Leeds, Grenville & Lanark District HEALTH UNIT
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Your Partner in Health

Minutes of the Board of Health Regular Meeting
Thursday, February 21, 2008
4:00 p.m. – 7:45 p.m.
Board Room, Brockville Office
458 Laurier Boulevard

Present: J. Butt, Chair
M. Campbell
J. Fullarton
D. Gordon
K. Graham
F. Kinsella
A. Warren
A. Carter, Medical Officer of Health
J. Pearce, Treasurer
H. Bruce, Recording Secretary

Regrets: J. Beckstead
B. Fletcher
A. Van Schie

J. Futcher, Director of Clinical Services
S. Gates, Director of Quality Improvement
J. Hess, Director of Family Health
J. Lyster, Director of Health Protection
J. Mays, Supervisor of Health Protection

R. Zajac, Recorder and Times

D. Clow, J. Cunningham, M. Green

1. Call to Order:

J. Butt welcomed everyone and called the meeting to order at 4:00 p.m.

2. Approval of the Agenda:

It was moved by: A. Warren
Seconded by: F. Kinsella
That: The agenda of the February 21, 2008 Regular Meeting be approved as circulated.

Motion Carried.

3. Approval of Minutes:

3.1 Approval of the Minutes from the Annual General Meeting held on January 17, 2008:

It was moved by: D. Gordon
Seconded by: J. Fullarton
That: The minutes of the Annual General Meeting held on January 17, 2008 be approved as circulated.

Motion Carried.

3.2 Approval of the Minutes from the Regular Board of Health Meeting held on January 17, 2008:

It was moved by: J. Fullarton
Seconded by: D. Gordon
That: The minutes of the January 17, 2008 Regular Board of Health Meeting be approved as circulated.

Motion Carried.

4. Business Arising:

4.1 Service Review:

4.1.1 Payroll Process Improvements Report:

J. Pearce stated that this is the first of our attempts at service review and we are looking for the Board's input to see if this is acceptable. The outcome for us was very revealing not in dollars, but there are efficiencies to be found in our payroll process. There is an annualized increased cost of $1700 per year but there would be a savings of about 4 weeks of staff time every year. J. Butt questioned are you going to move ahead? J. Pearce stated that we need to update the payroll process to a 32 bit system and once we do that our IT people can do some coding on some documents that now require duplicate entry. This will save us a lot on time and accuracy. Hopefully by the end of the year we could have this fully operational.

The question was raised can you give a value of the 4 weeks of staff time? J. Pearce responded it could approach $10,000. Because we are a non-union group there will be less compensating time to take and more time worked. Do we have overtime? J. Pearce responded no, it is all compensating time. F. Kinsella complimented J. Pearce on the report.

J. Pearce advised that we are only at the stage where we come up with potential solutions. We need to see whether the solutions need to be modified.

S. Gates stated that we are looking for feedback from the Board to find out when do we bring this back to you, after step 4? Or after step 5? This type of feedback is valuable for us.

J. Butt asked does the Board want to hear as they progress or wait until they are done and share with you the results of potential savings? It was decided to bring it to Board first for sanction and then have staff go on from there.

A question was raised about the payroll process map. One of the processes involved is to do document tracking, who touches the document and what do they do with it? We don't have any of the people listed. J. Pearce stated that we felt it was too operational to bring to this high of a level (Board). On page 4 there are highlighted bullets, are these where the problems are and is that why they were highlighted? J. Pearce advised that these would be the most frequent issues that arise. These are the 4 areas that you will focus on? J. Pearce responded yes that is correct. We are trying to decide why do these things happen. We think staff don't understand the repercussions of what happens when they don't submit their paper work on time. We are planning to attend staff meetings to reiterate what some of the issues are and how they impact on us.

Employees having the option of receiving pay stubs in their electronic mailbox, is this a problem regarding confidentiality? J. Pearce advised that this is a Canada Post mailbox; it is not the health unit system. There would be a cost to send their pay stub there but it would save us time. We would not need to put their pay stub in an envelope and distribute it to them. Many people lose their T4's, and there is much time wasted. If they have it in electronic form it is theirs to control. This could save us time but it will cost money. J. Butt thanked everyone for their efforts. J. Pearce thanked S. Gates for her role in this process.

5. New Business:

5.1 Accounts Payable for December:

J. Pearce advised that the accounts before you are those that were paid in December. They would be higher than most months largely because we pay our staff up to the end of the year. The second page includes accruals, which are expenses paid for after the year-end but are expenses incurred before the yearend. They are up-to-date as of the day of the mailing. Hopefully today we posted our last accruals.

The auditors will be in the first week of March. The documents make it appear that we have a $391,000 surplus in general programs but this is not the case, it means we did not use the reserve fund this year. We expect that our actual surplus will be in the neighbourhood of $10,000.

Why is there a $45,000 variance in OMERS from October to November? November would have been paying for October etc., one of those months would have 3 pay periods.

$2320 for business taxes for Smiths Falls. Why are we paying taxes for Smiths Falls? It is because we don't own the building; we have to pay it as additional rent. It is because the owner of the building is not a non-profit entity. Why would the municipality want to charge the health unit? They are not, they are charging the landlord.

J. Butt stated that this could be a lease negotiating point. M. Campbell suggested that we look at this. J. Pearce advised that there would be an advantage for us to own our own building.

It was moved by: D. Gordon
Seconded by: K. Graham
That: The Board of Health approve Health Unit Accounts Payables for the month of December 2007 in the amount of $1,465,176.94.

Motion Carried.

5.2 Board of Health Code of Conduct:

J. Butt stated that we had a document presented last year and it was felt that it was too long and perhaps too complicated and we asked that a group get together and revise it to make it briefer and incorporate some of the comments given. You have this document as part of your agenda. J. Butt asked K. Graham to speak to this.

K. Graham stated that he in no way feels responsible for this document as the group has never met face to face. He complimented staff in finding a shorter version however. J. Butt asked board members if this document reflects their needs? There were questions raised around items 5 and 7. There were questions raised about interacting through the Medical Officer of Health. It was stated this gives board members less rights than a citizen. What is the onus on us being elected municipal officials in relation to this? J. Butt stated that this is the Board of Health and the HPPA is very clear, when you come here you come as a member of this Board. You are appointed as a county representative but you leave that hat at the door. We went through this last year and got legal advice and the direction was extremely clear as to what your role is and was.

Discussion ensued around board members communicating with staff and the fact that the code of conduct states that board members should go through the Chair or Medical Officer of Health. Some board members did not feel that the process was democratic. One board member advised that this becomes an issue of staff time and resources. There are times when members of municipal council can monopolize staff time. It was suggested that for clarification #5 should read interact with agency staff on Board related matters through the Medical Officer of Health.

We have a mandate to report back to our municipal council, the expectation is for us to give a report. Is this a public disclosure? It was stated that the chairperson of the board is the spokesperson; this doesn't mean that members can't report. You choose your front person in terms of public communications.

Dr. Carter stated that when you are giving a report to council you are not speaking for the Board but about the Board.

ACTION: V-215-1 will be amended to read: 5. Interact with agency staff on board related matters only through the Medical Officer of Health or the Chair of the Board. 7. Recognize that the Board of Health Chair speaks for the Board.

It was moved by: J. Fullarton
Seconded by: D. Gordon
That: The Board of Health approve V-215-0 and V-215-1 Board Code of Conduct as amended.

Motion Carried.

5.3 Repeal of Sewage System Inspectors:

Dr. Carter advised that this is strictly a housekeeping resolution. Currently we are removing 9 people from the list who no longer do sewage inspections. BCA refers to the Building Code Act.

It was moved by: M. Campbell
Seconded by: J. Fullarton
That: The Board of Health repeal the following Bylaws:
#5BCA, #7BCA, #9BCA, #10BCA, #11BCA, #12BCA, #14BCA, #16BCA, and #17BCA.

Motion Carried.

5.4 Progress on Meetings with Municipal and Provincial Partners:

J. Butt brought the group up to date on some discussions that took place with our municipal partners. At the last meeting when we received the information that showed when you took a $500,000,000 public health budget approved by the ministry divided by the population of Ontario and you compared that number with what we receive on a per capita basis we receive less money. Money aside we found that was not fair and equitable. Since that meeting we have had meetings with municipalities and politicians.

Bob Fletcher made contact through Norm Sterling and requested a meeting with the Minister of Health. The Minister of Health has a spokesperson by the name of Allison Stuart who is the Associate Deputy Minister of Health and Long Term Care.

She spoke with Bob Fletcher and he felt that he had quite a productive conversation with her as she had some understanding of our concerns and stated that she would look into the matter further. Subsequently Dr. Carter, Bob Fletcher and Jack Butt met with Jim Pickard, the Warden of the United Counties. The result of that meeting was an agreement that he was supportive of the notion, money aside, that he supported our perception that we were not being treated fairly and he would have a discussion at one of his upcoming meetings. He asked if our Board would present a motion requesting that he or municipalities do a number of things. That motion will be coming forward later.

J. Butt also stated that he has had discussions with Bob Runciman's office and he specifically asked if Minister Smitherman would meet with us? The response was "unfortunately Minister Smitherman will not be able to take your meeting".

However, he did agree to have a person call us from his office who is a policy person and she and Jack Butt and Dr. Carter were to have some discussion regarding funding. That lady has still yet to call us.

Further, Ron Zajac phoned and got information from the Ministry of Health that said the Board is all wrong. They don't fund on a base budget; they look at 6 factors. When we looked at these factors this criteria applied to us. We also looked at like size budgets in areas that are closer in geography and we have a real case if they apply these factors.

Further to all of this in your package you received a draft copy of the new Ontario Public Health Standards along with criteria. If you flip to page 9, you read in the third paragraph the minister may make grants on such conditions he considers appropriate. In 2008 the provincial/ municipal cost share relationship is 75%/25%. At the alPHa conference Dr. Carter and J. Butt had discussions with David Williams, the Acting Chief Medical Officer of Health for the province of Ontario and had separate discussions with Ms. Allison Stuart. It was learned from the Chief Medical Officer of Health that there was some empathy, but if he gave us a million dollars then there would be 10 others knocking at the door.

Ms. Stuart suggested the criteria that R. Zajac received wasn't used and hadn't been used up to now to determine the budget base but they were hoping to implement it next year (2009). Both indicated we could probably make a good case but we would have to be very careful because the Minister actually reviews the budget on a line-by-line basis and if there is an anomaly he would remove it.

We took all that information and summarized it and presented it to Mr. Runciman's office. He presented it to the Minister of Health's office and asked for clarification.

We learned that we have it wrong; that the 75% does not reflect our total budget, and that the 75/25 allocation refers only to the funding of a basket of programs and services - normally the mandatory programs.

Through our budget discussions the Option 1 category is funding only for mandatory programs and this health unit does not have, with the exception of the fully funded programs, any frills. The direction we are receiving from the province is that there is no 6 point criteria now, and that the 75/25 rule is in fact in place and that it only applies to the funding of mandatory programs.

Discussion ensued. Some of us requested information from this Board to take to the ministry. J. Butt advised that it will be in your package and in the motion. If it is not satisfactory let us know.

Going back to the initial premise that there is 500 million to spend on health unit budgets divided by the population of Ontario; did we get any argument from the province on that? J. Butt advised that the province stated that it is not that simple, with all of the factors. We then learned that they are considering developing a formula for next year that may or may not include those factors. It still does not satisfy the shortfall for taxpayers of LGL. This area, which is depressed, is still subsidizing other health units with tax dollars.

J. Butt stated that if we take all of the information that they have given us, it seems to him we can make a case to go to the Minister. They told us that the basket of services was mandatory programs. Our staff have costed the delivery dollars for us for that package and it is 9 million dollars. The minister's staff told us that they fund 75% of that which is about 6.8 million dollars and the balance then is what we would bill the municipalities, which is less than what we are proposing. We are only asking for what they told us that they funded.

J. Pearce advised that there is no understanding on population. MPAC states 148,000 and the Census states 164,000 but the ministry tells us that our population is over 170,000. We can't even begin to come up with a per capita amount.

F. Kinsella stated that for him it comes down to how do you fund health units and how did you arrive at the specifics related to our health unit? All ministries are subject to political pressure. Some day an auditor will fund something and you will end up getting some money. J. Butt advised that Ms. Stuart offered to come and visit to help us understand that and Kathy Laszlo, Senior Program Advisor for the Ministry of Health and Long Term Care is coming at the end of April.

J. Butt read the motion circulated. His impression based on the last conversation with the Warden was that if we presented this motion that he and his council would find this acceptable and they would help us with our lobbying effort. F. Kinsella stated that the statements need to be validated. We have 2003 figures Dr. Carter advised.

There is no other data available and it is impossible for someone else to produce this data other than the ministry.

The question was raised who actually sets the budget for the health unit, the Board or the ministry? Dr. Carter advised that the Board of Health sets the budget, the minister funds it at his pleasure, and the obligated municipalities fund the rest. It is very clear in the HPPA. How do you maintain the ratio of 75/25? You expose the catch 22 situation. A board member stated that the difficulty with the motion is that the first statement is the most true but its figures are old.
There is more than one-way to deliver a program and more than one-way of costing it, there is so much flexibility. We are making a pretty arbitrary decision. Let's look for efficiencies. Is the way we are doing it now the best and most efficient way?

Everything that is put in this motion will be subject to proving, especially if we are accusing the ministry of under funding. Keep the motion simple. The background information will not be part of the motion.

F. Kinsella stated that we don't see the 5% as a barrier. If the Ministry of Health funds us on an equitable basis the 5% is not a problem. That is where we are coming from as a counties council. You are only increasing the base.

It was moved by: D. Gordon
Seconded by: A. Warren
That: The Ministry of Health fund the 2008 budget of the Leeds, Grenville & Lanark District Health Unit as approved by the Board of Health which would allow the Health Unit to fully meet mandatory programs at a ratio of 75% provincial cost and 25% municipal cost.

Motion Carried.

6. Items to be Received as Information:

J. Butt advised that staff are available to answer questions regarding the reports.

A question was raised regarding item 6.1. We talked about a service delivery review, is there any discussion about having this done by an outside source? Dr. Carter advised that the Board passed a motion that we are not to do a service review until the Public Health Standards are implemented. We did this pilot process to get some background information for ourselves to give us some idea where we stood. It will be helpful when implementing the new program standards. How many changes are expected to be made to this document? Dr. Carter stated that she thinks none. The legal advice was that the ministers should not sign it. If we have a draft that is the final document why are we waiting to tackle a service review? Dr. Carter advised because we do not have any of the protocols yet and because none of the targets are done, the ministry has to develop these.

6.1 Program Activity Review Pilot Process Summary:

J. Fullarton commented that in relation to service delivery review, we need to identify savings and efficiencies. She is a bit concerned about service delivery review. She doesn't remember passing a motion that we would not do a service delivery review; it was not put on hold. She only remembers that we want to go ahead with this.

ACTION: We need to clarify this for the next meeting.

Dr. Carter stated that this is a program review. That is what we did put on hold. We said we would go ahead with things not involved in the new Public Health Standards. This document deals only with the programs. Dr. Carter advised this is about 2 years away. January 1 /2009 will be the beginning of the new Public Health Standards. We can't measure them until we get them launched. She would say we won't be doing a review of the programs for about 2 years. J. Fullarton replied that we need to decide this as a Board. The municipalities are going ahead with it. This report is so preoccupied with the counting. She is concerned with an aversion to ever doing this thing. Doing a service delivery review requires looking at the culture of the organization. As long as we are so hung up on the counting, it is not ever going to work. There is a closed shop mentality in that statement. We are reluctant to do it. That makes her think it is not ever going to get done.

S. Gates stated that was not the intent of the statement. She drew the Board's attention to item 6.2. We do program evaluation on a regular basis and go beyond counting. We ask clients does this program meet your needs and we make changes on how to deliver our programs and that is the culture of our organization. We want to foster this culture. Shani would like to spend some time with the Board to go over language. We want the same things – we are not resistant and reticent. We are missing one another. We don't know what your expectations are.

J. Fullarton stated that when she looks at these reports it is so clinical in nature. She is concerned about tracking and not getting into our schools for teaching sex education. She is waiting to read something like this is how we are going to make better use, not seeing how we can do it more efficiently. S. Gates advised that this process was a discovery process of our planning system and it needs to be changed. We are going to be looking at our operational planning process so that when we do our service review we will have better documentation of our programs. We didn't just produce it for the sake of counting. We will be addressing our operational planning processes.

M. Campbell stated that we want to see results at the end of the day. Are we going to see some change in direction? That is what we need to see. If we don't have a benchmark there is no sense in doing it. Dr. Carter replied that is the point; we can't do this because there are no benchmarks.

The province is developing the benchmarks now along with the tool kits. We could not do a service review right now. It would be impossible. We were startled as to the amount of time to do this program review. We need information systems, benchmarks etc. and once that is available to us then we will be much more able to do this. Although we were discouraged by this report, we think within a year some of the information we need will be available. We will continuously review which is part of our natural processes but it will take a fair amount of time. We need to be practical about the resources and time.

J. Fullarton stated that she has picked up the discouragement of the report; maybe we need a different approach. Dr. Carter stated that although it was discouraging where we are at, we are counting on the province.

F. Kinsella stated that this document says according to local need and allows us as a Board to determine local need. Our role is the what. How it is done you give to staff. The question becomes what have we done? Dr. Carter has certain expectations and duties as the MOH, that is not our role. In this document the Board does have a role. It says that we are accountable. That is why we need to come together to understand our role.

6.2 Report of 2007 Research and Evaluation Activities:

This was submitted in the package for the Board's information.

6.3 Evaluation of Rapid Risk Factor Surveillance System (RRFSS) Participation:

This was submitted in the package for the Board's information.

6.4 Re-Inspection Program:

Staff were complimented on the reinspection report. The reinspection program is a great start and lets hope we can build on it from here. We should also thank the municipalities for participating in this as well. J. Lyster advised that M. Green is making a presentation to the Ontario Waste Water Association provincially in the spring. We are recognized provincially for this. She congratulated Mark on this. M. Green advised that without municipal support it would not happen.

6.5 Draft Ontario Public Health Standards:

Discussion took place around the Board taking a couple days to go through this document to understand it. We need to reconnect with what we have done (Moving Upstream), to see as a Board how congruent we are. There are strategies in here for dealing with this. The timing may not be right however, as we have not received the protocols.

S. Gates advised that the ministry has said they are going to produce a tool kit in the fall. Each program will have a logic model developed, an epidemiological survey and communication materials. That tool kit could help with such an orientation. J. Butt asked is there a general consensus to take the time to understand what is in here? This will be left to the staff and the Chair regarding the timing.

6.6 Report on alPHa Conference:

J. Butt brought up the topic of governance roles and advised that we need to come to grips with our role. Over the next 6 weeks he has some research information to summarize and present to the Board.

We learned on November 29th that in the spring there will be legislation presented to ban the use of cosmetic pesticides. The ministry's focus will be on education not enforcement.

Regarding fluoridation, the government can show you that for every 72 cents invested down the road, they save $38 in terms of treatments. We know that one of our municipalities has concerns that they can't store fluoride. We heard this directly from the MOE. We will assist in finding a solution if possible.

There is a big debate about alcohol. A .05 alcohol level could be the next tobacco. The issue of smoking in cars with children was addressed as well.

7. Advocacy:

There are no issues to bring forward today. We have some advocacy issues on file and are looking at how we should present them in the future.

8. Verbal Report of the Medical Officer of Health:

Health Promotion

A Health Unit proposal for a *Peer-Led "Youth Against Tanning" Project* has been accepted and funded at $5000 through the Regional Cancer Prevention and Screening Networks of Southeastern Ontario and Eastern Ontario.

Health Promotion Tobacco Team

- Just under 300 participants have registered in the Driven to Quit Challenge locally.

- We were advised of this earlier this week that the decision on the appeal for Doolittle's has been postponed until April 08.
- There was a total of 78 educational visits done including 6 complaints concerning smoking in the workplace leading to 3 tickets issued for infractions in January. The educational visits included several concerning an outlet operated by first nations people. I would like to congratulate our Tobacco Enforcement Officer, Gerry Ozon, for his successful intervention that achieved full compliance with Smoke Free Ontario in that case.

Quality Improvement

The Health Unit staff, with the leadership of the QI department, have decided to call the teams conducting what the Board had called service reviews Quality Improvement Teams and their work will be called Quality Improvement Processes.

There are currently 6 teams in various stages of progress (the payroll process improvement team, from whom you received a report for information tonight, being the farthest along). Their topics are as follows:

- Payroll Process
- Printing & Photocopying
- Meetings
- Use of Personal Electronic Equipment
- Student Preceptorships
- Health Protection Staff Orientation

In addition, SMC has taken on improvement of the incident reporting process.

The Public Health Performance Management Working Group has been created by MOHLTC and is tasked with providing advice on designing and implementing a performance management system for the public health system in Ontario to meet both provincial and local information needs. By June the PMWG expects to have recommended possible indicators and their selection criteria, considered options regarding a framework for reporting, and identified available data sources and data issues. Options for stakeholder consultation are under consideration. The intent is for an initial performance report to be drafted and ready for government approval in Fall 2008. This will be a great help to our staff in developing the Process Improvement (service) review requested by the Board.

Health Protection

The Sewage Permit legacy data conversion has been completed. This contains historical data back to the 1970s. The Health Unit is now able to share this data with municipalities and wants to do this in an organized fashion. The Office of the MOH and Health Protection Department are working on an information sharing agreement that can be applied throughout the tri-county area. We are currently waiting for feedback on a draft from CAO's in Lanark County. We are beginning a similar process in Leeds Grenville. This is a very positive outcome arising from a number of years of work.

There will also be the ability to provide new data on a frequency that works for each municipality. This data on its own and with GIS application will:

- shorten planning time for reinspection programs etc.
- enable municipalities to access basic sewage permit data quickly and provide more efficient service to clients
- aid in municipal planning

I have begun a process of orientation to municipal water and sewage treatment processes in the tri-county area. So far 8 municipal systems have been visited. Each visit includes a tour of the site, data collection concerning possible issues that could arise and collection of the schema of the plants and their distribution/collection systems. These diagrams will be stored on our internal system for access at any hour that an emergency might arise. It is a lot easier to deal efficiently with a breakdown in a system when you can pull up the schema on your computer screen and see where the problem is.

Our municipal systems operators are reporting difficulty with recruiting the required number of households to participate in the new lead testing program. Homeowners appear to be afraid that adverse results will result in orders for repair. I would like to reassure citizens that this is not the case. I encourage our local politicians to step up and show leadership by volunteering to be test sites.

There are many concerns emerging about the downloading of the Small Drinking Water Systems inspections. Since this is occurring in 2008 and we have had no guidance from the province, we are unsure about whether we should request funding in our 2008 budget or not. It would be very difficult to put anything into the budget at this point, as we really have no idea the work involved or the support needed such as IT and administrative services. Since the program is supposedly funded 100% by the province, any supplementary budget that may be needed will not affect municipalities.

We have completed a request for information from the alPHa task force working on helping to develop Public Health Inspection Information systems in local PH agencies. We may have access to funding for Hedgehog training, software licenses and hardware through alPHa with money transferred to them from MOHLTC. However, it is so uncertain at this time that we have kept the items that we need in the 2008 budget for now. It is very difficult to do sensible, quality planning and budgeting work in an environment where anything can happen at any time.

All PHIs will be writing the advanced TrainCan Food Safety Course in early March in order to qualify to teach the course to a variety of target groups. These could include teachers in schools who, in turn, could qualify to teach students.

The Mississippi/Rideau Valley Source Water Protection Committee has undertaken testing of wells in Lanark County in the vicinity of the proposed new uranium mine. Not surprisingly, several wells have exceeded the Ontario Drinking Water Standard my minimal amounts.

We are undertaking a literature review related to natural background uranium in groundwater and potential associated health effects. This will determine if there are any local research and/or data available. The results were reported at an open meeting of the committee and the committee has agreed to compile a list of questions raised in relation to that report so that we can begin an education program for those who have wells in the area. We have begun to develop a good working relationship with the committee.

Finally, we now have the overall compliance data for 2007. We achieved 80% compliance, compared to 82% compliance in 2006. As everyone knows, these data are very rough but a general overall measure of how we are progressing. It is good to have a yardstick with which to measure yourself and a goal to reach. The Board should be congratulated for approving a 2007 budget with the enhancements needed to improve compliance. Now that we have recruited and incorporated last year's enhancements and look forward to more in 2008, we aim to do better in 2008.

Bonnie Erwin, a Public Health Nurse, is retiring after 24 year of service to the Health Unit at the end of February. There will be a reception on February 28th during the Board Budget Meeting. We will take a break at 3:00 p.m. to honour her.

I will be slightly late for the Board Budget Meeting as I have a previous commitment to teach in Ottawa from 11:00 – 1:00 p.m. Dr. Carter advised.

9. Correspondence:

There was no correspondence circulated in the package.

A 10-minute break was taken at 6:02 p.m.
We will reconvene at 6:15 p.m.

10. Incamera Meeting:

It was moved by: A. Warren
Seconded by: F. Kinsella
That: This Board move into a closed session of the Board of Health as per the requirements of section 239 (2) of the Municipal Act due to the following:

- ☐ (a) the security of the property of the municipality or local board;
- X (b) personal matters about an identifiable individual, including municipal or local board employees;
- X (c) a proposed or pending acquisition or disposition of land by the municipality or local board;
- ☐ (d) labour relations or employee negotiations;
- ☐ (e) litigation or potential litigation, including matters before administrative tribunals, affecting the municipality or local board;

- ☐ (f) advice that is subject to solicitor-client privilege, including communications necessary for that purpose;
- ☐ (g) a matter in respect of which a council, board, committee or other body may hold a closed meeting under another act. 2001, c. 25, s. 239 (2).

Motion Carried.

11. Report from Incamera (if necessary):

The motion to move out of incamera was read at 7:44 p.m.

It was moved by: K. Graham
Seconded by: D. Gordon
That: This closed session rise and report.

Motion Carried.

Non-Union Salary Increase:

It was moved by: K. Graham
Seconded by: D. Gordon
That: The Board of Health approve a 2.5% increase effective January 1, 2008 and a 2.5% increase effective June 30, 2008 to all non-union salary grids.

Motion Carried.

Lanark Office Location:

It was moved by: D. Gordon
Seconded by: J. Fullarton
That: The Board of Health approve that the Health Unit locate the Lanark Offices in Smiths Falls and Carleton Place.

Motion Carried.

Kemptville Office Lease Renewal:

It was moved by: M. Campbell
Seconded by: J. Fullarton
That: The Board of Health approve the Kemptville office lease for the three (3) year period October 1, 2007 to September 30, 2010.

Motion Carried.

12. Time, Date and Location of the Next Meeting:

The next meeting will be held on Thursday, February 28, 2008 at 2:00 p.m.

13. Adjournment:

It was moved by: D. Gordon
Seconded by: K. Graham
That: The meeting adjourn at 7:45 p.m.

Motion Carried.

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J. Butt, Board Chair Date

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H. Bruce, Recording Secretary Date

c: Board members
HU offices
Municipalities
Shared Drive