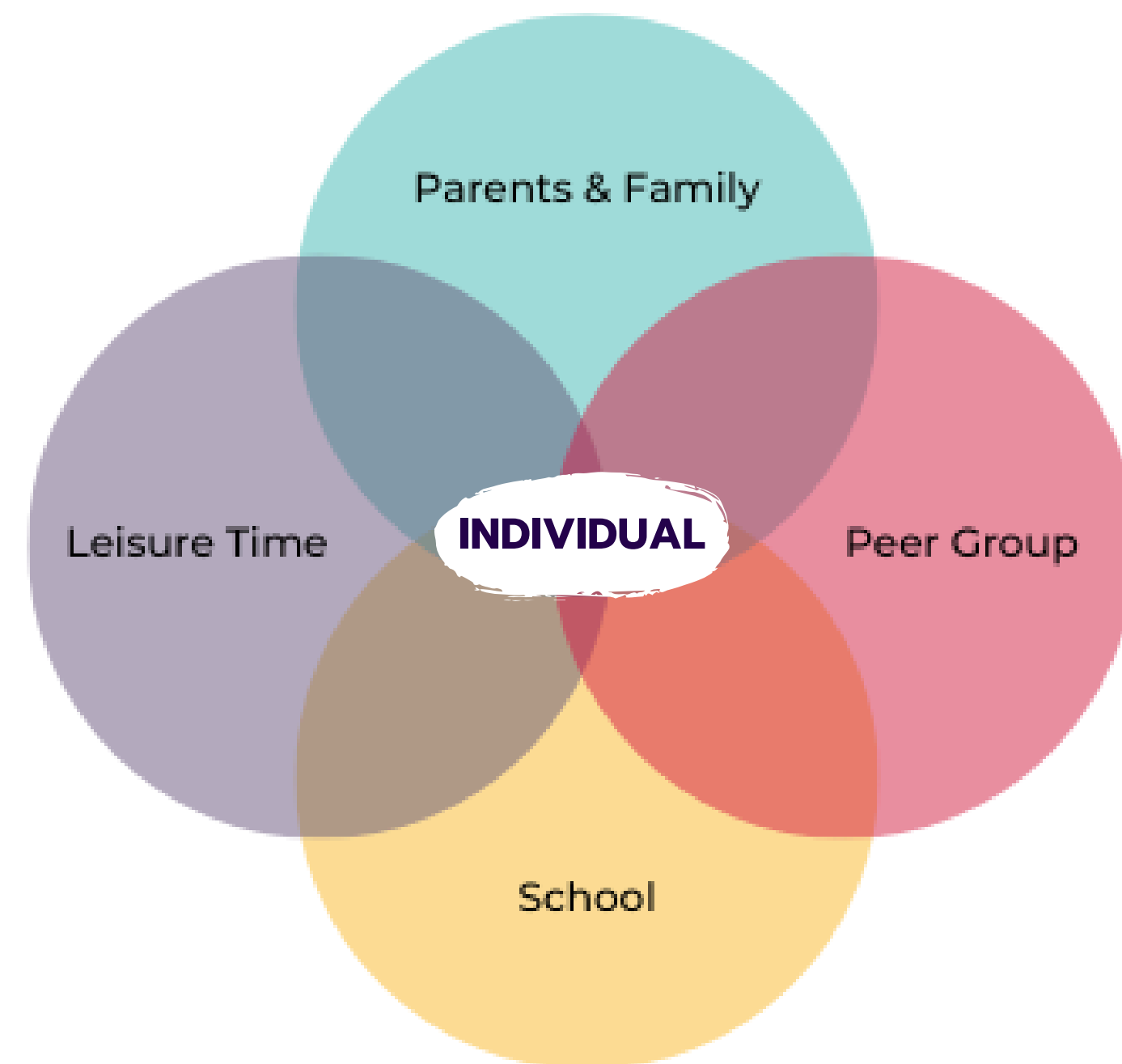
Agence de la santé
publique du Canada



OUR LOCAL NEEDS IN PETERBOROUGH

- **IN 2023, THERE WERE 71 DRUG POISONINGS DEATHS IN THE REGION**
- **PETERBOROUGH RANKS 6TH HIGHEST IN ONTARIO FOR YOUTH SELF-REPORTED UNDERAGE DRINKING**
- **HIGHEST RATE IN ONTARIO OF ED VISITS FOR CANNABIS RELATED HARMS**
- **TOBACCO CIGARETTE RATES ABOVE PROVINCIAL AVERAGE, GRADES 7-12**
- **VAPING AND E-CIGARETTE USE FOR STUDENTS IN ONTARIO DOUBLED FROM 2017-2019, DECREASED IN 2021**

THE ICELANDIC PREVENTION MODEL (IPM)



WHAT IS THE PLANET YOUTH APPROACH?

STEP 1

LOCAL COALITION IDENTIFICATION DEVELOPMENT AND CAPACITY BUILDING

STEP 2

FUNDING IDENTIFICATION DEVELOPMENT AND CAPACITY BUILDING

STEP 3

PRE-DATA COLLECTION PLANNING AND COMMUNITY ENGAGEMENT

STEP 4

DATA COLLECTION AND PROCESSING, INCLUDING DATA DRIVEN DIAGNOSTICS

STEP 5

ENHANCING COMMUNITY PARTICIPATION AND ENGAGEMENT

STEP 6

DIESSEMINATION OF FINDINGS

STEP 7

COMMUNITY GOAL SETTING AND OTHER ORGANIZED RESPONSES TO THE FINDINGS

STEP 8

POLICY AND PRACTICE ALIGNMENT

STEP 9

ADOLESCENT IMMERSION IN PRIMARY PREVENTION ENVIRONMENTS ACTIVITIES, AND MESSAGING

STEP 10

REFLECT ON THE WORK THAT HAS BEEN COMPLETED AND BUILD UPON IT BY REPEATING THE STEPS AGAIN IN A NEW CYCLE

CURRENT FOCUS

WHAT IS THE PLANET YOUTH APPROACH?

1

PRIMARY PREVENTION APPROACH

DESIGNED TO ENHANCE SOCIAL ENVIRONMENT

2

COLLECTIVE PERSPECTIVE

TREAT SOCIETY AS "THE PATIENT"

3

EVIDENCE BASED

LOCAL SURVEY; RESULTS AVAILABLE IN 6-8 WEEKS

4

SOLUTIONS IDENTIFIED AND ARE ACTIONED

DRIVEN BY COMMUNITY INPUT

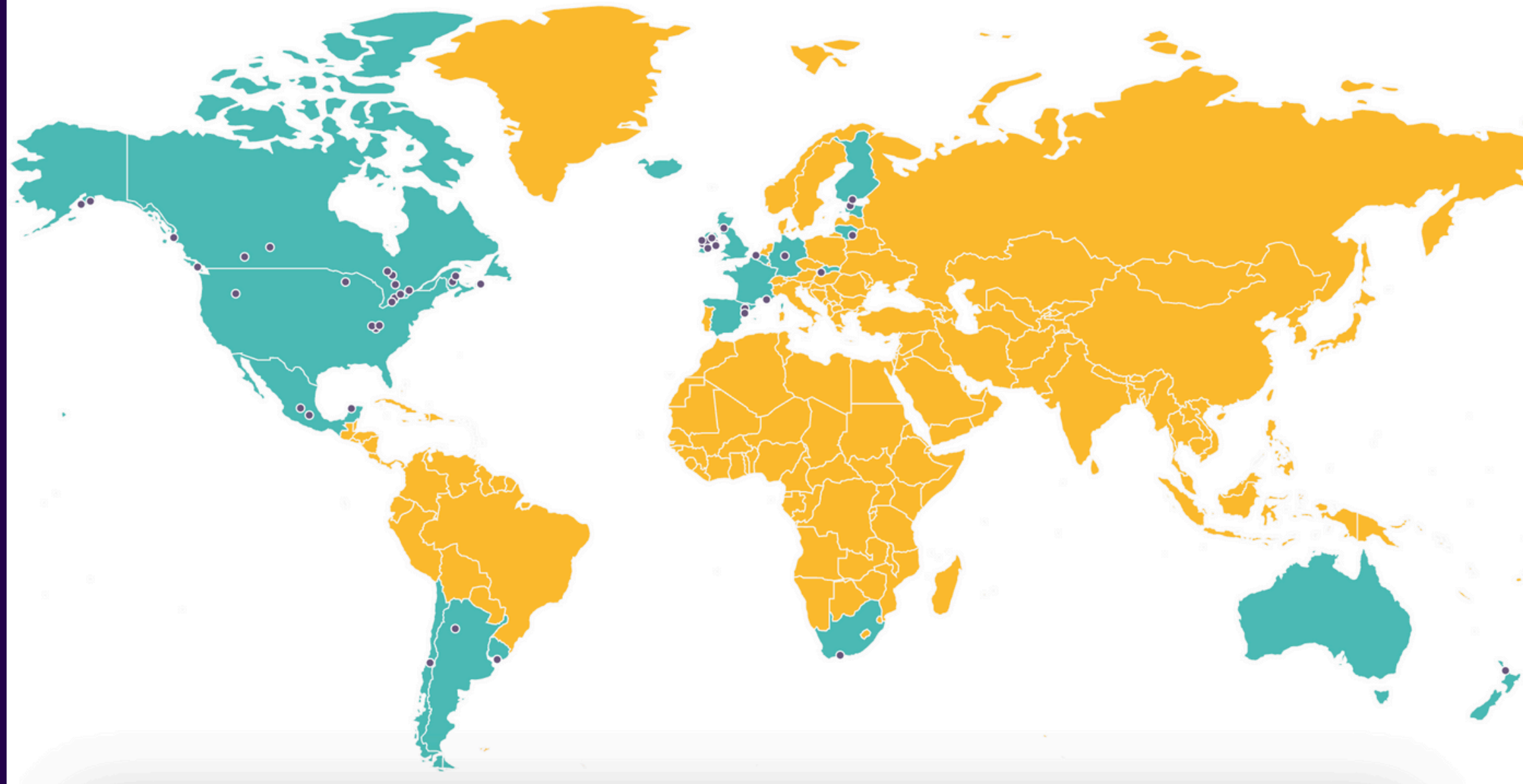
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MULTI-SECTOR, LONG TERM GOAL SETTING

MULTI SECTOR COLLABORATIVE WORKS TOGETHER TO LEARN, GROW AND SOLVE COMPLEX PROBLEMS

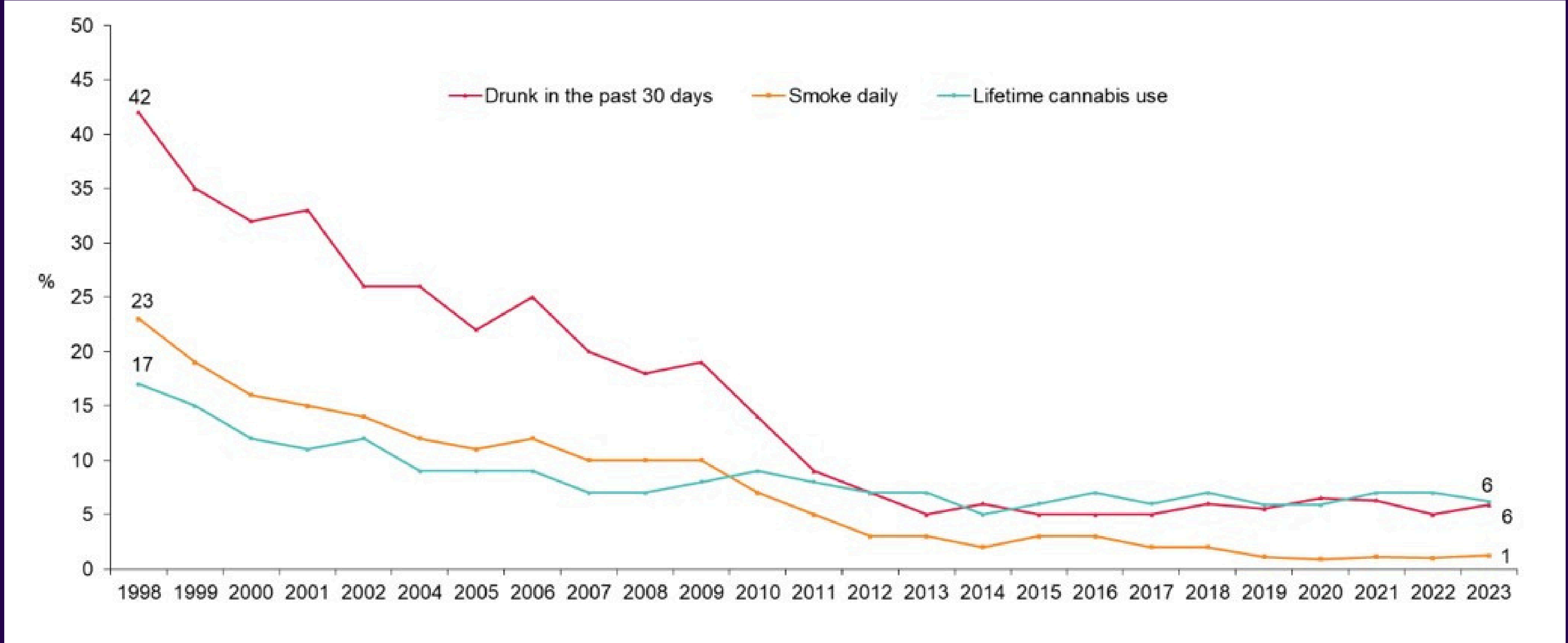
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Active countries



ADAPTING - NOT ADOPTING

DEVELOPMENT OF SUBSTANCE USE AMONG 10TH GRADE STUDENTS IN ICELAND, YEARS 1998-2023



WHAT'S HAPPENING NOW?

- Staff Capacity from both PDS and Peterborough Office
- Two secondary school communities, including their feeder schools, were chosen based on EOI to start this initiative

COMMUNITY COORDINATING TEAM

- Capacity building training with Planet Youth
- Arrange funding infrastructure
- Supporting community engagement strategies
- Setting priorities based on data collection

COMMUNITY COORDINATING TEAM

BGC Kawarthas | Camp Kawartha | Community Members
CMHA-HKPR | HKPN Health Unit | John Howard Society KPR
District School Board | OPP-Peterborough
Peterborough Police Service | PVNC Catholic School Board
United Way Peterborough & District
YMCA Central East Ontario (Peterborough Branch)
City of Peterborough | Nogojiwanong Friendship Centre

WHAT'S NEXT?

- Targeted reach-out for Phase 2 PHAC Grant, due May 16th, 2025
 - Steps 4-10 of IPM, including:
 - Local data collection and analysis
 - Implementation of interventions
 - Knowledge of what interventions work, in what ways and in what context

WHAT'S NEXT?

- Continued engagement with students & school communities
- Awaiting ethics approval for data collection in schools, with request for passive consent

You are invited to

Building a Better Future for Our Youth: The PYSUP Initiative

We're working to create a healthier social environment for youth in Peterborough. Discover how the Icelandic Prevention Model is being implemented locally to strengthen protective factors and reduce substance use harms.

Date/Time:

Tuesday, April 29, 2025

1 PM | Networking
1:30 - 4PM | Event

Location:

Camp Kawartha Environmental Centre
2505 Pioneer Rd, Peterborough, ON



With Special Guest
Jon Sigfusson
Chairman of the Board,
Planet Youth, Iceland

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

TITLE:	Report: Stewardship Committee
DATE:	April 16, 2025

PROPOSED RECOMMENDATIONS

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

- a. Stewardship Committee Minutes, February 10, 2025
- b. HKNP 2025/26 Merger Budget

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

- c. Procurement Policy (new)
- d. By-Law 2 – Banking and Finance (revised)
- e. By-Law 5 – Duties of Officers and Management of Board (revised)

BACKGROUND

The Stewardship Committee met last on April 11, 2025. At that meeting, the Committee requested these items come forward to the Board of Health at its next meeting.

Merger Budget

A preliminary Year 2 budget totalling \$11.4M was submitted in April 2024 as part of the original business case approved by the Board of Health.

A refined budget was requested by the Ministry for submission on March 31st, later extended to April 14th. To prepare, staff incorporated more refined cost estimates that have developed since the original business case submission and adjusted unspent Year 1 activities into Year 2 as needed, due to delayed Merger approval. The refined Year 2 budget totalling \$10.1M was reviewed and approved by the Stewardship Committee.

Policies/By-Laws

Both legacy health units had a procurement policy, as is required under the Ontario Public Health Standards and the Municipal Act. The proposed policy has been reviewed by legal counsel, additional organizational policies and procedures will be developed to operationalize this policy.

The Banking and Finance and the Duties of Officer and Management of Board by-laws were approved by the Board of Health at its inaugural meeting; however, require the following revisions to align with the new procurement policy:

By-Law 2 – Banking and Finance

- The addition of the Director of People and Communications as a Signing Officer
- All Signing Officers may authorize the borrowing of funds up to a maximum amount of \$50,000 (any two Signing Officers)
- The Medical Officer of Health may authorize the borrowing of funds up to a maximum amount of \$100,000 (the Medical Officer of Health must be one of the signatures)

By-Law 5 – Duties of Officers and Management of Board

- The addition of the Director of People and Communications as a Signing Officer
- All Signing Officers may authorize a duly authorized contract, conveyance, mortgage or other document with a pecuniary value of less than \$50,000 (any two Signing Officers)
- The Medical Officer of Health may authorize a duly authorized contract, conveyance, mortgage or other document with a pecuniary value of less than \$100,000 (the Medical Officer of Health must be one of the signatures)

ATTACHMENTS

- a. Minutes, Feb. 10
- b. HKNP 2025/26 Merger Budget
- c. Procurement Policy (new)
- d. By-Law 2 – Banking and Finance (revised)
- e. By-Law 5 – Duties of Officers and Management of Board (revised)

**Board of Health for
Haliburton Kawartha Northumberland
Peterborough Health Unit
MINUTES
Stewardship Committee Meeting
Monday, February 10
12:00 p.m. - 1:30 p.m.
Virtual**

1. Call to Order

Ron Black, Chair of the HKNP Board of Health called the meeting to order at 12:00 p.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. Election of Committee Chair and Vice Chair

MOTION:

That the Stewardship Committee for the Board of Health of the Haliburton Kawartha Northumberland Peterborough Health Unit approve the appointment of Cecil Ryall as chair of the Stewardship Committee;

Moved: Councillor Wilson

Seconded: Dr. Stelzer

Motion carried: (2025-001-SC)

And Dan Moloney as Vice Chair of the Stewardship Committee.

Moved: Deputy Mayor Ryall

Seconded: Councillor Richardson

Motion Carried: (2025-002-SC)

3. Confirmation of the Agenda

MOTION:

That the agenda be approved as circulated

Moved: Councillor Riel

Seconded: Mr. Marshall

Motion carried: (2025-003-SC)

4. Declaration of Pecuniary Interest

There were no conflicts of interest declared.

5. **Consent Items to be Considered Separately** (nil)
6. **Delegations and Presentations** (nil)
7. **Confirmation of the Minutes of the Previous Meeting** (nil)
8. **Business Arising from the Minutes** (nil)
9. **Staff Reports**

9.1. Staff Report: 2025 Cost-Shared Budget

Board of Health Chair, Ron Black, provided history on financial successes to date at HKNP. These included paying off the Peterborough office mortgage, resulting in over \$200,000 a year in savings, as well as substantial savings in insurance costs.

The Stewardship Committee was provided context on the 3 Cost-Shared budget scenarios presented to them in the agenda package. Mr. Larry Stinson spoke to the development of these scenarios, where funding can be expected, historical funding from the province, and how the Health Promotion and Protection Act (HPPA) applies to funds paid by Municipalities.

Dr. Bocking provided the following excerpt from the HPPA for information and history to members who may require it:

Payment by obligated municipalities

72 (1) The obligated municipalities in a health unit shall pay,

(a) the expenses incurred by or on behalf of the board of health of the health unit in the performance of its functions and duties under this or any other Act; and

(b) the expenses incurred by or on behalf of the medical officer of health of the board of health in the performance of his or her functions and duties under this or any other Act. 1997, c. 30, Sched. D, s. 8.

Same

(2) In discharging their obligations under subsection (1), the obligated municipalities in a health unit shall ensure that the amount paid is sufficient to enable the board of health,

(a) to provide or ensure the provision of health programs and services in accordance with sections 5, 6 and 7, the regulations and the public health standards; and

(b) to comply in all other respects with this Act and the regulations. 1997,

c. 30, Sched. D, s. 8; 2017, c. 25, Sched. 3, s. 1 (2).

Agreement

(3) The obligated municipalities in a health unit shall pay the expenses referred to in subsection (1) in such proportion as is agreed upon among them. 1997, c. 30, Sched. D, s. 8.

If no agreement

(4) If the obligated municipalities in a health unit fail to agree on the proportion of the expenses referred to in subsection (1) to be paid by each of them, each obligated municipality in the health unit shall pay the proportion of such expenses that is determined in accordance with the regulations. 1997, c. 30, Sched. D, s. 8.

Members of the HKNP Stewardship Committee noted:

- The need for a 3-year strategic plan
- The need to develop a process to ensure money can be set aside to prevent harmonization costs from snowballing from Year 1 to Year 2 (ex. \$51,000 used to harmonize Year One, paid by mitigation dollars, will still need to be accounted for in Year Two)
 - Ideas included:
 - Merger funds expensed in same calendar year
 - Portion of CEO funding
 - Municipal portion could be reserved, but not ideal
- The need for information related to each Municipality Basic Population number and what each was paying (both pre and post merger)

Dr. Piggott highlighted that as planning proceeds in 2025 and into 2026, analysis and anticipation will be very important. Noting that with Provincial funding not confirmed, there is an increased need to refine. Unknown factors such as Provincial funding, OPHS requirements, and what efficiencies are identified during the transition phase of the merger, will contribute to what the financial landscape looks like post-Year 3.

Dr. Stelzer inquired on whether HKNP will be able to recover more money than anticipated in future merger years, utilizing the mitigation funding; the answer is that HKNP is unlikely to see a significant difference.

Increased expenses due to the wage harmonization process and engaging the bargaining units, will balance out the seeming increase to funds that are the result of the merger.

Members engaged in a discussion around both legacy Health Unit's reserves, noting that financial reserves are healthy (approximately \$2.5 million combined) and that the intent is to maximize use of merger dollars, not to use reserve dollars where possible. As a result of all cost-shared budget discussions, members requested that a Progress

Report be added as a standing agenda item, related to budget.

Stewardship Committee members agree that the cost-shared budget, based on Scenario 3, is the best recommendation moving forward.

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

Motion Carried (2025-004-SC)

9.2. Staff Report: Merger Budget Update

A brief history related to merger funding was provided to Stewardship Committee members. It was identified that work has begun to move forward expenses assigned to some funds as described in the business case. Members were advised of a request from the Ministry of Health to the HKNP Health Unit to provide a more refined projection based on actuals and projected out to March 31st (End of merger Year 1)

Mr. Larry Stinson advised members that there are variances related to the original budget and confirms that the original approval of \$10.1 million is still approved and this is not being submitted for re-approval. Mr. Stinson also advised that many approved costs will get carried forward into merger Years 2 and 3 History. The template for reporting back to the Ministry of Health was presented to members for their information.

MOTION:

That the Stewardship Committee for the HKNP Health Unit receive the Ministry of Health Merger Budget Template for the 2024/2025 fiscal year for information.

Moved: Mr. Marshall

Seconded: Mr. Moloney

Motion Carried (2025-005-SC)

10. Consent Items (nil)

11. New Business

11.1. Review of Terms of Reference

MOTION:

That the Stewardship Committee for the HKNP Health Unit receive the approved Terms of Reference for the Stewardship Committee to be reviewed annually.

Moved: Mr. Marshall
Seconded: Mr. Moloney
Motion carried: (2025-006-SC)

11.2. Meeting Schedule

MOTION:

That the Stewardship Committee for the HKNP Health Unit approve a meeting schedule consisting of monthly meetings to be reviewed after 6 months.

Moved: Councillor Riel
Seconded: Councillor Wilson
Motion carried: (2025-006-SC)

12. In Camera to Discuss Confidential Matters (nil)

13. Motions for Open Session (nil)

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

To be determined via poll of members.

15. Adjournment

MOTION:

That the Stewardship Committee meeting for the HKNP Health Unit be adjourned at 1:33p.m.

Moved: Mr. Marshall
Seconded: Councillor Riel
Motion carried: (2025-007-SC)

Strengthening Public Health Voluntary Mergers - HKNP

2025-26 MERGER BUDGET (FOR THE PERIOD OF APRIL 1, 2025 TO MARCH 31, 2026)

COST ITEM	Description of Budget Item/Budget Forecast Assumptions	Budget Amount	Year 2 request (estimate)	NOTES
1. Building Occupancy				
Lease Payment		-		
Mortgage Payment		-		
Travel/Accomodations - Building Occupancy (i.e. moving costs)		-		
Building Occupancy Total		-	-	mortgage payout completed in Year 1
2. Municipal Levy Harmonization				
Please share assumptions/calculations, use separate tab or document if needed.				
Municipal Levy Harmonization		1,465,098		
Municipal Levy Harmonization Total		1,465,098	1,465,098	
3. Salary/Wage Harmonization				
Salary/Wage Harmonization		687,689		Harmonization of non-union and union employees (October 1, 2025 to March 31, 2026) based on projected rates and related benefit cost based on current employees for both legacy entitie
Salary/Wage Harmonization Total		687,689	1,142,478	
4. Staffing				
Please provide estimated # of FTEs per row and indicate if FTEs are new roles, backfill or severance.				
Transition (i.e. to merger related work, overtime, severance)				
Program Staff		1,208,544		Merger Office - Director (.25), 2 FTE Mgrs, 2 FTE Health Promoter/Coordinator - new roles plus OT Hours for
Administrative Staff		344,575		Merger Office - Ex Ass (2 FTE), AA (.50), Staff Wellbeing Specialist (1 FTE) - new or reassigned roles - includes
Stabilization (i.e. to maintain core programs, backfill)				

Program Staff		2,230,572		Health Promotion support (1 FTE - Health Promoter), EPI (1 FTE - Evaluation. Health Protection: PHN (3 FTE). AA Backfill (4 FTE), HR Generalist/Adv (1.0), .25 FTE of Corp Service Mgr x 3/Director - wages and benefits:
Administrative Staff		600,685		
Other - Staffing				
Staffing Total		4,384,376	6,031,732	
5. Governance				
Education and Training - Governance		-		
Travel/Accommodations - Governance		-		
Other - Governance	(1) Contract Service - Legal/Governance	55,000		Contact service to support governance formation and decision making / risk management
Governance Total		55,000	155,000	
6. Information & Information Technology (I&IT)				
Stabilization		199,812		Include further details (e.g. whether these are hardware or software costs) Integration of software/licenses including inventory management, security, project management, and integration of Systems/Software including accounting, evaluation, talent management and MS 365/Teams Contract services - CHR Integration and IT migration support
Transition		589,490		
Consultant(s)/Purchase of Service - I&IT		370,000		
I&IT Total		1,159,302	885,379	
7. Project/Change Management				
Team Building/Employee Engagement Activities		337,000		Employee wellness promotion plan/Organization All Staff Events/Health Benefit allowance support employee Employee learning and development - Crucial Conversations/EIDM, DEI, Lean Six Sigma; Management Team and Senior Leadership development - coaching, leadership development Contract services - change management and merger office project management; CQI process review and professional practice readjustment Note budget for staffing captured above which may have initially captured as part of Project Management
Education and Training- Project/Change Management		225,000		
Consultant(s)/Purchase of Service - Project/Change Management		639,067		
		-		
Change Management Total		1,201,067	1,619,000	
8. Communications				
Consultant(s)/Purchase of Service - Communications		300,000		Branding consultant and signage - \$200,000 from Year 1 carried forward as unable to complete initial work by
Materials/Public Campaign/Website		50,000		Branding materials / collateral
Other - Communications		-		

Communicatons Total		350,000	50,000	
9. Other Travel and Accomodations				
Other - Travel and Accomodations (i.e. costs not captured above)		-		
Other - Travel and Accomodations Total		-		
10. Other Professional Services				
Other - Professional Services (consultants, purchase of service)		-		
Legal Services		50,000		Labour relations legal counsel - wage harmonization and other labour associated legal matters
Accounting Services		-		
Other-Professional Services Total		50,000	50,000	
11. Capital				Note that use of a planning grant is required to determine new space needs/options, significant renovations, and costs. Grants are a maximum of
Minor Capital (please provide brief description of the project)		500,000		
Planning Grant Activities (i.e. Consultant/Purchase of Service)		300,000		
Other -Capital		-		
Capital Total		800,000		unclear which costs still apply
12. Other Costs (not captured above - include description for each item)				
		-		
		-		
		-		
Other Total		-	11,398,687	
Grand Total		10,152,532		

Policy	DRAFT Procurement
Section	Board of Health
Number	##-##
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 the procurement policy is to ensure accountability and define a clear and effective process for undertaking competitive bidding processes to obtain Goods and Services for the Haliburton Kawartha Northumberland Peterborough (HKNP) Health Unit.

DEFINITIONS

Agreement: The formal written document that will be entered into at the end of the procurement process.

Approval Authority: The authority delegated by the Health Unit to a person designated to occupy a position to approve on its behalf one or more procurement functions.

Award: the notification to a proponent of acceptance of a proposal or quotation that brings a contract into existence.

Bid: A proposal or quotation submitted in response to a solicitation from a contracting authority.

Competitive Procurement: A set of procedures for developing a procurement contract through a bidding or proposal process. The intent is to solicit fair, impartial, competitive bids.

Conflict of Interest: A situation in which financial or other personal considerations have the potential to compromise or bias professional judgment and objectivity. An apparent conflict of interest is one in which a reasonable person would think that the professional’s judgment is likely to be compromised.

Contract: An obligation, such as an accepted offer, between competent parties upon a legal consideration, to do or abstain from doing some act. It is essential to the creation of a contract that the parties intend that their Agreement shall have legal consequences and be legally enforceable. The essential elements of a contract are an offer and an acceptance of that offer; the capacity of the parties to contract; consideration to support the contract; a mutual identity of consent or consensus ad idem; legality of purpose; and sufficient certainty of terms.

Evaluation Criteria: A benchmark, standard or yardstick against which accomplishment, conformance, performance and suitability of an individual, alternative, activity, product or plan is measured to select the best Supplier through a competitive process. Criteria may be qualitative or quantitative in nature.

Goods: Moveable property (including the costs of installing, operating, maintaining or manufacturing such moveable property) including raw materials, products, equipment and other physical objects of every kind and description whether in solid, liquid, gaseous or electronic form, unless they are procured as part of a general construction contract.

Goods and Services/Goods or Services: All Goods and Services including construction, consulting services and information technology.

Offer: A promise or a proposal made by one party to another, intending the same to create a legal relationship upon the acceptance of the offer by the other party.

Purchase Order: A written offer made by a purchaser to a Supplier formally stating the terms and conditions of a proposed transaction.

Request for Proposal (RFP): A document used to request Suppliers to supply solutions for the delivery of goods or services, or to provide alternative options or solutions. It is a process that uses predefined evaluation criteria in which price is not the only factor.

Request for Tender (RFT): A document used to request Suppliers to supply a defined quantity and quality of goods and services, labour, maintenance, renovation and/or construction, with all the material terms, conditions and specifications pre-set. The specific goal of a tender is to accept the lowest submissions meeting the requirements specified in the competition.

Supplier/Vendor: Any person or organization that, based on an assessment of that person's or organization's financial, technical and commercial capacity, capable of fulfilling the requirements of procurement.

POLICY STATEMENT

The Health Unit has an obligation to ensure that the publicly funded Goods and Services it obtains are acquired by the Health Unit through a process that is open, fair, and transparent and that best supports the mission and strategic goals of the organization. The Health Unit encourages competition among vendors to obtain the highest quality Goods and Services and maintaining standardization of the procurement process.

POLICY DETAILS

1. PRINCIPLES

The following principles support the Health Unit in achieving value for money in an open, fair and transparent manner:

- **Accountability:** The Health Unit will be accountable for the results of its procurement decisions and the appropriateness of the processes.
- **Sustainability:** The Health Unit will consider environmental impacts in its procurement decisions.
- **Support Local/Domestic Suppliers:** The Health Unit will prioritize local and/or Canadian products and services where feasible.
- **Transparency:** The Health Unit will be transparent to all stakeholders. Wherever possible, stakeholders must have equal access to information on procurement opportunities, processes and results.
- **Value for Money:** The Health Unit will maximize the value it receives from the use of public funds. A value-for-money approach aims to deliver Goods and Services at the optimum total lifecycle cost. Value should be considered a qualitative and quantitative assessment.
- **Quality Service Delivery:** Front-line services provided by the Health Unit, must receive the right product, at the right time, in the right place.

2. ETHICS AND CONFLICT OF INTEREST

- a. There will be open and honest dealings with everyone who is involved in the procurement process to the greatest extent possible.
- b. Any Award and Contracting Procurement shall be fair and impartial.
- c. A high standard of personal integrity is required on the part of all those designated as procurement representatives of the Health Unit.
- d. Directors, Officers, Employees and their direct family (spouses, children, and parents) shall not bid upon any procurement with the Health Unit or enter into a

contract or act as a Supplier of have a direct or indirect or other material interests in any other contract unless such interest has been disclosed in advance to the Medical Officer of Health/Chief Executive Officer (MOH/CEO).

3. SUPPLIERS

- a. Suppliers shall not threaten, intimidate, harass, or interfere with any staff with an attempt to collude with or prevent any other prospective Supplier to bid for a contract or prevent any contract to be awarded by the Health Unit. No Supplier or potential Supplier shall offer gifts, favours, or inducements of any material kind to any employees or Board Members of the Health Unit.
- b. Suppliers must demonstrate integrity and alignment with the values established by the Board of Health and assure a record of compliance with legislation and fair business practice principles.

4. LOBBYING

Lobbying by any Supplier of any person including of any member of the Board of Health who is not directly involved in the procurement process including the MOH/CEO, is strictly prohibited. Any violation of the above provisions relating to Suppliers may result in the Supplier being disqualified from any procurement process in respect of which this activity has occurred or any future procurement processes.

5. LITIGATION DISQUALIFICATION

The Health Unit reserves the right to disqualify from participation in any present or future procurement processes any person or Supplier or potential bidder who is involved in litigation or other legal or arbitrary proceedings against the Health Unit has currently or in the past or is involved in any such litigation or proceedings against any municipality which appoints a member of the Board of Health of the Health Unit or is serviced by the Health Unit at the sole option and discretion of the Health Unit to be exercised by the MOH/CEO.

6. HEALTH AND SAFETY/WSIB

Any Suppliers providing Goods and Services to the Health Unit shall comply with, and be held accountable for, meeting the requirements of the *Occupational Health and Safety Act*, as well as any health and safety policies of the Health Unit. Any Supplier shall, regardless of the dollar value of the work, supply the Health Unit with a valid Certificate of Clearance prior to any work commencing and throughout the term of the contract if required under the purchasing process for the type of Goods and Services being supplied.

7. ROLES AND RESPONSIBILITIES

- **Business Administrator (BA):** The BA is the administrator of the Board of Health as defined by the Ministry of Health. The BA is a Director within the Senior Leadership Team of the organization primarily responsible for the Health Unit's finances and shall be responsible for the operations of the procurement process including compliance with this procurement policy and supervision of any and all procurement processes.
- **MOH/CEO:** The MOH/CEO shall supervise the BA and shall make decisions with respect to those specific procurement decisions including risks and contract rewards as set out below depending on the thresholds for such procurement decisions.
- **Board of Health:** Board approval shall be required for major procurement decisions in accordance with the thresholds for decision making set out in this policy.

8. CANADIAN FREE TRADE AGREEMENT

The Canadian Free Trade Agreement applies with respect to contracts over a certain level effected by such procurement process and all such procurement shall be made in compliance with the Canadian Free Trade Agreement.

9. PURCHASING THRESHOLDS

This describes the type of purchaser, thresholds and authorizations required.

Total Procurement Value	Method of Procurement	Authorization Required
\$0 up to 2,500.00	Informal Request for Quotation recommended.	Program Manager or Director
Over \$2,500 up to \$5,000.00	Minimum of two quotations to be obtained. (Subject to availability)	Program Manager or Director
Over \$5,000 up to \$50,000.00	Minimum of three written quotations to be obtained. (Subject to availability)	Director
Over \$50,000.00 - \$100,000.00	Competitive Procurement Process (Request for Proposal/Request for Tenders)	BA accountable for procurement process; MOH/CEO authorizes (or designate, who is a Signing Officer, who has prior, written,

		explicit approval from the MOH/CEO).
Over \$100,000.00	Competitive Procurement Process (Request for Proposal/Request for Tenders)	BA accountable for procurement process; MOH/CEO (or designate who is a Signing Officer, who has prior, written, explicit approval from the MOH/CEO) and Board of Health Chair or Vice-Chair authorizes.

10. PROCUREMENT PROCESS

The Health Unit will conduct procurement activities according to all applicable federal and provincial legislation and organizational policies and procedures.

- a. Controls: The BA will develop and maintain financial management policies and procedures for MOH/CEO approval that include:
 - Authority and process for approvals, consistent with Board Policy;
 - Submission request and approval processes that ensures purchases align with previously approved budgets and appropriate authorization (dual sign-off);
 - Guidance for standardization of goods and services where applicable;
 - Transparency of procurement processes and decision-making;
 - Compliance with Broader Public Sector Procurement Directives, as current; and
 - Effective and protective service agreements approved according to Signing Authority By-Law with appropriate guidance for service performance management.

- b. Exceptions to Standard Practice and Sole/Single Source: In certain circumstances a non-standard procurement process may be required or desired, including but not limited to expressions of interest and single or sole source purchases. Approvals for these will comply with the operational procedure approved by the MOH/CEO and by the individuals with designated authority as defined for procurement within this policy.

- c. Cooperative Purchasing: The BA, with approval of the MOH/CEO, may enter into arrangements with other Health Units, Ministry Agencies, or public service cooperatives for the purchase of goods and services where there is economic or other advantages to doing so.

- d. Excluded Contracts: Services excluded from this policy include: rental or acquisition of land, utilities, settlement of insurance claims, professional services

(legal, financial), reimbursement of expenses to employees and subscription services and licensing fees.

11. COMPLAINT PROCESS

Any complaint with regards to the Procurement Policy or related to an award of tender, proposal or quotation shall be submitted in writing to the Business Administrator within fourteen (14) days of award.

RELATED HKNP DOCUMENTS

By-Law 4 – Duties of Officers and Management of Board of Health

VERSION HISTORY

DATE	LEAD	DESCRIPTION

HALIBURTON KAWARTHA NORTHUMBERLAND PETERBOROUGH (HKNP) HEALTH UNIT

By-Law #2	Banking and Finance
Section	Board of Health
Lead	Board of Health
Approval Level	Board of Health
Original Approval	2025-JAN-02
Reviewed/Revised	2025-APR-16
Next Review	2027-APR-16
Reference	<i>Health Protection and Promotion Act (HPPA)</i> Public Health Funding and Accountability Agreement (PHFAA) Ontario Public Health Standards: Requirements for Programs and Services, and Accountability (Standards)

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 (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 Peterborough Health Unit;

“Chair” means the Chair of the Board elected pursuant to the Act;

“Vice-Chair” means the Vice-Chair of the Board elected pursuant to the Act;

“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;

“Business Administrator” means the business administrator of the Board; and

HALIBURTON KAWARTHA NORTHUMBERLAND PETERBOROUGH (HKNP) HEALTH UNIT

“Director of People & Communications” means the Director of People and Communications for the Haliburton Kawartha Northumberland Peterborough Health Unit.

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

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- f. Director of People & Communications.
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, Director of People & Communications, the Chair, or the Vice-Chair may authorize the borrowing of funds up to a maximum loan amount of \$50,000. The Medical Officer of Health may authorize the borrowing of funds up to a maximum loan amount of \$100,000. Where a proposed loan amount exceeds \$100,000, Board approval is required and one of the authorizing signatures must be the Chair or Vice-Chair, along with the Medical Officer of Health.
10. No person may approve a payment to themselves.
11. The Medical Officer of Health and the Business Administrator shall be authorized to:
 - a. Deposit or 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;

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- 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 16th day of April, 2025.

Original signed by

Chair, Board of Health
Haliburton Kawartha Northumberland
Peterborough Health Unit

Original signed by

Medical Officer of Health
Haliburton Kawartha Northumberland
Peterborough Health Unit

HALIBURTON KAWARTHA NORTHUMBERLAND PETERBOROUGH (HKNP) HEALTH UNIT

By-Law #5	Duties of Officers and Management of Board of Health
Section	Board of Health
Lead	Board of Health
Approval Level	Board of Health
Original Approval	2025-JAN-02
Reviewed/Revised	2025-APR-16
Next Review	2027-APR-16
Reference	<i>Health Protection and Promotion Act, R.S.O. 1990, c. H.7, s. 56 (1)</i>

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;

“Vice-Chair” means the Vice-Chair of the Board elected pursuant to the Act:

“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.

“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;

“Business Administrator” means the business administrator of the Board;

“Director of People & Communications” means the Director of People & Communications for the Haliburton Kawartha Northumberland Peterborough Health Unit;

“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;

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

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

“Municipal Act” means the Ontario *Municipal Act, 2001*, SO 2001 c25.

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 Officers 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;
 - 3.1.6 Director of People & Communications

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

- 3.2 A duly-authorized contract, arrangement, conveyance, mortgage, or other document with a pecuniary value of less than \$50,000 shall be signed by any two of the following: the Medical Officer of Health, Associate Medical Officer of Health, Business Administrator, or Director of People & Communications. The second signature for a duly-authorized contract, arrangement, conveyance, mortgage, or other document with a pecuniary value of \$50,000 to less than \$100,000 shall be that of the Medical Officer of Health, or in the absence of the Medical Officer of Health, with their prior, written, explicit approval, the Associate Medical Officer of Health, Business Administrator, or the Director of People & Communications. For a duly-authorized contract, arrangement, conveyance, mortgage, or other document with a pecuniary value of \$100,000 or more, two signatures 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, with their explicit written approval, the Associate Medical Officer of Health, Business Administrator, or the Director of People & Communications.

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- 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, Director of People & Communications, 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 16th day of April, 2025.

Original signed by

Chair, Board of Health
Haliburton Kawartha Northumberland
Peterborough Health Unit

Original signed by

Medical Officer of Health
Haliburton Kawartha Northumberland
Peterborough Health Unit

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

TITLE:	Report: Association of Local Public Health Agencies Membership Approval
DATE:	April 16, 2025

PROPOSED RECOMMENDATIONS

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

- receive the letter dated April 1, 2025 from the Association of Local Public Health Agencies (alPHa) regarding 2025-26 membership; and,
- approve the 2025-26 membership fee in the amount of \$20,796.90.

BACKGROUND

Membership with the Association of Local Public Health Agencies (alPHa) requires annual approval by the Board of Health. In 2024, membership fees for the legacy health units were as follows:

- HKPR – \$14,813.92
- PPH - \$11,521.94

For reference, historical annual increases were 2.44%, 2.5% and 3.4% in 2022-24, respectively.

Staff requested an explanation of how membership fee levels are generated. Ms. Ryan, alPHa Executive Director, provided the following detail:

- The alPHa Membership Fee enables alPHa to generate a sufficient budget to allow it to meet its objectives.
- The alPHa Membership Fee increase reflects the fiscal realities of the alPHa membership and increased by less than 1% overall.
- The recent January 1, 2025 mergers (i.e., 34 to 29) resulted in a smaller denominator to support the alPHa budget.
- The Membership Fees are based on the Ministry of Health’s Ontario Public Health Standards - Provincial Base Funding for Mandatory Programs data using a Provincial 75% share and a 25% municipal share applied to bring it to 100%. alPHa recognizes that most health units receive additional municipal funding well beyond the nominal 25%. In order not to add to the municipal funding pressures, the membership fees are based on the provincial contribution so that funding municipal governments are not penalized for their continuing support for local public health.

- The 2024 Membership Fee levels were modelled so that the smaller and the largest health units were not disproportionately impacted. The distribution is more equitable in its approach. (A bell curve rather than a significant skewing to the left or the right.)
- Newly merged health units experienced a reduction in membership fees when compared to the combined totals they would have paid in the past.
- The Membership Fees were approved by the alPHa Board of Directors on February 13, 2025.

ATTACHMENTS

- a. [alPHa Letter, April 1/25](#)
- b. [alPHa Invoice](#)

alPHa's members are
the public health
units in Ontario.

alPHa Sections:

Boards of Health
Section

Council of Ontario
Medical Officers of
Health (COMOH)

Affiliate

Organizations:

Association of Ontario
Public Health Business
Administrators

Association of
Public Health
Epidemiologists
in Ontario

Association of
Supervisors of Public
Health Inspectors of
Ontario

Health Promotion
Ontario

Ontario Association of
Public Health Dentistry

Ontario Association of
Public Health Nursing
Leaders

Ontario Dietitians in
Public Health

April 1, 2025

RE: 2025-2026 alPHa Membership

Dear Dr. Thomas Piggott,

It's time to renew your Membership with the Association of Local Public Health Agencies (alPHa), the collective voice of Ontario's public health agencies. Your continued participation is vital to our shared success in advocating for and in strengthening Ontario's unique, locally based public health system.

alPHa provides invaluable support to Ontario's Boards of Health, Medical and Associate Medical Officers of Health, and Affiliate organizations, ensuring a strong and unified voice on critical public health issues. As Members, our collective strength and unity are essential for effective advocacy, and it is now more important than ever to be a Member of alPHa.

We are celebrating the first anniversary of alPHa's [2024 to 2027 Strategic Plan](#). This plan, along with the [alPHa General Operating By-law](#), are the foundation for our continued commitment to serving Ontario's local public health agencies for a strong and sustainable public health system. Our Strategic Plan focuses on four core tenets:

- Being the unified voice and a trusted advisor on public health.
- Advancing local public health through strategic partnerships and collaborations.
- Supporting the sustainability of Ontario's local public health system.
- Delivering valuable member services to local public health leaders.

Over the past year, alPHa has consistently championed the importance of local public health's upstream prevention focus, highlighted the crucial role local public health plays in our communities, taken positions on Member-related priorities, and celebrated the extraordinary contributions of Ontario's local public health professionals.

This unified voice will be especially crucial in the coming year. The Province is expected to continue its Strengthening Public Health initiative, with the revised Ontario Public Health Standards now expected to be released in August 2025 and implemented in January 2026. We also expect the review of the public health funding model that was announced as part of this initiative to begin in the coming months.

The alPHa Board of Directors carefully considered an array of factors in their decision regarding this year's Membership fees, including having experienced a net loss of five Member local public health agencies due to this year's mergers. The existing fee structure was modified to incorporate the new entities, and a modest one per cent increase in the revenue from Membership dues was decided upon to reflect the fiscal realities of the alPHa Membership, maintain the equity that is built into the structure, and enable alPHa to meet its strategic objectives while continuing to meet the service expectations of its Members.

Page 1 of 2

Through its Board of Directors, Boards of Health Section, Council of Ontario Medical Officers of Health Section, and Affiliate organizations, alPHa actively represents the interests of local public health with the principal decision-makers, including government ministries, the Office of the Chief Medical Officer of Health and Public Health Ontario. We also maintain strong partnerships with key organizations such as the Association of Municipalities of Ontario and the Ontario Medical Association. We continually emphasize the strong return on investment in public health while advocating for full resourcing of programs and services.

Our in-person Annual General Meeting, Conference and Section meetings held in June provide key in-person opportunities for the "collective voice" to assemble to learn and network. The online Fall and Winter Symposiums, Workshops and Section meetings offer invaluable learning opportunities throughout the rest of the year. All of these events feature high-profile speakers on key public health issues and offer continuing professional development opportunities. alPHa also provides specific informative programming for health unit EAs/AAs to support their work for our Members.

alPHa provides training, on a cost-recovery basis, on BOH Governance and on the Social Determinants of Health, which have been well-received by Members in attendance. These two courses serve not only to educate Boards of Health but also as orientation and team-building sessions.

We provide timely information, such as the monthly alPHa *Information Break*, and facilitate ongoing discussions amongst Members through email lists, our website, and regular meetings of the Board of Directors and its committees. The alPHa website continues to be your source for up-to-date information on alPHa advocacy, action on Member Resolutions, and current resources.

Our next in-person conference, the 2025 AGM, will be held in Toronto from June 18th to 20th. Attendance is exclusive to alPHa Members who are in good standing, so please ensure we receive confirmation of payment for your Membership renewal so you can attend. We are excited to once again be offering Members a comprehensive lineup with a mobile workshop, AGM, Conference and Section meeting. Registration will launch in mid-April.

We need your support to continue this important work on your behalf. The enclosed invoice includes your public health agency's April 1st, 2025 to March 31st, 2026 Membership renewal fee. Together, we are stronger. Thank you for your ongoing commitment to alPHa and each of its Members.

If you have any questions about Membership renewal, please do not hesitate to be in touch. I can be reached at loretta@alphaweb.org or 416-595-0006, x222.

Sincerely,

A handwritten signature in black ink, appearing to read 'L. Ryan', followed by a horizontal line.

Loretta Ryan
Chief Executive Officer
Association of Local Public Health Agencies



Association of Local Public Health Agencies (ALPHA)

PO Box 73510, RPO Wychwood
Toronto ON M6C 4A7

INVOICE

BILL TO

Haliburton Kawartha
Northumberland and
Peterborough Health Unit
200 Rose Glen Road
Port Hope ON L1A3V6
Attn: Dr. Thomas Piggott

INVOICE # 74637

DATE 01/04/2025

TERMS Net 30

DESCRIPTION	AMOUNT
ALPHA Membership Fees 2025-2026 for the period April 1,2025 - March 31,2026	18,404.34

Payment is by electronic fund transfers only. Banking details are below.	SUBTOTAL 18,404.34
	HST (ON) @ 13% 2,392.56
	TOTAL 20,796.90
If you have questions as to how to make payment, please contact info@alphaweb.org	BALANCE DUE \$20,796.90

BANKING DETAILS:

Bank name: Royal Bank of Canada
Bank No: 003
Transit No: 06542
Account No: 100-449-8

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

TITLE:	Report: Merger Progress Update
DATE:	April 16, 2025

PROPOSED RECOMMENDATIONS

That the Board of Health for the Haliburton Kawartha Northumberland Peterborough Health Unit receive the report, Merger Progress Update, for information.

DETAIL

With merger delayed approval, many of the originally planned activities from year 1 have been moved to year 2 and year 3 and beyond. Regardless, significant progress in the merger has been made and enclosed is a brief summary of merger progress and achievements to date.

This serves as a brief summary for the Board, more fulsome reporting is forthcoming from the Transformation Office.

Merger and Organizational Progress

- HKNP has established a Board of Health, have passed a series of preliminary by-laws and policies and have been having regular monthly meetings.
- The Board of Health established two standing committees, Stewardship and the Indigenous Health Advisory Circle, which meet regularly.
- The Board of Health developed and approved combined 2025 Budget, and Annual Service Plan submission for the new health unit.
- The Board of Health completed leadership selection of Dr. Piggott as Medical Officer of Health/CEO and Dr. Bocking as Deputy Medical Officer of Health, and submitted materials for their Ministerial appointments.
- The Board of Health has selected a business name that will be launched later in 2025 as part of an updated brand identity.

Financial Efficiencies

- We have paid off the Infrastructure Ontario mortgage for the 185 King St. building, mobilizing \$200k in annual mortgage costs for redirection to our base budget.
- We have procured new combined health unit insurance for an estimated annual savings of \$100k per year.
- Senior Leadership Team and Management restructuring is underway, with attention to future team size and financial sustainability in leadership complement.

- We have harmonized to single more efficient and modernized Human Resources, Payroll, and Financial systems.
- We have opened new bank accounts at a single financial institution.

Staff and Program Benefits

- We have built systems, retained expert input and developed a merger playbook for project management, quality improvement and change management of merger activities and program harmonization.
- Within program harmonization we are a 'discovery' phase in program harmonization to begin assessing current program delivery state and timing out merger program harmonization work over the next two years.
- We have harmonized All Staff Information Sessions and are meeting bi-weekly with staff as one organization.
- We have used stabilization funding within the Merger Budget to support staffing and other stabilization work to catch up on and maintain critical programs.
- We have developed mechanisms for enhanced staff well-being supports through the merger journey.
- We are completing Crucial Conversations staff training to support navigating difficult conversations through the merger journey.
- We have completed Change Management training for our people leaders and change sponsors to support the most effective change possible through the merger journey.
- We have retained a firm to support Quality Improvement training and assessment.
- We have assessed current IT state, established cross-tenant access and are devising the implementation strategy for IT harmonization.