

Minutes of the Board of Health Regular Meeting

Thursday, October 16, 2008
Board Room, Brockville Office
458 Laurier Boulevard
4:00 p.m. – 7:02 p.m.

Present: J. Butt, Chair
B. Fletcher, Vice Chair
J. Beckstead
M. Campbell
J. Fullarton
D. Gordon
F. Kinsella
M. MacDonald
A. Carter, Medical Officer of Health
J. Pearce, Treasurer
H. Bruce, Recording Secretary

Regrets: K. Graham
A. Van Schie

B. Dalgleish, Director of Health Promotion
J. Futch, Director of Clinical Service
S. Gates, Director of Quality Improvement
J. Hess, Director of Family Health
J. Lyster, Director of Health Protection

R. Zajac, Recorder and Times

Invitee: Joan Mays, Manager – Health Protection Department

1. Call to Order:

J. Butt called the meeting to order at 4:04 p.m. He advised that J. Beckstead will be a few minutes late, and K. Graham and A. Van Schie send their regrets. A. Warren sends her regrets as well but J. Butt advised that he is pleased to introduce Mike MacDonald who will be temporarily taking A. Warren's place.

2. Approval of the Agenda:

It was moved by: F. Kinsella

Seconded by: D. Gordon

That: The agenda of the October 16, 2008 Regular Meeting be approved as circulated.

Motion Carried.

F. Kinsella asked for one item to be added to the incamera agenda.

3. Approval of Minutes:

3.1. Approval of the Minutes from the Regular Board of Health Meeting held on September 18, 2008:

It was moved by: D. Gordon

Seconded by: F. Kinsella

That: The minutes from the Regular Board of Health Meeting held on September 18, 2008 be approved as circulated.

Motion Carried.

F. Kinsella asked on page 9 under item 7.9 Dr. Carter would like to propose that the November and March meeting be cancelled but there was no resolution, is this a pending item? J. Butt advised that we will be discussing it later in the agenda. It will be discussed under item 4.3.

F. Kinsella referred to page 15 saying that it states that the health unit requires that Dr. Carter have a formal evaluation at this time but there was no direction given. J. Butt advised that Dr. Carter's report was sent to us by email, so we did not have a full discussion at the last meeting. As the Chair he agreed that we do this and we can talk about the process of a 360 degree performance appraisal later. There needs to be a couple of board members take charge of the process and provide input. J. Butt agreed that B. Fletcher and he would champion this.

4. Business Arising:

4.1. Board of Health Manual Updates: (refer to Sept. 18 package):

- V-45-0 – Negotiations - ONA, CUPE
- V-95-0 – Communications
- V-115-0/1 – List of Officers
- V-135-0/1 – Orientation of Board Members
- V-155-1/-1 – Public Appointments to Boards of Health
- V-175-0 - Internal Financial Controls
- V-185-1 – Grievances
- V-195-0 – Accounting for Municipal Share of Yearend Surpluses and Deficits
- VI-40 – Committee of the Whole
- VII-05 – Glossary

J. Butt stated that he hoped everyone brought their Sept 18th package. You received these items last month in your package and hopefully had an opportunity to review them. Do you have any questions, concerns, or changes J. Butt asked?

F. Kinsella referred to V-155 – Public Appointments to Boards of Health and stated that we had some discussion the last time about the Medical Officer of Health sitting on this committee, are we going to amend this or put this into policy? J. Butt advised that he attended a workshop on governance and it dealt with governance of Boards and it seems to be practice that ex officio members be given a vote. In our case Dr. Carter is an ex officio member, the MOH would be here because she is CEO of the organization. In the hospital model the CEO or president would be involved in these kinds of things as well.

J. Fullarton stated that she has no issue with the MOH being on this committee, but it might be better to have more board members. She would like to see the policy state that we should have 2 sitting board members or more, but not an equality of an ex officio member and board member.

J. Butt advised that because it was the summer, we had great difficulty scheduling the candidates so Dr. Carter and I did the interviewing. J. Butt stated that he did all of the reference checking and the follow-up with the person. In fact both Dr. Carter and H. Bruce were very cautious in ensuring that the Board Chair phone perspective candidates. If that is the feeling of the Board a friendly amendment can be made. Dr. Carter stated that originally it said the Chair and Vice Chair and we took it out for convenience sake, it is difficult for both of them to meet. J. Fullarton stated that it should be defined as 2 representatives of the Board. M. Campbell commented that he would prefer that the MOH not be exposed to this and he considers it a conflict and would prefer that it be the board members only.

J. Butt stated that we will make a verbal motion.

It was moved by: B. Fletcher

Seconded by: J. Fullarton

That: The selection committee to interview new board members be 2 members of the Board and the Medical Officer of Health.

M. Campbell asked for a recorded vote.

M. Campbell – no

D. Gordon – no

J. Fullarton – yes

F. Kinsella – no

M. MacDonald - yes

B. Fletcher– yes

J. Butt – yes

Motion Carried.

V-175-0 – Internal Financial Controls – F. Kinsella suggested that this should say Medical Officer of Health or delegate. F. Kinsella asked J. Pearce does Dr. Carter not delegate that to you? J. Pearce responded yes, but it is ultimately her responsibility.

V-185-1 – Grievances – F. Kinsella stated that the grievance normally goes to the supervisor and then the CEO and then the Board, not the Chair. It puts the Chair responsible for setting policy for grievances. J. Butt read from the collective agreement. F. Kinsella stated that the question becomes why would we have it in policy, when all of our union people are covered by the collective agreements.

J. Butt asked does it make sense to replicate totally the collective agreement in this policy. Would it not be better to just have a reference to the collective agreement? J. Pearce advised that this is a Board of Health policy so this reflects how the Board responds to grievances. The collective agreement can't tell you how the Board can behave or respond. This does not relate to staff this is for the Board's use.

J. Butt suggested that we simplify this with one paragraph to say that we have a grievance procedure and the Board agrees to adhere to whatever is the grievance procedure in ONA and CUPE contracts. This change will be made.

V-195-0 – Accounting for Municipal Share of Yearend Surpluses and Deficits

F. Kinsella stated that this coming year the municipality can look at the 3.5% and say that was the surplus. Does that mean we only have to pay you a 1.5% increase to make 5%? B. Fletcher stated that we would have to have a surplus this year to apply to next year. M. Campbell commented that with the province when you have a surplus you return it. J. Butt stated that if we don't spend it we send it back.

M. Campbell stated that now we have money that has accumulated over the years that is municipal money and we should be careful what we want to do with it. The municipalities have already paid their share. J. Butt commented that hopefully we will get clearer interpretation from the province on November 14th when Dr. Carter and I meet with D. Williams. The province's message is clear. We are going to fund whatever we will of mandatory programs and we don't care whether you are short. The bill for the difference needs to go to the municipalities. J. Butt would like them to put this in writing.

D. Gordon commented aren't they telling all the Boards to live within their means? Dr. Carter advised that they are saying that the rest has to come from the municipalities. M. Campbell advised that is not going to happen. J. Butt stated that is why we need to know exactly what it is they are saying.

J. Fullarton referred to the paragraph that starts with the Board of Health's response and asked what is required? There is certainly a difference of opinion. J. Butt asked if there were any suggested language changes. J. Fullarton stated that there is an attempt to say that whatever comes along that is what we are going to do. There are staffing levels in good times and when things are tougher. J. Butt asked if the last 2 paragraphs were removed would the Board be happy with the rest of the policy?

Dr. Carter stated that she finds this distressing that board members feel this way. It is the role of this Board and it is your legal obligation to meet the mandatory health programs and services guidelines. It is the Board's requirement under the Act. J. Fullarton stated that the initial budget submission with staff enhancements was an increase of 23%, and that is what we were told would allow us to meet 100% of the mandatory programs. That is simply not realistic. It is distressing sometimes to have to live within your means.

This is not a sustainable level of service that we can afford or aspire to. Last year we implemented an 8% increase over the year before, which is significantly beyond the cost of living.

J. Pearce advised that this year it was 12%, not 23%. We are mandated under the Act to make sure the Board is aware of what it would need to meet mandatory programs. It is management's obligation to advise the Board and the Board is responsible to decide the budget. J. Fullarton stated that she would like to see some understanding from staff to see that we are a caring Board but can't approve everything that they ask for.

J. Butt stated that it is part of a planning process and he doesn't hear the Board saying we disagree with the Act and the mandate that we have been given. In fact at the last meeting we talked about striving to meet mandatory programs. We should collectively strive to do what we can, but at some point we have to recognize we only have so much. The staff should present and say this is what we need, but we know what we are getting from the province. F. Kinsella stated that he understands the concept of mandatory but it is the level of service for mandatory. At some time when the budget crunch comes, we may have to say that the level of service might not be the same as previous but we are still addressing mandatory programs.

It was moved by: J. Fullarton

Seconded by: David Gordon

That: The direction of the Board is to remove the last 2 paragraphs.

Motion Carried.

Board of Health Manual Updates:

It was moved by: J. Fullarton

Seconded by: D. Gordon

That: The Board of Health approve the following Board of Health Manual updates:

- V-45-0 – Negotiations, ONA, CUPE
- V-95-0 – Communications
- V-115-0/1 – List of Officers
- V-135-0/1 – Orientation of Board Members
- V-155-1/-1-1 – Public Appointments to Boards of Health (as amended)
- V-175-0 – Internal Financial Controls
- V-185-1 – Grievances (as amended)
- V-195-0 – Accounting for Municipal Share of Yearend Surpluses and Deficits (as amended)
- VI-40 – Committee of the Whole
- VII-05 – Glossary

Motion Carried.

4.2. HUAM Updates: (refer to Sept. 18 package):

- I-35 – Review
- III-05 – Historical Background
- III-15 – Health Unit Organizational Chart
- III-25 – Office of the Medical Officer of Health Organization Chart
- III-45 – Corporate Services Organization Chart
- III-95 – To Provide for Banking and Finance
- III-105 – To Provide for the Duties of the Auditor of the Board
- III-115 – To Provide for the Management of Property
- V-205-0 – Health Unit Plans
- V-335-0 – Purchasing
- V-385-0 – Key Control
- V-405-0 – Donation Revenue
- V-495-0 – Electronic Media & Services
- V-695-0 – Employee Classifications
- V-775-0 – Compensating Time – Non-Union Staff
- V-805-0 – Leave of Absence With Pay
- V-885-0 – Office Coverage – Support Staff
- V-895-0 – Employee's Vehicle Insurance
- V-915-0 – Payment of Salary Increments
- V-1015-0 – Contract Negotiations

F. Kinsella referred to V-335-0 Purchasing and questioned that if he knows J. Pearce is a softer touch than the doctor could I get the other one to sign? J. Pearce advised that she signs the purchase orders and Dr. Carter signs them in her absence. The directors sign backup requisitions as well.

F. Kinsella referred to:

V-695-0 - Employee Classifications

V-775-0 – Compensating Time – Non-Union Staff

V-805-0 – Leave of Absence with Pay

V-915-0 – Payment of Salary Increments

V-1015-0 - Contract Negotiations

He stated that these 5 items should be taken out as we are in negotiations right now. Dr. Carter stated that we are not in negotiations we are reviewing non union salaries. We do not negotiate with non union staff. F. Kinsella asked are we including both union and non union in these policies? He referred to the collective agreement and asked why are we putting in the policy things we are going to adhere to anyway in the collective agreement? Are these for our non union employees? J. Pearce advised yes. F. Kinsella stated that right now it says all employees. J. Pearce stated that if the details aren't in the collective agreement we can be clearer in a policy. Dr. Carter stated that this is management's policy and it gives us an opportunity to clarify what we want. It is important for us to have our own policies. We have a need to have more clarity and detail sometimes for our interpretation. Dr. Carter advised that whenever we sign a contract, we go back and change our policy. We would never have our policy not agreeing with the collective agreement. J. Pearce stated that for a manager who has staff in both unions, it is easier to see the information on the policy rather than flipping through 2 collective agreements.

J. Butt stated that we understand the advice, but our managers would prefer the summary of both comparisons to be in one place. Frank referred to page 15 of the CUPE agreement which is hours of work and stated that the policy does not supersede collective agreements.

J. Butt stated that we need to separate non union from union and to be clear in categories. It is easier for staff to see both collective agreements in one place, but we need to ensure that it doesn't disagree with the collective agreement. J. Pearce suggested that maybe there should be another policy that states that these do not supersede the collective agreement.

F. Kinsella stated that he would like to defer the above 5 policies and prepared the following motion.

It was moved by: F. Kinsella

Seconded by: D. Gordon

That: HUAM Updates V-695-0, V-775-0, V-805-0, V-915-0 and V-1015-0 be deferred until the Board Committee has met to review employee benefits and salaries.

Motion Carried.

It was moved by: B. Fletcher

Seconded by: M. Campbell

That: The Board of Health approve the following HUAM updates:

- I-35 – Review
- III-05 – Historical Background
- III-15 – Health Unit Organizational Chart
- III-25 – Office of the Medical Officer of Health Organization Chart
- III-45 – Corporate Services Organization Chart
- III-95 – To Provide for Banking and Finance
- III-105 – To Provide for the Duties of the Auditor of the Board
- III-115 – To Provide for the Management of Property
- V-205-0 – Health Unit Plans
- V-335-0 – Purchasing
- V-385-0 – Key Control
- V-405-0 – Donation Revenue
- V-495-0 – Electronic Media & Services
- V-695-0 – Employee Classifications (deferred)
- V-775-0 – Compensating Time – Non-Union Staff (deferred)
- V-805-0 – Leave of Absence with Pay (deferred)
- V-885-0 – Office Coverage – Support Staff
- V-895-0 – Employee's Vehicle Insurance
- V-915-0 – Payment of Salary Increments (deferred)
- V-1015-0 – Contract Negotiations (deferred)

Motion Carried.

4.3. Board of Health Meetings – (refer to Sept. 18 package):

- V-05-0 – Attendances for Meetings and Conferences:

Dr. Carter advised that at the last meeting there was agreement to not have the usual December meeting, but we did not have the time to come to a conclusion about the actual meetings that we would hold instead. Since then the ministry has booked meetings around the launch of the Ontario Public Health Standards (OPHS) in mid November and at the typical Board time in November most of the staff will be in Toronto. She suggests that we move the November meeting and combine it with the December meeting. We could have it the first week of December when all the ministry meetings are over for staff. December 4th was suggested. It was agreed that December 4th is the November /December meeting.

Dr. Carter stated that up for consideration is the March meeting which is very poorly attended by board members as well as by staff as it falls near March break. She suggests that if we have 2 extra meetings in January, plus the regular January meeting and having passed the budget, we can cancel the March meeting. D. Gordon suggested waiting until later to decide this and board members agreed.

F. Kinsella asked is there anything for board members regarding the OPHS? Dr. Carter advised that these workshops are around the protocols. J. Butt stated that when he meets with D. Williams he will ask him about that. Dr. Carter advised that on November 13 all senior managers are invited to attend these meetings and then they start on the individual standards.

F. Kinsella stated that we need more clarity around the word mandatory. J. Butt stated that we will ask that. We said we would devote a day to figure out how that applies to us.

It was moved by: J. Fullarton

Seconded by: M. Campbell

That: The Board of Health approve the above Board of Health Manual policy V-05-0 as amended.

Motion Carried.

4.4. Almonte Public Meeting:

B. Fletcher advised that they are available on October 30th. Dr. Carter stated that staff are working on a plan on how we will deal with providing the services to the citizens of Almonte and we won't have all of the answers by then. She stated that it is up to the board members however. She would prefer to have the plans finalized for Almonte before we have the meeting. By December 1 or so we would certainly have them done by then.

J. Butt stated that B. Fletcher needs a range of dates. Tomorrow expect an email from H. Bruce with a range of dates.

J. Butt advised that Dr. Carter and he made a presentation last Wednesday to Lanark County council and will be reporting in Smiths Falls as well. He will be giving a general flavour advising of the health unit's programs and services and location in Smiths Falls. When we go to Almonte we have another presentation that basically talks more specifically about the history of the health unit and the decisions that we made as a Board based on the review of services. Dr. Carter and J. Butt are available to present this report to the shareholders at various council meetings, committee meetings and service clubs. We have a power point presentation and some slides and we can accommodate any group between 10-20 minutes. Board members can receive a copy of they wish.

4.5 Advocacy (refer to Sept. 18 package)

- Car Seat Clinics

J. Hess referred to the Board Report from the last meeting plus the letter of complaint from a client. The real issue is about advocacy around manufacturers of child restraints. They have gotten easier to install over time but we still have moms and dads who don't put them in correctly. We stopped doing installations due to staff resources. The new training program requires 2 days which is an onerous amount of time for community partners and our staff as well. J. Hess suggested that board members go to the MTO website link on the health unit website.

When purchasing a car seat you need to select the right seat to fit the infant and the vehicle. Then the seat must be placed in the correct position and location in the vehicle and you need to understand the wide variety of seat belt systems that exist.

We would like your support to write a letter to Transport Canada around redesign and to the Ministry of Health Promotion around advocacy. J. Hess advised that it is illegal to have a child of 8 years of age or younger without a car seat. She advised that we will have 2 nurses go to the training so that we have the right information up on our website. It has been a challenge and it is a gap in our community.

It was moved by: B. Fletcher

Seconded by: M. Campbell

That: The Board of Health send a letter of advocacy to Transport Canada regarding the need to have manufacturers of vehicle and child restraints make them easier to install so that the average parent or caregiver can install them without assistance.

And That: The Board of Health send a letter to the Ontario Ministry of Health Promotion requesting advocacy regarding the need to have manufacturers of vehicles and child restraints make them easier to install so that the average parent or caregiver can install them without assistance.

Motion Carried.

5. Presentation:

5.1. Rabies:

J. Butt welcomed J. Mays and introduced her as the manager for the Health Protection Department.

J. Butt referred to the mission, vision and beliefs of the health unit to remind us that when we make decisions as governors we should be asking ourselves, are the policies we establish in support of this vision, mission and values? He stated that we will now stripe the bottom of our agendas with this message in future.

J. Mays gave a PowerPoint presentation which is appended to the minutes. (Appendix #1) As part of our mandate we are to report on rabies annually to the Board of Health.

J. Butt thanked J. Mays for her presentation.

6. Compliance Reporting:

6.1. Family Health Department:

J. Hess asked board members if there were any questions.

F. Kinsella questioned in item 2a the number of group sessions and training sessions. J. Hess advised that those are annual training sessions for our community partners.

M. Campbell referred to World Breastfeeding Week and stated that there is concern regarding the lack of Vitamin D in milk. J. Hess advised that there are guidelines for Vitamin D supplementation. Vitamin D is put into all commercial milk, so you have to supply it as an external source when breastfeeding. It is a combination of healthy nutrition and breastfeeding.

7. New Business:

7.1. Accounts Payable for August:

J. Pearce stated that all the budgets have now been approved. The favourable variance at this point is 6%.

It was moved by: M. Campbell

Seconded by: B. Fletcher

That: The Board of Health approve Health Unit Accounts Payables for the month of August 2008 in the amount of \$930,105.11.

Motion Carried.

7.2. Revenue Generation:

Dr. Carter stated that we suggested that maybe one of the solutions to our funding problem would be to generate some revenue of our own. The senior managers used a standard tool and looked at programs in their departments. Dr. Carter provided the Board a summary of the results.

The majority of things were not useful, but we narrowed it down. It is required that we do this by the MOHLTC if we ever apply to do revenue generation.

The only place with significant revenue generation is the permitting of health protection related inspection processes. This would require quite a bit of work and would be a partnership with the municipalities. We really liked it because it had several benefits beyond just raising money.

One of our biggest problems right now is that although it is required by law for people opening businesses that are inspected by the health unit to apply to us, most people are unaware of this and open operations uninspected. When we do identify them there is usually some negative downside for them. Often they could have met the requirements during their initial renovation period, but they did not know at the time. It would be ideal if there was a permitting process through municipalities that would catch people before they did their renovation that would prevent them from opening before they were inspected. This would have to clearly be a partnership with the municipalities and this needs to be explored in depth.

The other item that has some potential is the food handler education sessions. Currently they are not required under the law and this is another hazard for the public. We could pass a bylaw requiring food handlers to take the session which would increase our registrations and revenues. Again we would have to explore the barriers and issues. We are prepared to pursue this.

The only other item is the renting of the meeting room space in Brockville, now that United Counties have moved out. We also have a hole in our budget from the rent that they used to pay and this would be a helpful way to fill that hole.

M. Campbell stated that it would be his suggestion that she circulate her comments to municipal building officials to get their comments. Dr. Carter stated that we have already started to work with them to get the new business notification process moving. M. Campbell asked are there extra custodial costs for meeting room rentals? Dr. Carter advised yes we have looked into whether extra hours would need to be worked or not and built this into our fees.

J. Beckstead asked do you have an idea of how much cost savings you would realize by not having to rent meeting space externally? Dr. Carter replied no. J. Pearce stated that the biggest savings will be from the IT training lab. Dr. Carter advised that there is also staff time and mileage involved to get to the external meeting location as well.

D. Gordon commented that if companies have not been told about health regulations that is a flaw in the system. Permits are killing small business plain and simple. Maybe we need to loosen some of the regulations. Governments have a tendency to over regulate. We have to tread lightly on this one.

Dr. Carter advised that the business owners actually like the permit because they can display it openly. We think under the new OPHS that there might be a requirement for us to publicly show that we have inspected the premises. We won't know until we explore it.

F. Kinsella stated that given the Listeria outbreak he would feel more comfortable if restaurants had food handler training. Dr. Carter suggested that the Board could pass a bylaw stating that one person have a food handler training certificate per shift in each food establishment.

M. Campbell left the meeting at 6:00 p.m.

It was moved by: F. Kinsella

Seconded by: J. Fullarton

That: The Board of Health approve further investigation into:

- the issuing of permits for regulated businesses
- rental of meeting room space in the Brockville office
- food handler education sessions

Motion Carried.

8. Verbal Report of the Medical Officer of Health:

**MOH VERBAL REPORT TO THE BOARD
OCTOBER 2008**

The Health Unit's Brockville office was inspected unannounced for workplace safety by the Ministry of Labour on September 28th. I am pleased to be able to tell you that no orders were issued. Several minor suggestions were made. I would like to thank the members of the Health and Safety Committee who dropped everything to escort the inspector around our premises.

Health Promotion Department

The 'Get W.I.T.H It!' (Walking In The Halls) program kick off was Tuesday, October 14, 2008 at Almonte District High School. There were over 100 participants. The program is a safe, fun, free physical activity for individuals of all ages. This is a drop-in program with no registration required. Walking is from 6 - 8 pm Monday and Wednesday at Carleton Place High School and Tuesday and Thursday at Almonte District High School.

Pap test clinics are running again this fall. Clinic locations are the Brockville CPHC (Oct. 22), and Smiths Falls (Oct. 20) using the Health Unit Clinic space and service provided by our partners:

North Lanark County Community Health Centre
Country Roads Community Health Centre (Portland)
Merrickville Community Health Centre
CPHC Brockville Community Family Health Team
The Regional Cancer Program of Southeastern Ontario
Canadian Cancer Society, Perth Office

Safe Communities of Brockville, Leeds and Grenville, one of our partnerships that is co-chaired by health unit staff member Tawnya Boileau, achieved a near-perfect score (46/50) on an evaluation by its parent organization, Safe Communities Canada. The local group fared much better than comparable organizations with similar annual operating budgets. Among the achievements listed was the local chapter's effort to secure funding from a variety of sources. As well, the study noted some 34,039 area residents participated in some way in its initiatives.

Clinical Services

We have received information from the MOHLTC about the MMR catch-up program for those post secondary students who have only received one MMR vaccine. We have applied for a \$5,000.00 administrative start-up fee and will be receiving \$8.50 for each immunization given. We will be starting the program with one post secondary school this fall, with the remainder to be done in February. The program will also be offered by primary health care providers and community health centres.

We have also received information from the MOHLTC that, effective October 1st, we will receive 100% funding for one Infection Control Practitioner. Since we have 2 ICP's at the Health Unit who are on the 75% funded budget as well as 3 who are already 100% funded, we have transferred one of the 75% funded positions over to this new funding.

Health Protection

Teresa Clow has accepted the term Manager position in Smiths Falls. She brings with her a great deal of experience and enthusiasm.

We are planning to review the private water sample disbursement and submission process and come up with recommendations on how to improve this service to the public. We are concerned that we receive only a tiny fraction of the water samples that we should be receiving if every well was tested every year. If accessibility to our service is contributing to this we want to improve the situation.

Birds will not be collected as a part of WNV monitoring in 2009. However, birds will still be collected as a part of Avian Flu monitoring.

There was a food recall on Friday October 3rd after 4:30 pm involving lettuce with possible E coli O:157 H:7 contamination distributed to high risk facilities such as hospitals and long term care facilities. All facilities in our jurisdiction were contacted very efficiently by PHI's who had not yet gone home.

The Land Control septic re-inspection program is wrapping up at the end of October. There will be a review/evaluation of the process and new approaches will be considered over the winter for next summer.

HedgeHog training for PHIs and support staff is proceeding. We expect to be functional in mid November but will be running both HedgeHog and CISS until the end of December and then will be onboard with HedgeHog starting January 2009.

Family Health

Our contract with the Connections Program for family home visitor services in Lanark County ended Sept. 30, 2008. We now have an employee family home visitor, Lori Richardson, who started serving Lanark County on Oct. 6 and will be working out of the Smiths Falls office. This new method for delivering the HBHC blended home visiting program provides more comprehensive service to at risk families to help them better help their children reach their full potential.

MOHLTC News

The Ontario Public Health Standards have been signed into law by the three ministers involved. This is the first time we have been absolutely sure that they will be implemented starting January 1st 2009. Since the protocols listing the exact requirements are not yet available, we are considering 2009 a transition year, during which time we will be determining the resources, structures and processes required to most effectively and efficiently implement the new standards. We will also develop a resource allocation and priority setting method. Some Health Units have indicated that they will take 3 years to fully implement the changes and will require significant staffing increases to do so. We have not yet determined whether we will be able to accommodate the planning and implementation of the new standards within current staffing allotments. Depending on the 2009 budget approved by the Board and the requirements set out in the protocols, priorities will have to be set and some lower priority activities may have to be deferred. We cannot pretend that implementing the new standards will not entail extra work.

The ministry is collecting data from each health unit in order to develop a report on public health in the province. This initiative was undertaken as part of the implementation of a Performance Management System as part of the new Ontario Public Health Standards. The purpose of the report is to present a snapshot of the public health system at both the local level and system level by profiling health units and key indicators. The data to be collected from health units focuses on basic financial, HR and governance information. It will be combined with population based data already collected by various agencies. This gives us some hope that, in the near future, we may have much better data to show how we are funded and performing compared with other similar health units in the province.

9. Correspondence:

J. Butt referred to the correspondence and asked if there were any questions. F. Kinsella asked if J. Butt responded to correspondence item #9. J. Butt advised that the director responded but he saw it and reviewed it. We could have stated in the letter that the chair had asked the director to respond since the letter had been addressed to the Board Chair.

The motion to move incamera was read at 6:11 p.m.

10. Incamera Meeting:

It was moved by: J. Fullarton

Seconded by: D. Gordon

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;
- (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;
- x (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:

It was moved by: D. Gordon

Seconded by: F. Kinsella

That: This closed session rise and report.

Motion Carried.

Proposal for Smiths Falls Office:

It was moved by: J. Beckstead

Seconded by: B. Fletcher

That: The Board of Health advise staff to proceed as directed.

Motion Carried.

Non Union Salary Review:

It was moved by: D. Gordon

Seconded by: F. Kinsella

That: A non union salary review is being conducted by board members.

Motion Carried.

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

The next Board of Health Meeting will be held on Thursday, December 4, 2008 at 4:00 p.m. in the Board Room, Brockville Office.

13. Adjournment:

It was moved by: B. Fletcher
Seconded by: J. Fullarton
That: The meeting adjourn at 7:02 p.m.

Motion Carried.

J. Butt, Chair

Date

H. Bruce, Recording Secretary

Date

c: Board members
HU offices
Municipalities
Shared Drive