



# **BOARD OF HEALTH MEETING**

**Wednesday, December 6, 2023**

**9:30 a.m. – 11:30 a.m.**

**In-Person**

**PLEASE NOTE:**

**There will be a Closed Session at the beginning of the meeting.**

To ensure a quorum we ask that you please

RSVP to

[clovell@hpeph.ca](mailto:clovell@hpeph.ca) or 613-966-5500, Ext 231

# Hastings Prince Edward Public Health 2019 - 2023 Strategic Plan

## Our Vision

**Healthy Communities,  
Healthy People.**

## Our Mission

**Together with our communities,  
we help people become as  
healthy as they can be.**

## Our Values Show We CARE



**Collaboration**



**Advocacy**



**Respect**



**Excellence**

## Our Strategic Priorities



**Community  
Engagement**



**Staff  
Engagement  
and Culture**



**Population Health  
Assessment and  
Surveillance**



**Program  
Standards**



**Health  
Promotion**



# BOARD OF HEALTH MEETING AGENDA

Wednesday, December 6, 2023

9:30 to 11:30 a.m.

**In-Person Meeting**

**1. CALL TO ORDER**

**2. LAND ACKNOWLEDGMENT** (Board Chair to speak full version)

*Hastings Prince Edward Public Health is situated and provides services on the traditional territory of the Anishinaabe, Huron-Wendat and Haudenosaunee people.*

**3. DISCLOSURE OF PECUNIARY INTEREST AND THE GENERAL NATURE THEREOF**

**4. APPROVAL OF THE AGENDA**

**5. CLOSED SESSION**

That the Board of Health convene in closed session for the purpose of a discussion as it relates to Section 239(2) of the Municipal Act, and more specifically,

- (d) *labour relations or employee negotiations; and*
- (i) *a trade secret or scientific, technical, commercial, financial or labour relations information, supplied in confidence to the 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.*

**6. MOTIONS ARISING FROM CLOSED SESSION**

**7. APPROVAL OF THE MINUTES OF THE PREVIOUS BOARD MEETING**

7.1 Meeting Minutes of Wednesday, October 4, 2023 Schedule 7.1

**8. BUSINESS ARISING FROM THE MINUTES**

**9. DEPUTATIONS - None**

**10. COMMITTEE REPORTS**

10.1 **Finance Committee** – November 22, 2023

10.1.1 January to October 2023 Revenues & Expenses

Schedule 10.1.1

10.1.2 2024 Budget Approval

Schedule 10.1.2

10.2 **Governance Committee** – October 25, 2023

10.2.1 Risk Management Report

Schedule 10.2.1

**11. REPORT OF THE MEDICAL OFFICER OF HEALTH**

Schedule 11.0

**12. STAFF REPORTS**

12.1 Enforcement Report (January to June 2023)

Schedule 12.1

**13. CORRESPONDENCE AND COMMUNICATIONS - None**

**14. NEW BUSINESS**

- |      |   |               |
|------|---|---------------|
| 14.1 | Strengthening Public Health – Voluntary Mergers | Schedule 14.1 |
| 14.2 | 2024 Proposed Board of Health Meeting Schedule  | Schedule 14.2 |

**15. INFORMATION ITEMS** (Available for viewing online at [hpePublicHealth.ca](https://hpepublichealth.ca)) Schedule 15.0

**16. DATE OF NEXT MEETING** – Wednesday, February 7, 2024 at 9:30 a.m. (Tentative)

**17. ADJOURNMENT**



## **BOARD OF HEALTH MEETING MINUTES**

Wednesday, October 4, 2023

Hastings Prince Edward Public Health (HPEPH)

**Present:** Ms. Jan O'Neill, Mayor, Municipality of Marmora & Lake, County of Hastings, Chair  
Dr. Jeffrey Allin, Provincial Representative  
Ms. Kimberly Carson, Mayor, Limerick Township, Hastings County  
Dr. Craig Ervine, Provincial Representative  
Mr. Sean Kelly, Councillor, City of Belleville  
Mr. Michael Kotsovos, Councillor, City of Quinte West, Vice Chair  
Mr. David McCue, Councillor, City of Quinte West  
Mr. Garnet Thompson, Councillor, City of Belleville

**Regrets:** Ms. Kate MacNaughton, Councillor, Prince Edward County  
Mr. John Hirsch, Councillor, Prince Edward County (resigned at PEC council meeting held on September 28, 2023)

**Also Present:** Dr. Ethan Toumishey, Medical Officer of Health and CEO  
Mr. David Johnston, Director of Corporate Services  
Ms. Nancy McGeachy, Director of Clinical Programs  
Ms. Shelly Brown, Director of Community Programs  
Ms. Catherine Lovell, Executive Assistant

### **1. CALL TO ORDER**

Chair O'Neill called the meeting to order at 9:28 a.m.

### **2. LAND ACKNOWLEDGMENT** - Spoken by Chair O'Neill.

### **3. DISCLOSURE OF PECUNIARY INTEREST AND THE GENERAL NATURE THEREOF**

None

### **4. APPROVAL OF THE AGENDA**

THAT the agenda for the Board of Health (Board) meeting on Wednesday, October 4, 2023 be approved as circulated.

#### **MOTION:**

Moved by: David

Seconded by: Kim

CARRIED

**5. CLOSED SESSION (@ 9:30 am)**

THAT the Board convene in closed session for the purpose of a discussion as it relates to Section 239 (2) of the Municipal Act, and more specifically,

(d) labour relations or employee negotiations.

**MOTION:**

Moved by: Kim

Seconded by: Garnet

CARRIED

**6. MOTIONS ARISING FROM CLOSED SESSION**

THAT the Board endorse the actions approved in the Closed Session and direct staff to take appropriate action.

**MOTION:**

Moved by: David

Seconded by: Sean

CARRIED

Moved back into open session at 10:21 a.m.

**7. APPROVAL OF MINUTES OF PREVIOUS BOARD MEETING – September 6, 2023**

THAT the minutes of the regular meeting of the Board held on September 6, 2023 be approved as circulated.

**MOTION:**

Moved by: David

Seconded by: Kim

CARRIED

**8. BUSINESS ARISING FROM MINUTES – None****9. DEPUTATIONS – None****10. COMMITTEE REPORTS – Finance Committee**

10.1.1 January to August Revenues and Expenses

10.1.2 Status of GIC Investment

10.1.3 2024 Budget Update

There were no questions or discussion regarding the Finance Committee reports.

THAT the Finance reports be received and approved as circulated.

**MOTION:**

Moved by: Garnet

Seconded by: David

CARRIED

THAT the Board approve the allocation of up to \$300,000 from operating reserves to the 2024 budget as committed revenues.

**MOTION:**

Moved by: Kim

Seconded by: Craig

CARRIED

## 11. REPORT OF THE MEDICAL OFFICER OF HEALTH

THAT the report of the Medical Officer of Health be received as circulated.

**MOTION**

Moved by: Kim

Seconded by: David

CARRIED

- ♦ Dr. Toumishey welcomed the ONA and CUPE unions back to work and thanked the community for their patience.
- ♦ Respiratory season – Covid-19 continues to be monitored at moderate levels, while influenza levels remain low. We anticipate the new Covid XBB and flu vaccines will be available in late October for the general public and will be available through pharmacies.
- ♦ There was further discussion amongst the Board.
- ♦ Homelessness was mentioned now that the weather is turning colder. Dr. Toumishey mentioned that we will get our outreach program back up and running and look forward to reengaging with community partners. Public Health was invited to the homelessness summit. It was noted that the average rent in Belleville is approximately \$2200. Inadequate access to affordable housing remains a challenge.

## 12. STAFF REPORTS

### 12.1 *Healthy Schools Program Update – Sheryl Farrar, Program Manager*

THAT the Board approve receipt of the program report as presented.

**MOTION**

Moved by: Kim

Seconded by: Michael

CARRIED

- ♦ It was noted how disheartening it is to see the young age of youth who are vaping. Everyone is aware of smoking in schools, bathrooms, public parks but vaping is done around children because it is too easy to hide and smoke alarms don't work with vaping the way they do with smoking. Suggested higher fines might help but it is the government that sets those fines. Public Health is working with school administrators but believe the prevention needs to start earlier.
- ♦ Outcomes and performance measures of our work in collaboration with the school boards is published every year.
- ♦ Mental health was discussed and how Public Health has a health graded curriculum called My Brain, My Choice starting in grade 6 before they are exposed to such thing as vaping and in the school clinics, the nurses screen for such things. We work very closely with school board partners.
- ♦ The Food for Learning program was mentioned and how it is mainly funded through fundraising and donations so it was encouraged that if you can donate to this cause, please do so, you are helping feed children.
- ♦ Discussion followed the presentation.

Chair O'Neill thanked Ms. Farrar for the work from staff in putting together this presentation.

### **13. CORRESPONDENCE AND COMMUNICATIONS** - None

### **14. NEW BUSINESS** – Strengthening Public Health – Dr. Ethan Toumishey

- ♦ Dr. Toumishey reviewed the slide deck provided to us from the Ministry of Health. Discussion and questions followed but Dr. Toumishey couldn't answer anything for certainty as we are still awaiting more information and direction from the government.

THAT the Board of Health endorses the exploration of potential voluntary merger opportunities in accordance with parameters from the Ministry of Health, with the goal of optimizing capacity, stability, and sustainability of Public Health.

#### **MOTION**

Moved by: Michael

Seconded by: David

CARRIED

Garnet left the meeting at 11:08 a.m.

### **15. INFORMATION ITEMS**

THAT the Board of Health receive the information items as circulated.

#### **MOTION**

Moved by: Craig

Seconded by: Sean

CARRIED

Chair O'Neill drew the Board's attention to the information items listed within the agenda and found on the [Public Health website](#).



**16. DATE OF NEXT MEETING** – Wednesday, December 6, 2023 at 9:30 a.m.

**17. ADJOURNMENT**

THAT this meeting of the Board be adjourned at 11:11 a.m.

**MOTION:**

Moved by: David

Seconded by: Kim

CARRIED

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Jan O'Neill, Board Chair  
Hastings Prince Edward Board of Health

## Board of Health Briefing Note

<b>To:</b>	Hastings Prince Edward Board of Health
<b>Prepared by:</b>	David Johnston, Director of Corporate Services
<b>Reviewed by:</b>	Dr. Ethan Toumishey, Medical Officer of Health and CEO
<b>Date:</b>	Wednesday, December 6, 2023
<b>Subject:</b>	<b>January to October Revenues &amp; Expenses November and December Expectations</b>
<b>Nature of Board Engagement</b>	<input checked="" type="checkbox"/> <b>For Information</b> <input type="checkbox"/> Strategic Discussion <input type="checkbox"/> Board approval and motion required <input checked="" type="checkbox"/> <b>Compliance with Accountability Framework</b> <input type="checkbox"/> Compliance with Program Standards
<b>Action Required:</b>	THAT the Board of Health receive the January to October Revenues and Expenses and the November and December Expectations report as circulated.
<b>Notes regarding Revenues and Expenses</b>	<p>The following notes are provided to assist in the review of the attached Summary of Revenues &amp; Expenses for the period of January 1 – October 31, 2023.</p> <ul style="list-style-type: none"> <li>• Within the Accountability Agreement reporting, we have separated costs to provide information related to ongoing Mandatory Programs and the Ontario Seniors Dental Care Program (OSDCP).</li> <li>• Overall, as of October 31 we are on target for revenues, largely due to expenditure recoveries.</li> <li>• The variance in Ministry of Health Annual and one-time grants relates to the flow of funds and timing related to approvals from the Ministry.</li> <li>• Staff Training costs are not expected to catch up.</li> <li>• Travel Expenses are below expectation. Our approach to service delivery for some programs is the rationale for this variance.</li> <li>• Office Expenses, Printing, Postage are within reasonable levels consistent with operations.</li> <li>• Professional and Purchased Services include 100% of insurance costs for the year, and further represents an increase in purchased dental services due to a significant growth in OSDCP demand.</li> <li>• The variance in Information Technology reflects service agreement costs that were paid in full for the year, in addition to the cost of software purchased in the spring.</li> <li>• Overall Mandatory Programs are under-budget as of October 31. However, this is anticipated to balance by the end of the fiscal year.</li> </ul>

	<ul style="list-style-type: none"> <li>• The OSDCP has a small balance left as of October 31. We expect to receive the dental vehicles this year.</li> <li>• The row labelled Ministry of Health Annual and One-Time Grants account for the costs of the eight school-focused nursing positions, the MOH Compensation Grant, extraordinary costs related to COVID-19, and the remaining cost of the mobile dental clinics. <ul style="list-style-type: none"> <li>• The School-Focused Nursing funding, expired June 30. All of these funds were spent.</li> <li>• Both mobile dental clinics are nearing completion. The full \$550,000 for the mobile clinics will be spent by the end of March 31, 2024 as per the contract.</li> <li>• The MOH compensation grant application has been submitted and we are awaiting approval.</li> <li>• Extraordinary funding to support COVID-19 work will be approved for public health units based on need, after submission and review of the Q3 and Q4 reports.</li> </ul> </li> <li>• Healthy Babies Healthy Children shows a surplus at October 31. However, this is expected to balance by March, which is the fiscal year end for this program.</li> <li>• The Federal Grants have provided 100% of their revenues. This results in a surplus balance of \$18,209 to be utilized by March 2024. This is the fiscal year end for the Children's Oral Health Initiative.</li> </ul>
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# HASTINGS PRINCE EDWARD PUBLIC HEALTH

## Summary of Revenues & Expenses for the period January 1 - October 31, 2023

For Board of Health Review - December 6, 2023

Schedule 10.1.1

	Ministry of Health Accountability Agreement			Other Grants and Contracts			Totals and Budget Analysis			
	Mandatory Programs inc. COVID	100% Seniors Dental Program	TOTAL Ministry of Health Programs	Ministry of Health Annual and One-Time Grants	MCCSS HBHC (April-March)	Federal Grants (April-March)	YEAR TO DATE TOTAL	ANNUAL BUDGET	YTD Budget Variance	YTD Actuals as % of budget (10/12 = 83%)
<b>REVENUES</b>										
Ministry of Health Mandatory and 100% Programs	7,410,337	1,003,118	8,413,455				8,413,455	10,743,452	2,329,997	78%
Ministry of Health Annual and one time grants			0	678,258			678,258	790,000	111,742	86%
Ministry of Health Mitigation Funding	886,671		886,671				886,671	1,120,000	233,329	79%
Municipal Levies	3,630,108		3,630,108				3,630,108	3,630,108	0	100%
Ministry of Children, Community & Social Services			0		939,983		939,983	1,160,543	220,560	81%
Federal Grants			0			50,516	50,516	39,000	(11,516)	130%
Expenditure Recoveries	130,770	6,799	137,569				137,569	122,700	(14,869)	112%
Transfer from Reserves			0				0	0	0	
<b>Total Revenues</b>	<b>12,057,886</b>	<b>1,009,917</b>	<b>13,067,803</b>	<b>678,258</b>	<b>939,983</b>	<b>50,516</b>	<b>14,736,561</b>	<b>17,605,803</b>	<b>2,869,242</b>	<b>84%</b>
<b>EXPENSES</b>										
Salaries and Wages	7,303,038	203,326	7,506,364	355,502	600,151	24,945	8,486,962	10,628,983	2,142,021	80%
Staff Benefits	2,097,173	56,078	2,153,250	75,268	143,905	6,983	2,379,407	3,006,560	627,153	79%
Staff Training	98,655	324	98,979		1,262		100,241	200,400	100,159	50%
Travel Expenses	85,924	103	86,027		18,337		104,364	171,000	66,636	61%
Building Occupancy	859,278	35,800	895,078		11,250		906,328	1,052,000	145,672	86%
Office Expenses, Printing, Postage	41,648		41,648	18,422	652		60,723	65,000	4,277	93%
Materials, Supplies	239,160	47,691	286,852		8,105	378	295,335	420,860	125,525	70%
Professional & Purchased Services	274,215	445,081	719,296	133,000	2,035		854,331	1,092,000	237,669	78%
Communications Costs	92,630	4,700	97,330		2,750		100,080	129,000	28,920	78%
Information Technology	494,225	40,347	534,573		8,452		543,024	550,000	6,976	99%
Capital Expenditures	76,218		76,218				76,218	30,000	(46,218)	254%
Transfer to Capital/Operating Reserves	260,000		260,000				260,000	260,000	0	100%
<b>Total Expenses</b>	<b>11,922,165</b>	<b>833,450</b>	<b>12,755,615</b>	<b>582,192</b>	<b>796,899</b>	<b>32,307</b>	<b>14,167,013</b>	<b>17,605,803</b>	<b>3,438,790</b>	<b>80%</b>
<b>VARIANCE</b>	<b>135,721</b>	<b>176,467</b>	<b>312,188</b>	<b>96,066</b>	<b>143,084</b>	<b>18,209</b>	<b>569,547</b>	<b>0</b>	<b>569,547</b>	

## Board of Health Briefing Note

<b>To:</b>	Hastings Prince Edward Board of Health
<b>Prepared by:</b>	David Johnston, Director of Corporate Services
<b>Approved by:</b>	Dr. Toumishey, Medical Officer of Health and CEO
<b>Date:</b>	Wednesday, December 6, 2023
<b>Subject:</b>	<b>2024 Budget Approval</b>
<b>Nature of Board Engagement</b>	<input type="checkbox"/> For Information <input checked="" type="checkbox"/> Strategic Discussion <input checked="" type="checkbox"/> Board approval and motion required <input checked="" type="checkbox"/> Compliance with Accountability Framework <input type="checkbox"/> Compliance with Program Standards
<b>Action Required:</b>	THAT the Board of Health approve the 2024 Budget as circulated.
<b>Background:</b>	<p>The 2024 budget package represents an intentional focus on the maintenance of FTE's to support the continued delivery of public health services in the face of revenue reductions and potential mergers with other local public health units in late 2024, early 2025.</p> <p>Revenues from the provincial ministries are impacted by several announcements. Those include changes to the funding formula (75% provincial, 25% municipal) which returns mitigation funding to mandatory base funding at a reduced rate, restricted one-time funding requests, the removal of COVID-19 funding and an end to school-focused nurse program funding. These issues are compounded by significant inflationary increases to the cost-of-service delivery including wages, benefits, insurance, program materials and supplies.</p> <p>To offset the resulting deficit, it is anticipated 6 FTE's will be lost through attrition, including retirements, limits to contract extensions and the reorganization of management portfolios. We have requested the use of operational reserves to mitigate further FTE loss.</p> <p>Investments in organization-wide training, network hardware and capital projects have been limited for 2024 until we have more information on the resource needs and impacts of a potential merger.</p> <p>The Executive Summary in the budget package provides additional highlights of the budget presented. In addition, explanatory notes are provided to offer details on revenues and expenses and explain significant variances.</p>



HASTINGS PRINCE EDWARD  
**Public Health**

**2024 BUDGET PACKAGE**

*For Board Approval December 6, 2023*

## **HASTINGS PRINCE EDWARD PUBLIC HEALTH**

### **2024 BUDGET- Executive Summary**

#### **For Board Approval December 6, 2023**

The 2024 budget was developed to maximize service delivery of crucial public health programs to the community, while acknowledging the reality of recent changes to Ministry of Health (MoH) funding. In addition, budget plans reflect recent news that local public health units are likely to engage in mergers in late 2024, early 2025.

**Strategic Direction** – With the initiation of merger discussions, Hastings Prince Edward Public Health (HPEPH) has decided to extend its current strategic plan for one further year into 2024. The ministry has also announced a review of the public health standards, which may impact the nature of public health operations. As a result, continuity of core public health services remains a priority over the development of new programming.

**Technology** – Cybersecurity continues to be a crucial consideration for public health. HPEPH has implemented a comprehensive suite of cybersecurity tools and policies to help ensure safe and stable networks. Further, physical risks to IT hardware (fire, flood, etc.) are being mitigated in 2023/24 by co-locating our servers to an off-site data centre. With hybrid work and virtual meetings normalized, ongoing investments in IT support are vital for operational efficiency and continuity of operations.

#### **Key Revenue Highlights and Assumptions:**

- Revenues from the provincial ministries and federal agencies have been impacted by several recent changes. The MoH has announced a return to the 75/25 funding formula with municipalities and has committed to an annual growth increase to funding of 1% for 2024, 2025 and 2026 respectively. The ministry has also announced limits to one-time funding requests, the end of COVID-19 specific funding and, the end of funding specific to school-focused nurses. These changes require HPEPH to make several adjustments in its approach to planning and budgeting.
- HPEPH is requesting a levy increase of 4.63% from municipalities for the 2024 budget year. This increase, along with access to operational reserves will ensure that reasonable service and staffing levels are maintained in 2024, as we prepare for potential amalgamations.
- To balance the 2024 budget and retain full-time equivalent staff (FTEs), HPEPH is seeking the use of operational reserves. Reserves will remain above the minimum values outlined in our financial policies.

**Key Expenditure Highlights and Assumptions:**

- The 2024 budget will address significant inflationary impacts to the cost of maintaining program delivery. Post-bargaining wage adjustments, increased costs for employee benefits, significant increases to insurance costs (20%+) and increases to the cost of supplies will exceed the MoH 1% budget increase.
- To maintain current operations within available budget, HPEPH anticipates a reduction of six FTEs. The reduction of FTEs is accomplished through expiring employment contracts and the attrition of staff through retirements. These changes include FTE loss at the management level, which will be accomplished through restructuring and redistribution of some management portfolios.
- Investments in staff training at the program level, and training for the purposes of safety and compliance (e.g., WHIMIS), have been maintained. However, large investments in overarching organizational training have been greatly reduced from prior years. Instead, in 2024 HPEPH will focus on the deeper implementation of prior training investments (e.g., LEADS, Crucial Conversations).

Throughout 2024, HPEPH will remain dedicated to providing efficient, high-quality, and impactful public health services to our community as we pursue organizational synergies in the process of Strengthening Public Health.



**HASTINGS PRINCE EDWARD PUBLIC HEALTH**  
**2023 Forecast Actuals & 2024 Proposed BUDGET**  
**For Board Approval December 6, 2023**

	2023 Forecast Actuals	2023 Board of Health Approved Budget	2023 Variance Budget vs Actual	2024 Proposed Budget	Variance (2024 Proposed Budget vs 2023 Approved Budget)	% Variance
<b>REVENUES</b>						
1 Ministry of Health						
a) Mandatory Programs - Cost shared	9,366,550	9,436,252	(69,702)	10,614,900	1,178,648	12%
b) 100% Programs - Seniors Dental Program	1,275,450	1,307,200	(31,750)	1,597,000	289,800	22%
c) Annual Grants and One-Time Grants	500,000	500,000	-	108,000	(392,000)	-78%
d) Mitigation Funding	1,120,000	1,120,000	-	-	(1,120,000)	-100%
e) COVID-19 Extraordinary Funding	295,000	290,000	5,000	-	(290,000)	-100%
2 Municipal Levy	4,304,107	4,304,107	-	3,798,300	(505,807)	-11.8%
a) Municipal Levy Mitigation Funding	(674,000)	(674,000)	-	-	674,000	-100.0%
3 Ministry of Children, Community & Social Services	1,160,543	1,160,543	-	1,160,543	-	0.0%
4 Public Health Agency of Canada	-	89,988	(89,988)	-	(89,988)	-100%
5 Health Canada	39,000	39,000	-	39,000	-	0%
6 Expenditure Recoveries	142,569	122,700	19,869	150,500	27,800	23%
7 Transfer from Municipal Reserves	-	-	-	459,000	459,000	0%
<b>TOTAL REVENUES</b>	<b>17,529,219</b>	<b>17,695,790</b>	<b>(166,571)</b>	<b>17,927,243</b>	<b>231,453</b>	<b>1.3%</b>
<b>EXPENSES</b>						
1 Salaries & Wages	10,444,615	10,686,790	(242,175)	10,791,743	104,953	1.0%
2 Employee Benefits	2,939,690	3,014,000	(74,310)	3,113,000	99,000	3.3%
3 Staff Training	139,323	202,000	(62,677)	174,000	(28,000)	-13.9%
4 Travel Expenses	149,331	178,000	(28,669)	166,000	(12,000)	-6.7%
5 Building Occupancy	1,031,949	1,052,000	(20,051)	1,032,000	(20,000)	-1.9%
6 Office Expenses, Printing, Postage	69,723	65,000	4,723	65,000	-	0.0%
7 Program Materials, Supplies	475,290	437,000	38,290	361,000	(76,000)	-17.4%
8 Professional & Purchased Services	1,124,307	1,092,000	32,307	1,265,000	173,000	15.8%
9 Communication Costs	120,675	129,000	(8,325)	121,500	(7,500)	-5.8%
10 Information Technology	597,217	550,000	47,217	578,000	28,000	5.1%
11 Capital Expenditures	87,952	30,000	57,952	-	(30,000)	
12 Transfer to Capital/Operating Funds	260,000	260,000	-	260,000	-	
<b>TOTAL EXPENSES</b>	<b>17,440,072</b>	<b>17,695,790</b>	<b>(255,718)</b>	<b>17,927,243</b>	<b>231,453</b>	<b>1.3%</b>
<b>SURPLUS/DEFICIT</b>	<b>89,147</b>	<b>-</b>	<b>89,147</b>	<b>(0)</b>	<b>(0)</b>	
<b>ANALYSIS OF SURPLUS BALANCE</b>						
MOH Grant Funds						
MOH Grant Fund Deferrals to March 2024	70,938					
Federal Programs Deferrals to March 2024	18,209					
	<u>89,147</u>					

# Schedule 10.1.2

**HASTINGS PRINCE EDWARD PUBLIC HEALTH**  
**Budgeted Revenues - For the period January 1, 2024 to December 31, 2024**  
**For Board Approval December 6, 2023**

Revenue Source	Ministry of Health		TOTAL Ministry of Health Programs	Other Grants & Contracts			TOTAL Other Grants & Contracts	Consolidated Budget
	Mandatory Programs	100% Seniors Dental Program		Ministry of Health	Healthy Babies Healthy Children	Federal Grants		
<b>PROVINCIAL &amp; MUNICIPAL FUNDING</b>								
<b>Ministry of Health</b>								
Mandatory and 100% Programs	10,614,900	1,597,000	12,211,900				-	12,211,900
Annual and one-time grants			-	108,000			108,000	108,000
Mitigation Funding			-				-	-
COVID-19 Extraordinary Funding			-	-			-	-
Municipal Levy	3,798,300		3,798,300				-	3,798,300
Municipal Levy Mitigation Funding			-				-	-
Transfer from Municipal Reserves	459,000		459,000				-	459,000
Ministry of Children, Community & Social Services			-		1,160,543		1,160,543	1,160,543
<b>TOTAL PROVINCIAL &amp; MUNICIPAL GRANTS</b>	<b>14,872,200</b>	<b>1,597,000</b>	<b>16,469,200</b>	<b>108,000</b>	<b>1,160,543</b>	<b>-</b>	<b>1,268,543</b>	<b>17,737,743</b>
<b>FEDERAL FUNDING</b>								-
Public Health Agency of Canada							-	-
Health Canada						39,000	39,000	39,000
<b>EXPENDITURE RECOVERIES</b>								
Contraceptive Sales	5,000		5,000				-	5,000
OHIP Payments	10,800		10,800				-	10,800
Food Handler Course Registrations	-		-				-	-
Menactra Vaccine	20,000		20,000				-	20,000
Human Papilloma Virus (HPV) Vaccine	16,000		16,000				-	16,000
Flu Vaccine	3,000		3,000				-	3,000
Seniors Dental Program	38,000		38,000				-	38,000
Interest/Other	57,700		57,700				-	57,700
	150,500	-	150,500	-	-	39,000	39,000	189,500
<b>TOTAL REVENUES</b>	<b>15,022,700</b>	<b>1,597,000</b>	<b>16,619,700</b>	<b>108,000</b>	<b>1,160,543</b>	<b>39,000</b>	<b>1,307,543</b>	<b>17,927,243</b>

**HASTINGS PRINCE EDWARD PUBLIC HEALTH**  
**2024 BUDGET - Explanatory Notes and Variance Analysis - REVENUES**  
**For Board Approval December 6, 2023**

	Approved Budget MoH/Board 2023	Budget 2024	Variance 2024 vs 2023
<b>1. MINISTRY OF HEALTH</b>			
a) <b><u>Mandatory Programs - Cost shared, change to 75/25</u></b>	\$ 9,389,800	\$ 10,614,900	\$ 1,225,100
<i>The Ministry of Health (MoH) issues an accountability agreement each year outlining the terms of transfer payments to public health. In 2023, MoH announced a return to 75/25 funding levels. For 2024, the MoH has committed to 1% growth funding. The following program areas are covered by cost shared funding:</i>			
<b>Foundational Standards</b>			
Population Health Assessment			
Health Equity			
Effective Public Health Practice			
Emergency Management			
<b>Program Standards</b>			
Chronic Disease Prevention and Well-being			
Food Safety			
Healthy Environments			
Healthy Growth and Development			
Immunization			
Infectious and Communicable Diseases Prevention and Control			
Safe Water			
School Health			
Substance Use and Injury Prevention			
b) <b><u>100% Programs - Seniors Dental Program</u></b>	1,307,200	1,597,000	289,800
<b>Total Ministry of Health Accountability Agreement</b>	<b>\$ 10,697,000</b>	<b>\$ 12,211,900</b>	<b>\$ 1,514,900</b>
c) <b><u>Annual Grants and One-Time Grants</u></b>			
<i>A Compensation Grant is provided on an annual basis to offset the total compensation of the Medical Officer of Health. Funding will be requested for two students to complete their PHI Practicum at HPEPH over the summer of 2024.</i>			
MOH Compensation Grant	64,000	76,000	12,000
Public Health Inspector Practicum Student	20,000	32,000	12,000
Purpose Built Vaccine Fridge	12,000	-	(12,000)
ISPA Catch up	150,000	-	(150,000)
Ontario Seniors Dental Care Program	133,000	-	(133,000)
COVID-19 School-Focused Nurses Initiative	400,000	-	(400,000)
<b>Total Annual and one-time funding Ministry of Health Grants</b>	<b>779,000</b>	<b>108,000</b>	<b>(671,000)</b>
d) <b>Mitigation Funding</b>	1,120,000	-	(1,120,000)
<i>One-time funding to offset the increased costs to municipalities as a result of the 70% (provincial) and 30% (municipal) cost-sharing change for mandatory programs. Discontinued at December 31, 2023.</i>			
e) <b>COVID-19 Extraordinary Funding</b>	290,000	-	(290,000)
<i>One-time funding to offset extraordinary costs associated with COVID-19. Discontinued at December 31, 2023.</i>			

## Schedule 10.1.2

	Approved Budget MoH/Board 2023	Budget 2024	Variance 2024 vs 2023
<b>2. MUNICIPAL LEVY</b>			
<i>Municipal levies have been increased in the 2024 budget by one per cent. However, this has been offset due to mitigation fund changes and the return to 75/25.</i>			
City of Belleville	1,403,259	1,238,352	(164,907)
City of Quinte West	1,186,391	1,046,970	(139,421)
Hastings County	1,059,496	934,987	(124,509)
Prince Edward County	654,961	577,992	(76,969)
	<u>4,304,107</u>	<u>3,798,300</u>	<u>(505,807)</u>
<b>a) MUNICIPAL LEVY MITIGATION FUNDING ADJUSTMENT</b>			
<i>Provincial funding distribution of mitigation funds.</i>			
City of Belleville	(219,743)	-	219,743
City of Quinte West	(185,782)	-	185,782
Hastings County	(165,911)	-	165,911
Prince Edward County	(102,563)	-	102,563
	<u>(673,999)</u>	<u>-</u>	<u>673,999</u>
<b>3. MINISTRY OF CHILDREN, COMMUNITY &amp; SOCIAL SERVICES</b>	1,160,543	1,160,543	-
<i>MCCSS funds the Healthy Babies, Healthy Children program; no increase is anticipated for this contract. The HBHC contract is based on a March 31 fiscal year.</i>			
<b>4. PUBLIC HEALTH AGENCY OF CANADA (PHAC)</b>	-	-	-
<i>HPEPH stopped offering the Canadian Prenatal Nutrition Program (CPNP) after COVID. CPNP was replaced with the Nurse-Family Partnership (NFP). The internationally recognized NFP program is expected to have a more significant impact across the community. NFP program resources and training are shared between numerous local public health units.</i>			
<b>5. HEALTH CANADA</b>	39,000	39,000	-
<i>Health Canada funds the Children's Oral Health Program (COHP); no increase is anticipated for this contract. The program has a March 31 fiscal year.</i>			
<b>6. EXPENDITURE RECOVERIES</b>	122,700	150,500	27,800
<i>Expenditure recoveries include OHIP reimbursements, vaccine recoveries, seniors dental recoveries, contraceptives and interest earnings on transfer payments. Recoveries are slowly increasing as we return to pre-COVID levels of operation.</i>			
<b>7. TRANSFER FROM RESERVES</b>	200,000	459,000	259,000
<b>TOTAL BUDGETED REVENUES</b>	<u>\$ 18,712,350</u>	<u>\$ 17,927,243</u>	<u>\$ (785,107)</u>

## HASTINGS PRINCE EDWARD PUBLIC HEALTH

Budgeted Expenses - For the period January 1, 2024 to December 31, 2024

For Board Approval December 6, 2023

Expense Item	Ministry of Health	Other Grants & Contracts			TOTAL Other Grants & Contracts	Consolidated Budget
	Mandatory, Related and 100% Programs	Annual Grants and one-time grants	Healthy Babies Healthy Children	Federal Grants		
Salaries & Wages	9,854,069	100,760	810,307	26,607	937,674	10,791,743
Employee Benefits	2,868,531	7,240	228,936	8,293	244,469	3,113,000
Staff Training	171,000	-	3,000	-	3,000	174,000
Travel Expenses	140,000	-	25,000	1,000	26,000	166,000
Building Occupancy	989,700	-	42,300	-	42,300	1,032,000
Office Expenses, Printing, Postage	63,000	-	2,000	-	2,000	65,000
Program Materials, Supplies	356,000	-	4,000	1,000	5,000	361,000
Professional & Purchased Services	1,260,900	-	2,000	2,100	4,100	1,265,000
Communication Costs	110,600	-	10,900	-	10,900	121,500
Information Technology	545,900	-	32,100	-	32,100	578,000
Capital Expenditures	-	-	-	-	-	-
Transfer to Capital/Operating Funds	260,000	-	-	-	-	260,000
<b>TOTAL EXPENDITURES</b>	<b>16,619,700</b>	<b>108,000</b>	<b>1,160,543</b>	<b>39,000</b>	<b>1,307,543</b>	<b>17,927,243</b>

**HASTINGS PRINCE EDWARD PUBLIC HEALTH  
2024 BUDGET - Explanatory Notes and Variance Analysis - EXPENSES  
For Board Approval December 6, 2023**

**1. SALARIES & WAGES**

*The 2024 budget is prepared with an expectation that HPEPH will explore merger options.*

*This budget represents 126 full-time equivalent (FTE) positions, which is a reduction of 6 FTEs from 2023. The reduction of FTEs is accomplished by not replacing all leaves, and the attrition of staff through retirements. There are no anticipated overtime expenses included.*

**2. EMPLOYEE BENEFITS**

*Employee benefits are expected to increase at a significant rate due to the rising expense of group benefits. Overall, benefits amount to 28 per cent of salaries. This includes statutory benefits (CPP, EI, EHT and WSIB), OMERS pension plan contributions, group health, dental and life insurance and a per cent in lieu for part-time and contract staff.*

**3. STAFF TRAINING**

*The 2024 budget shows a reduction in corporate training as we focus on deeper implementation of prior training investments (LEADS, Crucial Conversations). Training required for program delivery (e.g., NFP, equity, etc.) and compliance training (e.g., WHIMIS) remain intact.*

**4. TRAVEL EXPENSES**

*Travel expenses account for staff travel throughout Hastings and Prince Edward Counties to deliver services including the inspection of food and water premises, immunization and dental clinics in the community and home visits. We are expecting a continued reduction in travel expenses; however, program enhancements and the addition of a mobile dental clinic will offset savings.*

**5. BUILDING OCCUPANCY**

*Building occupancy expenses include the building loan, leases, maintenance costs, cleaning services and supplies for all locations of the organization. Inflationary increases are forecast to all ongoing maintenance costs.*

**6. OFFICE EXPENSES, PRINTING, POSTAGE**

*Office expenses are expected to remain steady for 2024. We anticipate continued high postage expenses as we catch up on school immunizations.*

**7. PROGRAM MATERIALS, SUPPLIES**

*Program materials and supplies budget has decreased based on individual program plans and expectations for 2024. The Ministry of Health recently announced additional Harm Reduction supply availability from the province which has an impact to expenses within this program.*

**8. PROFESSIONAL & PURCHASED SERVICES**

*Similar to previous years, the majority of budget for professional and purchased services reflects dental, denturist and lab fees in the Seniors Dental program. The addition of information technology support contracts are reflected here.*

**9. COMMUNICATION COSTS**

*Continued savings in this area due to reductions in the need for mobile data support for program delivery.*

**10. INFORMATION TECHNOLOGY**

*There are some inflationary increases to service agreements. With the potential for mergers, we have limited our investments in network hardware for 2024 as we consider the potential alignment of technology with future partners. To address potential physical risks (fire, flood, etc.) to critical server hardware, they are being moved to an off-site data centre.*

**11. CAPITAL EXPENDITURES**

*There are no planned capital expenditures in 2024.*

**12. TRANSFER TO CAPITAL/OPERATING FUNDS**

*Transfers represent retainable funds that will be held for future building and/or critical service requirements as per the Accounting Practices Policy. Ongoing investment in these funds helps ensure continuity of service and availability of funds for future capital costs.*

## Board of Health Briefing Note

<b>To:</b>	Hastings Prince Edward Board of Health
<b>Prepared by:</b>	David Johnston, Director of Corporate Services
<b>Approved by:</b>	Dr. Toumishey, Medical Officer of Health and CEO
<b>Date:</b>	Wednesday, December 6, 2023
<b>Subject:</b>	<b>Risk Management Progress Report</b>
<b>Nature of Board Engagement</b>	<input checked="" type="checkbox"/> <b>For Information</b> <input checked="" type="checkbox"/> <b>Strategic Discussion</b> <input checked="" type="checkbox"/> <b>Board approval and motion required</b> <input checked="" type="checkbox"/> <b>Compliance with Accountability Framework</b> <input type="checkbox"/> Compliance with Program Standards
<b>Action Required:</b>	That the Board of Health review and approve the Risk Management Progress Report for the period October 2022 to October 2023.
<b>Background:</b>	<p><b><i>As per the Public Health Accountability Framework, Boards of Health shall have a formal risk management framework in place that identifies, assesses and addresses risks". The rationale for this requirement "Ensures Boards of Health are aware of and are taking action to mitigate known issues that may be creating a risk to the public's health or to the stability or competency of the organization."</i></b></p> <p>Hastings Prince Edward Public Health (HPEPH) has a comprehensive risk management policy and procedure. The Risk Management Committee has identified 5 risks for the organization, all requiring strategic mitigation action plans.</p> <p>The attached report lists the most current organizational risks and notes any progress or notes relevant for mitigation. Risks from the prior report that no longer appear in this report have been mitigated or, re-rated based on mitigation progress and are no longer priority risks.</p>



## HPEPH - RISK MANAGEMENT REPORT

### For the Period October 2022 - October 2023

Item #	Risk	Category	Likelihood	Impact	Risk Rating		Mitigation	Lead	Notes:
1	Health Unit Mergers - Impacts on Staffing and Service	Human Resources, Operations, Service Delivery, Strategic, Public Perception	3	4	12	<b>Moderate-High Risk</b>	Ensure transparency, advance planning, communication and a clear vision for the future state are provided during the process.	Executive Team	There are many unknowns for this risk, however it is clear there are numerous potential pitfalls. Key elements of addressing this risk will be in the communication with staff and the public as the process unfolds. Developing a clear vision for the partner organizations will be critical to maintain confidence as we move forward.
2	Cyber Incident	Information, Knowledge, Governance, IT	2	5	10	<b>Moderate-High Risk</b>	1. People – Delivery of staff awareness campaigns. Development and delivery of training curriculum. 2. Creation and delivery of targeted phishing campaigns. 3. Process – Administrative safeguards/policies and checks for purchasing. 4. Administrative safeguards/policies for safeguarding fair use of signing authorities' digital signatures. 5. Onboarding and offboarding identity management, collection of assets. 6. Remediation for staff falling below phishing campaign testing baseline (email Class of Service change). 7. Technology - legacy technologies provisioned at relevant layers of stack (Gateway - SPAM, IPS, Web, WAF). Endpoint (client AV). 8. ATP with cloud layer (sandboxing) added. 9. SIEM, machine learning/AI added.	IT Manager, Director of Corporate Services	Action items have been accomplished but the nature and potential impact of this risk are important enough that we will identify this as a critical risk to be aware of going forward.

## HPEPH - RISK MANAGEMENT REPORT

### For the Period October 2022 - October 2023

Item #	Risk	Category	Likelihood	Impact	Risk Rating		Mitigation	Lead	Notes:
2	Cyber Incident (continued)	Information, Knowledge, Governance, IT	2	5	10	<b>Moderate-High Risk</b>	10. Immutable layer for remote BC workload backup/replication added 11. New switching topology/w further micro segmentation added	IT Manager, Director of Corporate Services	
3	Lack of detailed fixed asset register/general asset list.	Financial, Governance, Public Perception	4	4	16	<b>High Risk</b>	Create easy to follow spreadsheet including asset, location and replacement cost, create procedure to report asset purchase, create videos/photos as back up to spreadsheet.	Finance Manager, Director of Corporate Services	Key item as we look at potential mergers. We have a plan for this (IT assets completed), looking at finalization by end of Q1 2024)
4	Increased staff attrition/turnover/contracts will lead to continued program disruption.	Human Resources, Operations, Service Delivery	4	4	16	<b>High Risk</b>	1. Continue to monitor for potential retirements/maternity, personal and STD leaves. 2. Continue to review staff vacancies/ requests for replacing staff and consider skills, priorities and program needs. 3. Monitor for positions that are delivered by a single individual and consider cross training opportunities.	Manager of HR, Director of Corporate Services, Program Managers	Progress report to BOH in 2023
5	Insufficient Training and Development Planning	Governance, Organizational, Strategic, Political, Legal Compliance, Security, Public Perception	4	4	16	<b>High Risk</b>	1. Create an organization-wide training and development plan that addresses current program needs and operational/ organizational needs. 2. Consider training requirements at the development stage of any new programs/ services. 3. Evaluate organization-specific knowledge (e.g. how to use FileHold, OSCAR or Dayforce) and ensure those skills are added to onboarding programs to minimize new employee knowledge gaps.	Manager of HR, Director of Corporate Services	Lots of work has been done to ensure compliance training (e.g. WHMIS, Privacy, Workplace Violence, etc.) Program and corporate training would benefit from additional planning to ensure training investments are effective.

## Board of Health Briefing Note

<b>To:</b>	Hastings Prince Edward Board of Health
<b>Prepared by:</b>	Dr. Ethan Toumishey, Medical Officer of Health and CEO
<b>Date:</b>	Wednesday, December 6, 2023
<b>Subject:</b>	<b>Report of the Medical Officer of Health</b>
<b>Nature of Board Engagement</b>	<input checked="" type="checkbox"/> <b>For Information</b> <input type="checkbox"/> Strategic Discussion <input type="checkbox"/> Board approval and motion required <input type="checkbox"/> Compliance with Accountability Framework <input type="checkbox"/> Compliance with Program Standards
<b>Action Required:</b>	No action required.
<b>Updates:</b>	<p><b><u>Respiratory virus update</u></b></p> <ul style="list-style-type: none"> <li>• With the holiday season upon us, I am urging all residents to take action to reduce the spread of illness in the community.</li> <li>• Taking action now to #SpreadJoyNotGerms will help all local residents, especially the most vulnerable, stay healthy for the holidays.             <ul style="list-style-type: none"> <li>○ Stay up-to-date with your immunizations: COVID, flu, and RSV if you are eligible.</li> <li>○ Skip the holiday party if you're not feeling well. It is critical to stay home when you are sick, and keep your children home if they are sick.</li> <li>○ Wear a mask in crowded indoor spaces, and when recovering from illness. If you are recovering from illness, it is especially important to wear a mask for 10 days after your symptoms started.</li> <li>○ Wash your hands often, and clean high touch surfaces. This is especially important to prevent the spread of influenza and RSV, both of which are easily spread on high touch surfaces. If you host or attend a holiday gathering, clean high touch surfaces and encourage guests to wash their hands frequently or use hand sanitizer.</li> </ul> </li> </ul>
	<p><b><u>Safe driving campaign</u></b></p> <ul style="list-style-type: none"> <li>• If you are planning to celebrate this holiday season plan ahead for a safe ride home.</li> <li>• Once again this year, the Quinte Region Traffic Coalition, which is a partnership of Hastings Prince Edward Public Health, Bancroft, Central Hastings, Lennox and Addington County, Prince Edward County, and Quinte West OPP Detachments, is working to bust myths related to impaired driving.</li> <li>• We will be sharing short videos educating the public about the importance of planning for a safe ride home.</li> <li>• Don't drive impaired this holiday season, please plan ahead for a safe ride home by:             <ul style="list-style-type: none"> <li>○ Calling a taxi, ride share, or Red Nose Quinte</li> <li>○ Calling a trusted friend or family member</li> </ul> </li> </ul>

	<ul style="list-style-type: none"> <li>○ Taking public transit</li> <li>○ Arranging for a designated driver</li> <li>○ Staying overnight</li> </ul>
	<p><b><u>Radon awareness</u></b></p> <ul style="list-style-type: none"> <li>• November was Take Action on Radon Month.</li> <li>• Testing your home for radon is easy, and one of the most important things you can do to protect your health since radon is the second leading cause of lung cancer in Canada.</li> <li>• Radon is a gas that can enter your home through cracks in the basement, sump pumps, floor drains, or any other opening where the house contacts the soil.</li> <li>• You cannot taste, smell or see radon and you cannot predict the level of radon in your home – the only way to know is to test.</li> <li>• HPEPH conducted a study of radon levels in local homes in late 2019 and early 2020, which identified that 15 per cent of participating homes had radon levels above Health Canada's recommended maximum <ul style="list-style-type: none"> <li>○ A <a href="#">report</a> summarizing the complete findings is available on the HPEPH website.</li> </ul> </li> <li>• Additional information about the risks of radon is available on the website at <a href="https://hpepublichealth.ca/radon/">https://hpepublichealth.ca/radon/</a>.</li> </ul>
	<p><b><u>Drug poisonings</u></b></p> <ul style="list-style-type: none"> <li>• Along with our community partners, we continue to be incredibly concerned about contaminated drugs in the region and the current risk of drug poisonings.</li> <li>• Public Health is committed to working to reduce drug poisoning in the community both in the short and long term.</li> <li>• We recognize that using drugs is a reality for many community members and reiterate that help is available – both to reduce potential harms when using drugs, and to provide ongoing supports and treatment.</li> <li>• All individuals who use drugs are urged to take steps to protect themselves. <ul style="list-style-type: none"> <li>○ Avoid mixing drugs, try a small amount first, don't use alone, and have multiple Naloxone kits on hand.</li> <li>○ Anyone who uses drugs or is with someone who is using drugs should be prepared to call for emergency response. The <a href="#">Good Samaritan Drug Overdose Act</a> provides some legal protection against simple drug possession charges for anyone who experiences, witnesses, or responds to a drug poisoning and calls 911.</li> <li>○ If you must use drugs alone, you can call the National Overdose Response Service's confidential overdose prevention hotline 24-hours-a-day at 1-888-688-6677. An operator will stay on the phone with you and will call 911 and advise of possible overdose if they do not receive a response after drugs are administered.</li> </ul> </li> <li>• On our <a href="#">website</a> you can find a "getting help" page with information and links to community resources, including locations where you can access safer drug use supplies and treatment services.</li> </ul>

	<ul style="list-style-type: none"> <li>• Our <a href="#">Opioid Monitoring Dashboard</a>, developed with our community partners, provides a monthly summary of opioid harms and other early warning indicators in Hastings and Prince Edward Counties. <ul style="list-style-type: none"> <li>○ A monitoring plan has been developed collaboratively with community partners to support coordinated notification of community members. We are also updating an Opioid Response Strategy in collaboration with our community partners.</li> </ul> </li> <li>• I want to reiterate that this is a very concerning situation – and urge everyone who uses drugs to take whatever steps they can to reduce their risk.</li> </ul>
	<p><b><u>Healthy Schools Annual Report</u></b></p> <ul style="list-style-type: none"> <li>• I'm pleased to share the <a href="#">Healthy Schools Annual Report 2022-2023</a>.</li> <li>• The HPEPH Healthy Schools team is a multi-disciplinary team comprised of health promoters, public health nurses, a registered dietitian who have been assigned to families of schools across the jurisdiction to provide: <ul style="list-style-type: none"> <li>○ <b>Clinical services</b>, such as immunizations, sexual health clinics, tobacco and vaping cessation, mental health and substance use referrals, provided directly within schools;</li> <li>○ <b>Health promotion resource guides</b> which use a whole school approach to address health topics in the classroom, school and community;</li> <li>○ <b>Newsletter inserts, social media messaging and roll-up banners</b> to bring awareness to the school community regarding relevant health topics;</li> <li>○ <b>Educator resource kits</b> designed to support educators in teaching the health-related curriculum in a fun and interactive way;</li> <li>○ <b>Supports to create healthy schools</b> in partnership with students, school staff, families and community partners.</li> </ul> </li> <li>• As identified in the annual year end survey sent to school administrators and staff (n=61), 99 per cent of school staff were very satisfied or satisfied with the support their school received from HPEPH during the 2022-2023 school year.</li> <li>• Survey respondents shared comments such as: "It is so great to have public health right in our building. It's a huge asset for both the staff and students."</li> <li>• I want to thank the Healthy Schools Team for their outstanding work in offering health promotion and clinical services in schools.</li> </ul>
	<p><b><u>Holiday period</u></b></p> <ul style="list-style-type: none"> <li>• Public Health will continue to provide priority services throughout the holiday period to protect the health of our residents. <ul style="list-style-type: none"> <li>○ COVID-19 vaccinations, outbreak management and emergency services will continue.</li> <li>○ Our holidays hours will be posted on the website and we will also be issuing a media release with all the details later in the month.</li> </ul> </li> </ul> <p>I want to close by wishing you all a happy and healthy holiday season.</p>

## Board of Health Briefing Note

<b>To:</b>	Hastings Prince Edward Board of Health
<b>Prepared by:</b>	Roberto Almeida and Andrew Landy, Program Managers
<b>Approved by:</b>	Shelly Brown, Director of Community Programs
<b>Date:</b>	Wednesday, December 6, 2023
<b>Subject:</b>	<b>Enforcement Report</b>
<b>Nature of Board Engagement:</b>	<input checked="" type="checkbox"/> <b>For Information</b> <input type="checkbox"/> Strategic Discussion <input type="checkbox"/> Board approval and motion required <input type="checkbox"/> Compliance with Accountability Framework <input checked="" type="checkbox"/> <b>Compliance with Program Standards</b>
<b>Action Required:</b>	No action required.
<b>Background:</b>	<p><i>The Ontario Public Health Standards requires boards of health to publicly disclose results of all inspections or information in accordance with the Consumption and Treatment Services Compliance and Enforcement Protocol, 2021 (or as current); the Food Safety Protocol, 2018 (or as current); the Health Hazard Response Protocol, 2018 (or as current); the Infection Prevention and Control Complaint Protocol, 2018 (or as current); the Infection Prevention and Control Disclosure Protocol, 2018 (or as current); the Infection Prevention and Control Protocol, 2018 (or as current); the Recreational Water Protocol, 2018 (or as current); the Safe Drinking Water and Fluoride Monitoring Protocol, 2018 (or as current); the Tanning Beds Protocol, 2018 (or as current); and the Tobacco, Vapour and Smoke Protocol, 2018 (or as current).</i></p> <p>Enforcement activities are regularly presented to the Hastings Prince Edward Board of Health and are published on the website at <a href="http://hpePublicHealth.ca">hpePublicHealth.ca</a>.</p>
<b>Reviewed By:</b>	Dr. Ethan Toumishey, Medical Officer of Health and CEO

## Enforcement Report

Listing of charges laid in 2023 under the Smoke-Free Ontario Act (SFOA), and Health Protection and Promotion Act (HPPA) for the period from January 1, 2023, to June 30, 2023.

\* For a complete listing of charges and convictions in the last 2 years please visit [hpePublicHealth.ca/charges-convictions/](https://hpepublichealth.ca/charges-convictions/)

\*\*Legal disposition listed where outcome from the provincial courts is known.

FACILITY NAME	ADDRESS	STATUTE	OFFENCE	STATUS	OFFENCE DATE	RESOLUTION DATE
BEST WESTERN - SPA	387 N Front St., Belleville	HPPA	Community Health Protection Order - closure of facility until immediate health hazard is eliminated	Complied	June 22, 2023	June 23, 2023
FAIRFIELD INN & SUITES BY MARRIOTT BELLEVILLE - POOL	407 N. Front St., Belleville	HPPA	Community Health Protection Order - closure of facility until immediate health hazard is eliminated	Complied	May 25, 2023	May 31, 2023
BELLE PUB	310 Front St., Belleville	SFOA	Failure of proprietor to ensure no ashtrays or similar equipment	Conviction \$365	May 29, 2023	June 14, 2023
FOXBORO GENERAL STORE	432B Ashley St., Foxboro	SFOA	Offer to sell (flavoured) vapour product in a prohibited place	Conviction \$365	May 17, 2023	July 6, 2023
WAHOO BAR & GRILL	35 Ontario St, Trenton	HPPA	Fail to ensure completion of food handling training by food handler or supervisor	Conviction \$305	May 3, 2023	May 18, 2023
WAHOO BAR & GRILL	35 Ontario St, Trenton	HPPA	Fail to provide thermometer in refrigeration equipment	Conviction \$55	May 3, 2023	May 18, 2023
TRENTON SUSHI BUFFET	263 Dundas St. E., Trenton	HPPA	Fail to protect food from contamination and adulteration	Conviction \$465	May 3, 2023	June 27, 2023

FACILITY NAME	ADDRESS	STATUTE	OFFENCE	STATUS	OFFENCE DATE	RESOLUTION DATE
TRENTON SUSHI BUFFET	263 Dundas St., E., Trenton	HPPA	Fail to ensure facility surface cleaned as necessary	Conviction \$55	April 21, 2023	June 27, 2023
TRENTON SUSHI BUFFET	263 Dundas St. E., Trenton	HPPA	Food premise not maintained with clean walls in food-handling room	Conviction \$55	April 21, 2023	June 27, 2023
TRENTON SUSHI BUFFET	263 Dundas St. E., Trenton	HPPA	Food premise not maintained with clean floors in food-handling room	Conviction \$55	April 21, 2023	June 27, 2023
QUINTE RESTAURANT	137 Cannifton Rd., Belleville	HPPA	Community Health Protection Order - closure of facility until immediate health hazard is eliminated	Order Rescinded (April 5, 2023)	March 31, 2023	April 5, 2023
SHELL SELECT	396 North Front St., Belleville	SFOA	Supply vapour products to a person who is less than 19 years old	Pending	March 27, 2023	NA
JOHN'S VARIETY	233 Station St., Belleville	SFOA	Supply vapour products to a person who is less than 19 years old	Conviction \$490	March 16, 2023	May 2, 2023
DAISY MART	157 Bridge St. W., Belleville	SFOA	Supply vapour products to a person who is less than 19 years old	Pending	March 13, 2023	NA
RED'S DINER	2223 Hamilton Rd., Trenton	HPPA	Fail to ensure completion of food handling training by food handler or supervisor	Conviction \$305	February 15, 2023	March 22, 2023
COLLEGE VARIETY	93 Baldwin St., Belleville	SFOA	Supply vapour products to a person less than 19 years of age	Pending	February 13, 2023	NA
PARIS NAILS	390 N Front St., Belleville	HPPA	Reusable equipment not cleaned and disinfected or sterilized between use	Convicted \$580	February 9, 2023	March 17, 2023



FACILITY NAME	ADDRESS	STATUTE	OFFENCE	STATUS	OFFENCE DATE	RESOLUTION DATE
ULTRAMAR	25 Bellevue Dr., Belleville	SFOA	Supply vapour products to a person less than 19 years of age	Pending	February 2, 2023	NA
QUINTE GARDENS RETIREMENT LIVING	30 College St. W, Belleville	HPPA	Fail to ensure pool rendered inaccessible, outside of daily use period, to persons not involved with its operation, inspection, or maintenance	Conviction \$580	January 31, 2023	March 21, 2023
RED'S DINER	2223 Hamilton Rd, Trenton	HPPA	Use racks not readily cleanable design	Conviction \$55	January 17, 2023	March 22, 2023

## Board of Health Briefing Note

<b>To:</b>	Hastings Prince Edward Board of Health
<b>Prepared by:</b>	Dr. Ethan Toumishey, Medical Officer of Health and CEO
<b>Date:</b>	Wednesday, December 6, 2023
<b>Subject:</b>	<b>Strengthening Public Health – Voluntary Merger of Public Health Units</b>
<b>Nature of Board Engagement</b>	<input checked="" type="checkbox"/> <b>For Information</b> <input checked="" type="checkbox"/> <b>Strategic Discussion</b> <input checked="" type="checkbox"/> <b>Board approval and motion required</b> <input type="checkbox"/> Compliance with Accountability Framework <input type="checkbox"/> Compliance with Program Standards
<b>Action Required:</b>	<p><b>Motions:</b></p> <p>THAT the Board of Health endorse, in principle, further investigation of the feasibility of a potential voluntary merger between Hastings Prince Edward Public Health; Kingston, Frontenac, Lennox &amp; Addington Public Health (KFLAPH), Leeds, Grenville and Lanark District Health Unit (LGLDHU); and</p> <p>THAT the Board of Health strike a Voluntary Merger Committee, comprised of the Board Chair and the Medical Officer of Health (non-voting member); and</p> <p>THAT the Board of Health appoint two other board members to the Voluntary Merger Committee, with at least one being a provincial representative; and</p> <p>THAT the Voluntary Merger Committee investigate potential voluntary mergers, work with other Boards of Health, and report back to the HPE Board of Health with recommendations.</p>
<b>Background:</b>	<p>Further to information provided at the October 4 meeting of the HPE Board of Health regarding the province's Strengthening Public Health initiative, additional information has been shared by the province regarding voluntary mergers of local public health agencies (LPHAs). A slide deck has been provided outlining Outcomes and Objectives to Support Voluntary Mergers (attached).</p> <p>As outlined in the slide deck, the Ministry is working to facilitate voluntary mergers by:</p> <ul style="list-style-type: none"> <li>Identifying outcomes for the public health system,</li> <li>Setting objectives to achieve these outcomes, and</li> <li>Establishing a process through which LPHAs can submit proposals for mergers, demonstrating alignment with objectives and outcomes.</li> </ul> <p>Identified provincial objectives of the voluntary merger process include:</p> <ul style="list-style-type: none"> <li>Building critical mass and capacity among public health units (PHUs) to optimize performance, with a minimum population base of 500,000 and consideration for population trends.</li> <li>Improving organizational performance through ensuring adequate infrastructure, potential changes to management and governance, and balancing administrative and program delivery expenses.</li> <li>Building and sustaining strong leadership structures and positions (eg: MOH, AMOH, CNO, CEO), as well as succession planning.</li> </ul>

- Achieving and sustaining competency and capacity for specialized positions.
- Supporting improved alignment and coordination with key partners – both within and outside of the health system, to improve health service delivery.
- Supporting strengthened alignment and partnerships with communities/priority populations, to address health inequities.

The provincial process for voluntary merger proposals is as follows:

- All PHUs have been invited to submit a business case outlining how a voluntary merger aims to help meet the objectives above. If approved, transition costs will be supported by the province.
- Feasibility assessments, business case development, etc. will take place in Q1 of 2024, and official merger proposals will be submitted in March with 2024 Annual Service Plans.
- These proposals will also need to outline how any new LPHA will minimize impact on frontline jobs, incorporate local input, and maintain or enhance service levels.

Further to the motion brought forward at the October 4 BOH meeting supporting exploration of potential mergers with neighboring PHUs, the HPEPH Board Chair and Medical Officer of Health have met counterparts at Kingston, Frontenac, Lennox and Addington Public Health, and Leeds Grenville Lanark Public Health over the past several weeks to discuss the possibility of a potential merger, subject to endorsement by each Board of Health.

Together, the population of HPEPH, KFLAPH, and LGLDHU was approximately 571,000 in 2022, meeting the Ministry's criteria for minimum population served through an amalgamated LPHA. In addition, HPEPH shares many characteristics with KFLAPH and LGLDHU, including health care delivery patterns that cross PHU boundaries, overlap of PHU population with specialized health care centres, common transportation patterns, shared community partnerships, a mix of urban and rural geography, partnerships with Queen's University, and a proven record of effective collaboration on many programs.

It is recommended that the HPE Board of Health endorse further investigation of potential feasibility of a voluntary merger between HPEPH, KFLAPH, and LGLDHU. To move forward with this initiative, it is recommended that a Board of Health Voluntary Merger Committee be struck to investigate the feasibility of such a merger, in order to further explore potential options. It is recommended that such a committee report back to the HPE Board of Health with recommendations regarding how such a merger could meet the province's timelines and objectives with a key focus to maintain frontline service delivery and meet local need. It is recommended that such a committee be comprised of the Board Chair, Medical Officer of Health (non-voting member), and two other board members with a minimum of one member being a provincial representative.

Ministry of Health | Office of Chief Medical Officer of Health, Public Health

## STRENGTHENING PUBLIC HEALTH

# Outcomes and Objectives to Support Voluntary Mergers

October 2023

Ontario 

## Context: A Strategy to Strengthen Public Health in Ontario

## A Three-Pronged, Sector-Driven Approach

In August 2023, the government announced that the province is proceeding with a **three-pronged, sector-driven strategy** to optimize **capacity, stability, and sustainability** in public health and deliver **more equitable health outcomes** for Ontarians.



### 1. Roles and responsibilities

Conducting a **review of the Ontario Public Health Standards (OPHS)** with an aim to refine, refocus and re-level roles and responsibilities, collaborating with partners to optimize functions, for implementation beginning January 1, 2025.



### 2. Voluntary mergers

Enhancing capacity by facilitating voluntary mergers between LPHAs, through a **sector-driven approach** and by providing **time-limited funding**, for implementation beginning January 1, 2025.



### 3. Funding

Restoring **provincial base funding** to 2020 levels by January 1, 2024, implementing 1% **growth base funding** for the next three calendar years (2024-2026), creating a **three-year Merger Support Fund** for 2024-25 to 2026-27, and reviewing public health funding methodology for sustainability.

3

## System Vision & Strategic Approach

The public health sector, municipalities and the province have an opportunity to work in partnership towards a **vision for a public health system in Ontario** where all local public health agencies have the **critical mass** and **capacity, skilled personnel** and **competencies** needed to deliver core public health services and address public health emergencies **within a cohesive system** that better aligns with community and system partners.

Voluntary mergers, **particularly among smaller LPHAs**, have significant potential to advance this vision by building critical mass, strengthening human resources, and improving system alignment.

A public health sector comprised of fewer, larger, strengthened LPHAs will lead to **improved public health services** for residents, a greater ability to **respond to the unique needs** of communities, **clearer communications** and more **coordinated action for public health emergencies** and issues that cross regional boundaries.



The ministry is working with sector partners to facilitate the voluntary merger process and advance this vision by:

1. Identifying **outcomes** for the public health system
2. Setting **objectives** to achieve these outcomes
3. Establishing a process through which LPHAs can submit **proposals for mergers** that align with the vision, objectives and outcomes.

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# Public Health Challenges to Address

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## Public Health System Challenges

Long-standing challenges and opportunities in Ontario's Public Health sector have been well-documented through multiple reports over the past 20 years. Many of these reports have cited challenges with the current system and proposed merging LPHAs in order to strengthen service delivery both locally and across the province.

### Capacity

Some LPHAs do not have the **critical mass** to effectively or efficiently deliver all programs and services and to meet unexpected surges in demand. This results in inconsistent **organizational performance** across the province and barriers to effective emergency response.

### Human Resources

Some LPHAs have challenges recruiting and retaining skilled **human resources**, both in leadership and in front-line staff, which impacts their ability to deliver programs and services.

### System Alignment & Partnerships

The number of public health units creates challenges for **alignment and coordination** across LPHAs, with key partners and with the broader system, which can lead to duplication of efforts and impede progress on common goals.

6

# Strengths and Benefits of Larger LPHAs

7

## Benefits of Larger LPHAs

Mergers to create larger LPHAs can address long-standing capacity (i.e., critical mass and organizational performance) and human resource challenges.

- 1** Larger agencies serving larger populations are better able to perform essential services, provide a greater array of services, access timely surge capacity and provide a stronger voice for public health in their region.
- 2** Programs and services can be strengthened in larger agencies, including through targeted service delivery to meet unique community needs.

- 3** Larger agencies have a greater ability to recruit and retain staff and allow for career progression, including for specialized roles.

Mergers among LPHAs can also address challenges with system alignment and support stronger community partnerships and coordination.

- 4** Having fewer, larger agencies can reduce duplication and strengthen coordination within the public health system and among partners to enable progress on public health goals.



# Preserving and Bolstering Current Strengths

Key strengths of Ontario's current public health system can be preserved and bolstered.

## Local Service Delivery

Leveraging local knowledge and relationships, including with municipalities, allows the work of public health to be responsive to the needs of their communities.

## This means...

Mergers are **not intended to result in a reduction in local public health service delivery** but should maintain these relationships and strengthen LPHAs' ability to be responsive to community needs.

## Skilled Workforce

Public health professionals are the backbone of program and service delivery.

Mergers are **not intended to result in the loss of front-line jobs** but should increase the capacity of LPHAs and enable recruitment and retention of public health professionals.

## Focus on Health Equity

Public health's equity perspective is essential for improving population health outcomes.

Mergers are **intended to enhance LPHA capacity to implement health equity strategies** and consider the needs of local populations, including Indigenous partners and Francophone communities.

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# Desired Outcomes and Objectives

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## Desired Outcomes

Mergers of smaller LPHAs are a key strategy to strengthen public health in Ontario as they have significant potential to contribute to the following outcomes:

- A public health system where all LPHAs have the **critical mass and capacity** needed to optimize performance and meet unexpected surges in demand.
- A public health system where all LPHAs have the **skilled personnel and competencies needed** to fully deliver **core public health services**.
- A **cohesive public health system that better aligns with community and system partners** to support progress on improving population health outcomes while reducing health inequities.

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## Capacity Objective: Critical Mass

Expected Outcome: A public health system where all LPHAs have the critical mass and capacity needed to optimize performance and meet unexpected surges in demand.

1

Build critical mass through LPHAs that have a **minimum population base of approximately 500,000** (with consideration for population trends, characteristics and geography, as outlined below).

- A systematic review found that increasing the size of population served by local public health agencies is the strongest predictor of performance and is associated with economies of scale. One study found increases in performance plateau around a population of 500,000, while Ontario specific data indicates there may be benefits up to 1,000,000.
- Multiple inputs from stakeholders in 2019-2020 cited that population size is a predictor of public health performance and noted target population sizes in the range of 300,000 - 500,000.

**When considering the optimal population size, potential merger partners may also consider:**

- **Future population growth** as it relates to minimum population base to ensure a critical mass is achieved and maintained.
- **Population density** and **geography** recognizing that in limited circumstances, mergers of geographically large, remote and sparsely populated LPHAs may result in geographic challenges that outweigh the benefits of achieving a minimum population base of 500,000.
- The impact of **population characteristics** on LPHA capacity, including considering whether the merger would benefit from 'like to like' (e.g., multiple rural agencies merging) or the presence of an urban centre (i.e., central hub for service delivery and access to skilled workforce).

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## Capacity Objective: Organizational Performance

Expected Outcome: A public health system where all LPHAs have the critical mass and capacity needed to optimize performance and meet unexpected surges in demand.

2

Maximize **improvements in organizational performance**, which may include reinvestment of any expected savings.

- *Previous LPHA mergers have demonstrated they provide opportunities for integrating operations and strengthening service delivery over time.*

**When considering how to maximize organizational performance, potential merger partners should also consider:**

- Addressing **current or ongoing performance issues** based on local organizational assessments and/or previous audits, where applicable.
- Identifying how changes will ensure adequate **infrastructure and support services** (e.g., legal, human resources, I&IT systems, capital infrastructure).
- Identifying opportunities for **changes to the organizational management and governance structures** to maximize performance.
- Achieving an optimal **balance of administrative and program delivery expenses** and opportunities for efficiencies, recognizing that some efficiencies may only be realized in the medium to longer term.

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## Human Resources Objectives

Expected Outcome: A public health system where all LPHAs have the skilled personnel and competencies needed to fully deliver core public health services.

3

Build and sustain strong **leadership structures** (including MOH, AMOH, CNO and CEO, if appropriate) with the competencies and expertise necessary to navigate the complexities of leading a LPHA and enable deep pathways for succession planning.

- *Issues with recruitment and retention of specialized staff can impact a LPHA's ability to meet requirements of the OPHS.*
- *Studies indicate the presence of full-time, highly qualified leadership and the number of staff and specialized employees in local public health agencies is positively correlated with performance and health outcomes.*
- *Larger agencies can enable strengthened medical leadership, including through the presence of Associate Medical Officers of Health, who can provide additional expertise, support and coverage, and allow for organizational succession planning.*

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Achieve and sustain **sufficient competencies and capacities for specialized positions** for which the LPHAs have historical or ongoing vacancies.

**Potential merger partners should consider:**

- Addressing **current or persistent recruitment challenges** for positions within the LPHA(s).

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## System Alignment and Partnerships Objectives

Expected Outcome: A cohesive public health system that better aligns with community and system partners to support progress on improving population health outcomes while reducing health inequities.

5

Support **improved alignment and coordination with key system partners** both within and outside the health system, to improve public health service delivery.

- *Strengthening alignment with the health system and community partners can support public health's role in delivering health services (e.g., immunization, sexual health, school health), foster action on shared goals and allow for a more coordinated response during emergencies.*

6

Support **strengthened alignment and partnerships with communities** and **priority populations** to address health inequities.

### Potential merger partners should also consider:

- That they only include LPHAs with **contiguous boundaries** and **do not result in isolated LPHAs** (i.e., leaving a small neighbouring LPHA behind).
- **Avoiding divisions to existing LPHAs where possible**, unless significant benefits for critical mass, system alignment and partnerships can be achieved.
- That they **preserve relationships with municipalities**.

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## Implementation Approach

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## Approach

The objectives and key considerations are designed to support LPHAs in considering voluntary mergers that will benefit local communities while supporting system-level outcomes and priorities.

- LPHAs will be invited to submit a voluntary merger business case that demonstrates how the proposed merger is anticipated to achieve progress on these objectives and advance the intended outcomes.
  - The ministry recognizes that there is considerable diversity across LPHAs and that challenges vary across regions.
  - Based on local and regional circumstances, it is understood that proposed mergers may advance the objectives in different ways and to greater or lesser degrees, depending on the objective.
- LPHAs will also be required to provide implementation and readiness information.
- Transition costs for approved mergers will be funded by the province, along with business continuity requirements.

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## Implementation and Readiness Information

LPHAs will need to provide additional information for proposed mergers.

### **This will include:**

- Resolution or other form of agreement from existing boards to request approval from the Ministry of Health to create a new LPHA.
- Description of the proposed new LPHA (boundaries, name, governance and leadership structure) and the leadership structure that will be responsible for the planning and oversight of the proposed merger (e.g., joint steering committee structure and its mandate).
- A preliminary transition budget, including funding request for up to 3-years to support merger processes based on admissible costs.

### **A description of how the proposed new LPHA supports broader policy objectives, including:**

- Reducing the number of LPHAs.
- Maintaining or enhancing service levels through the new structure.
- Minimizing impact on frontline jobs.
- Incorporating input from local partners into the planning process and enhancing the new organization's capacity to implement health equity strategies and consider the needs of local populations, including Indigenous partners and Francophone communities.

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## Merger Transition Funding

The Ministry will establish a three-year Merger Transition Fund to support voluntary mergers.

### Examples of merger/transition costs include, but are not limited to:

- Temporary dedicated FTEs to support transition and assist with change management
- Consulting services
- Wage harmonization
- Severance costs
- Communication and community engagement costs
- Legal costs
- Information and Information Technology supports
- Capital infrastructure supports
- Moving and relocation costs

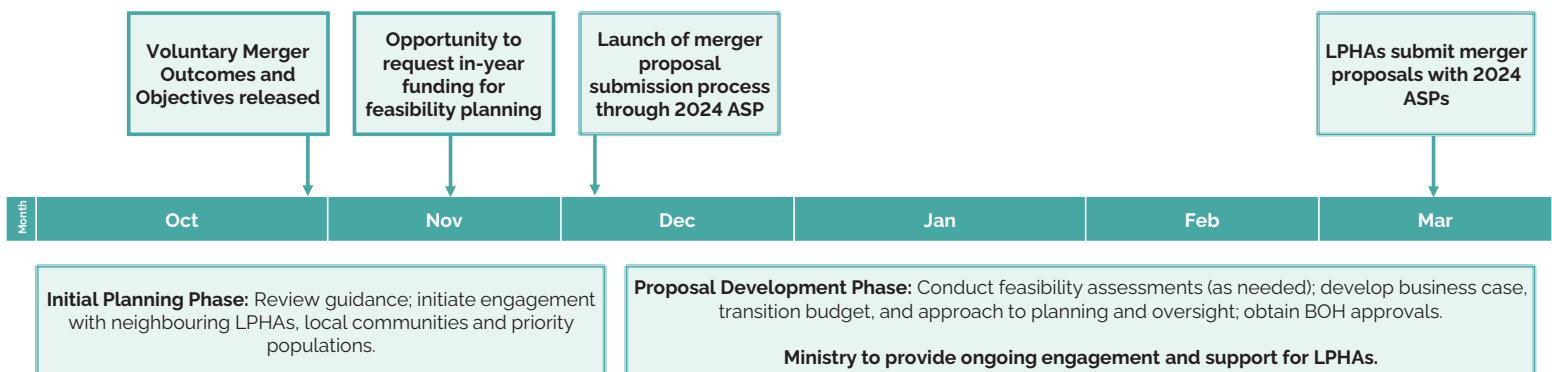
Additional funding will also be considered for those LPHAs that are approved for mergers to support business continuity and to ensure program and service delivery stability while change is underway.

LPHAs will also have an opportunity through a 2023-24 in-year process to request one-time funding to support feasibility assessments and initial planning processes, where such costs cannot be managed from within operating funding.

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## Key Milestones

Additional information on the merger proposal submission process (including merger proposal business case template and eligible expenses) will be shared with the 2024 Annual Service Plan and Budget Submission template in early December 2023 with merger proposal business cases due in March 2024.



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## Next Steps

LPHAs, together with their BOHs, are encouraged to pursue the following next steps in considering voluntary mergers:

- ▶ Review the information provided and participate in ministry outreach about voluntary mergers.
- ▶ Initiate or continue discussions with other LPHAs about mergers where there is potential to advance the outcomes and objectives, considering local/regional and provincial/system-level perspectives.
- ▶ Engage with local communities and priority populations, including Indigenous and Francophone communities, early in the planning process.
- ▶ Share updates with the ministry on the status and progress of consideration of voluntary mergers, including any resolutions issued by Boards of Health.
- ▶ Consider need for one-time funding from the ministry to support merger planning or feasibility assessments, if these costs cannot be managed from within the LPHA's existing funding/budget. Information on an in-year request for one-time funding mechanism to be released in late Fall.

Questions about voluntary mergers can be emailed to [StrengtheningPH@ontario.ca](mailto:StrengtheningPH@ontario.ca).

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## Sources

Multiple inputs were used to inform the development of the voluntary merger objectives and considerations, including:

### Reports

- Public Health Modernization Discussion Paper (2019)
- Minister's Expert Panel on Public Health (2017)
- Final Report of the Funding Review Working Group (2013)
- Building Capacity – Ministry Discussion Paper (2009)
- Final Report of the Capacity Review Committee (2006)
- Walker Reports - For the Public's Health: Interim and Final Report of the Ontario Expert Panel on SARS and Infectious Disease Control (2003-04)

### Other Sources

- Engagement with sector stakeholders, including the Public Health Leadership Table and the Voluntary Merger Key Informant Group, with representation from Boards of Health, LPHA Leadership (Medical Officers of Health and CEOs), Municipalities, the Association of Local Public Health Agencies, and the Association of Municipalities of Ontario.
- Syntheses of research evidence on public health performance and capacity.
- Documentation from previous LPHA mergers, including Southwestern, Huron-Perth and Simcoe-Muskoka.
- Stakeholder submissions in response to the Public Health Modernization Discussion Document (2019-2020).

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### Main Office – Belleville

179 North Park Street, Belleville, ON K8P 4P1

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

## 2024

### Board of Health Proposed Meeting Schedule

It is being proposed that the Board meetings will continue to be held the **first Wednesday of each month** as shown below or as otherwise noted. If required, the Board Chair can call a special meeting.

Board meetings will commence at 9:30 a.m. and are held in person at 179 North Park Street, Belleville unless otherwise noted.

If noted on the agenda, closed sessions will be the first order of business.

**It is requested that you RSVP your attendance as well as non-attendance to Catherine Lovell, Executive Assistant at [clovell@hpeph.ca](mailto:clovell@hpeph.ca) or call 613-966-5500 ext 231.**

1. February 7
2. March 6
3. May 1
4. June 5
5. September 4
6. October 2
7. December 4

### Committee Meetings

Committee meetings will be held on the **fourth Wednesday of the month**, where possible or as noted below, at **1:30 pm – 3:00 pm**, unless otherwise announced. These meetings will be virtual via ZOOM as per the amended Municipal Act.

It is the responsibility of the appointed committee member to notify and arrange for his/her alternate to attend scheduled committee meetings, should you be unable to attend.

### Governance Committee

May 22, 2024  
October 23, 2024

### Finance Committee

February 28, 2024  
April 24, 2024  
September 18, 2024  
November 27, 2024

#### North Hastings

1P Manor Ln., L1-024, Bancroft, ON K0L 1C0  
**T:** 1-800-267-2803 | **F:** 613-332-5418

#### Prince Edward County

Suite 1, 35 Bridge St., Picton, ON K0K 2T0  
**T:** 613-966-5500 | **F:** 613-476-2919

#### Quinte West

499 Dundas St. W., Trenton, ON K8V 6C4  
**T:** 613-966-5500 | **F:** 613-965-6535

**Listing of Information Items  
Board of Health Meeting – December 6, 2023**

1. Sudbury & Districts Public Health – Letter to Minister David Piccini re calls for expansion of outdoor air quality monitoring stations and the air quality health index across Northern Ontario dated October 16, 2023
2. Sudbury & Districts Public Health – Letter to Doug Ford et al re Public Health Strengthening and Chronic Disease Prevention dated October 27, 2023
3. Sudbury & Districts Public Health – Letter to Chrystia Freeland et al re support for a funded healthy school food program in budget 2024 (federal) dated October 27, 2023
4. Niagara Region – Letter to Sylvia Jones re Bill 103, Smoke-Free Ontario Amendment Act (Vaping is not for Kids), 2023 dated October 30, 2023
5. Haliburton, Kawartha, Pine Ridge District Health unit – Letter to Sylvia Jones re Bill 103, Smoke-Free Ontario Amendment Act (Vaping is not for Kids), 2023 dated November 16, 2023

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*The above information items can be found on the Hastings Prince Edward Public Health's website through the link in the Agenda Package or by going to our website at [hpePublicHealth.ca](http://hpePublicHealth.ca).*