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BOARD OF HEALTH GOVERNANCE EDUCATION SESSION

September 20, 2021

PUBLIC HEALTH SERVICES Office of the Medical Officer of Health



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MILLER THOMSON AVOCATS | LAWYERS

Hamilton Board of Health Governance Education Session

September 20, 2021

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VANCOUVER CALGARY EDMONTON SASKATOON REGINA LONDON KITCHENER-WATERLOO GUELPH TORONTO VAUGHAN MARKHAM MONTRÉAL



Agenda

- 1. Legal Landscape of Public Health Governance
- 2. Good Governance Principles for Public Health Boards
- 3. Advancing Diversity, Equity and Inclusion
- 4. Alternate Board of Health Frameworks





- Health Protection and Promotion Act
- Municipal Act, 2001
- City of Hamilton Act, 1999
- Ontario Public Health Standards: Requirements for Programs, Services and Accountability (June 2021)
- Board of Health By-laws, Policies and Procedures



- Health Protection and Promotion Act Part VI
 - Board of Health for each Health Unit, must meet governance requirements:

Section	Description
Board Composition (s. 49 (1)-(3)	Members appointed per HPPA; between 3 - 13 Municipal members; Lieutenant Governor may appoint other members, but must be less than # of Municipal members
Term of Office (s. 49(7))	Municipal members term of office lasts for term of Council that appointed the member
By-laws (s. 56)	Board to pass by-laws respecting management of property, banking/finance, meeting proceedings, appointment of auditor
Quorum (s. 54)	Majority of the Board members
Minutes (s. 58)	Board to keep minutes of proceedings and text of by-laws/resolutions passed

BUT <u>do not</u> apply to Hamilton Board of Health because single-tier under *City of Hamilton Act* (ss. 49, 55)



- *Health Protection and Promotion Act* Part VI cont'd
 - Board of Health oversight of Public Health Programs and Services
 - Every Board of Health shall superintend and ensure the carrying out of Health Programs and Services, Community Health Protection and Communicable Diseases in accordance with the HPPA and the regulations (s. 61)
 - Board of Health to appoint a Medical Officer of Health (s. 62)





- Health Protection and Promotion Act Part VI cont'd
 - Medical Officer of Health management of Public Health Programs and Services
 - Medical Officer of Health responsible for the management of the public health programs and services (s. 67(1),(3))
 - Medical Officer of Health Orders (e.g. communicable diseases (s. 22), health hazards (s.13))
 - Employees subject to direction of and responsible to the Medical Officer of Health (s. 67(2))





• Municipal Act, 2001

- Includes Board of Health in definition of "Local Board" (s.1(1))
- Includes provisions on procedure by-laws for calling, place and proceedings of meetings, and electronic participation (s. 238)
- Sets out roles of Council, Mayor, Officers and Employees, etc.

• City of Hamilton Act, 1999

The City has the powers, rights and duties of a Board of Health under the Health Protection and Promotion Act (s. 11)



- Every Board of Health to comply with Public Health Standards for mandatory program/services (HPPA, s. 7)
- Ontario Public Health Standards: Requirements for Programs, Services and Accountability (June 2021), includes Good Governance and Management practices for Boards of Health:
 - Strategic plan, service plan, performance reporting, accountability
 - Comply with governance requirements of HPPA
 - Develop/implement policies/by-laws for functioning of the Board, including rules of order for meetings and selection of members based on skills, knowledge, competencies and community representation, where able
 - Have a risk-management framework
 - Provide governance direction to administration
 - Engage in community and multi-sectoral collaboration, including relationships with Indigenous communities
 - Aware of emerging issues and trends
 - Engage in self-evaluation of governance practices



- Board of Health By-laws, Policies and Procedures
 - Public Health Unit By-laws/Policies/Procedures typically include: duties of the Board, Board officers, Board proceedings such as quorum and decision-making, Board committees, signing authority, code of conduct, conflict of interest, etc.
 - As single-tier municipality Health Unit, Hamilton Board of Health does not have separate By-laws/Policies, it is governed by procedural rules applicable to Municipal Council as a Standing Committee of Council
 - City of Hamilton By-Law No. 21-021(By-law to Govern the Proceedings of Council and Committees of Council)



- City of Hamilton By-Law No. 21-021 (By-law to Govern the Proceedings of Council and Committees of Council)
 - Consider/recommend to Council policy matters/emerging issues re: public health
 - Provide advice/guidance to Public Health Services re: Strategic Planning initiatives and alignment with Council's Mission, Vision, Values and Goals
 - Receive delegations from the public/conduct public hearings as required by statute and Council
 - Consider/recommend to Council overall service levels re: Public Health Services
 - Consider/monitor program implementation and performance through staff reports
 - Consider public health needs of community/recommend advocacy by Council
 - Matters that have the potential of litigation and are under the mandate of the Board



- Health System Transformation
 - Province advancing significant health system transformation initiatives:
 - Public Health Modernization
 - Connecting Care Act, 2019
 - Build a connected, sustainable public healthcare system that is needs based and improves access
 - Consider alignment of Public Health governance and mandate within new health system frameworks





- Health System Transformation
 - Public Health Modernization
 - April 2019 Province announced that it would reduce the number of Public Health units from 35 to 10 by April 1, 2020
 - Early 2020 Province paused plan for mergers and initiated consultations on Public Health modernization
 - Pubic Health modernization plan paused due to COVID-19



- Health System Transformation
 - Connecting Care Act, 2019
 - Central Agency (Ontario Health)
 - Mental Health and Addictions Centre of Excellence
 - Ontario Health Teams (OHTs)
 - Voluntary collaboration, provider driven and designed; expectation for provincial coverage
 - Incudes primary care, home/community care, acute care, LTC
 - Expectation for engagement with Public Health



Good Governance Principles for Public Health Boards





- What is "Governance"?
 - Process to enable effective oversight and decision-making for an organization and stewardship of its strategic direction
- Why Good Governance?
 - Best practices in governance enable quality and effective decision-making leading to improvements in programs, services and resources to meet community need



Governance Duties of Board Members

<u>Generative</u> Underlying purpose and values; long term sustainability

<u>Strategic</u> Strategic planning re: priorities for resources, programs and services

Fiduciary

Oversight/ stewardship of operations, assets, compliance





- Standard of Care:
 - Discharge authority and duties with honesty, in good faith, and in the best interests of the Health Unit
- Objective Standard:
 - What diligence would a reasonably prudent person exercise in comparable circumstances?







Stewardship	 Board is the steward of the Mission, Vision and Values, and sets the tone, culture and accountabilities 	
	· Doord Mambara identified based on personal attributes and	
Board Composition	 Board Members identified based on personal attributes and technical competencies, collectively reflecting proficiencies for a skills-based Board inclusive of diversity and representative of the community 	
Board Conduct and Processes	 Use of By-laws and policies to provide rigor and clarity to Board procedures and rules of order as well as effective management of Board conduct 	
Enterprise Risk Management	 ERM is a systematic, holistic, integrated approach to identifying, evaluating and responding to significant risks on an enterprise wide basis; use of ERM risk registers common for Board reporting 	



Relationship of Governance and Management	 Board responsible for risk and compliance oversight, and to establish policies/procedures. Management/MOH responsible for implementation of policies/procedures established by the Board and risk reporting to the Board. Balance between Board authority and Management/MOH decision-making key to effective operations. Council/Staff Relationship Policy.
Community/ Stakeholder Engagement	 Collectively as a Board, systematically engage and consider the voice and perspectives of the community and other stakeholders in decision-making to advance the needs of the community and diversity, equity and inclusion
Board Evaluation	 Commitment to continuous improvement of Board governance and effectiveness through Board evaluation of its own performance and ability to meet stated objectives





What Does DEI Mean to You?





DIVERSITY	Characteristics of individuals or groups that make them different from each other (race, gender, disability, sexual orientation, socio-economic status etc.). Individuals may affiliate with multiple identities (intersectional diversity)
EQUITY Fair treatment, access and opportunity throug improving procedures, processes and system	
INCLUSION	Integration of diverse voices in full participation, creating a culture of belonging for everyone



- Effects of Unconscious Bias:
 - Unconscious/implicit bias can affect your behavior or decisions without you realizing it; unconscious thought manifests in conscious decisions
 - Unconscious/implicit bias is one of the key challenges in advancing DEI
 - > The first step to interrupting bias is awareness



- Effects of Unconscious Bias:
 - Unconscious/implicit bias are underlying attitudes and beliefs that people unconsciously attribute to another person or group, various types:
 - Affinity Bias: tendency to gravitate towards people who are similar to you; like-likes-like
 - Attribution Bias: stereotyping certain characteristics to certain people
 - Confirmation Bias: favoring information that confirms existing beliefs
 - Conformity Bias: views are influenced by the views of others; common in groups



- Effects of Unconscious Bias:
 - Are you aware of your own unconscious bias and how it may impact how you set priorities, process information and make decisions?
 - Resources available for confidential personal assessment of biases

Harvard – Project Implicit: Implicit Association Tests on various topics such as race, sexuality, age, religion, and others

https://implicit.harvard.edu/implicit/takeatest.html



- Why Advance DEI?
 - Improves ability to connect with and serve the community
 - Provide a better Board understanding of challenges, risks and inequities in the community
 - Leads to better Board decision-making and more effective operations
 - Leads to improvements in service equity and broader community support
 - Social responsibility, impact and accountability



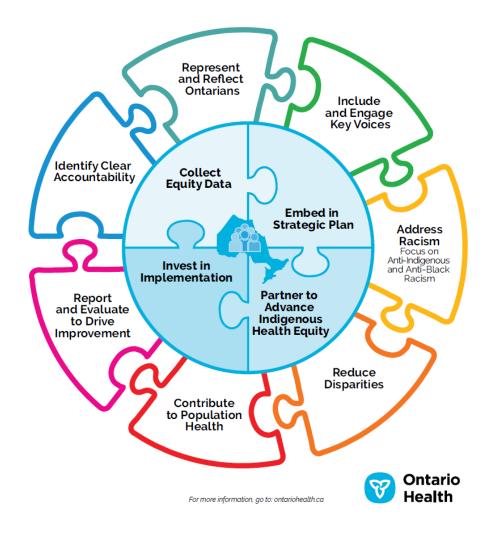
- Advancing Inclusive Leadership/Governance
 - Board leads the direction and tone on Diversity, Equity and Inclusion for the organization
 - DEI fluency of Board members
 - Integrating DEI into governance structure and Board policies and practices
 - Taking proactive action as a Board to create and sustain an inclusive organization that reflects the community that it serves



- Advancing Community Centred Governance
 - Decision-making that is responsive to community needs and priorities
 - Advances principles of community engagement and system co-design
 - Meaningful engagement of individuals, families, caregivers and communities
 - Incorporation of community voice/lived experience in decision-making



- Ontario Health's Equity, Inclusion, Diversity and Anti-Racism Framework
 - To foster an equitable and anti-racist organizational culture, and work with health system partners to ensure health equity for all in Ontario
 - Framework will be applied to inform policies, practices, processes, supports and selection of metrics
 - Framework to be used as a foundation for health system planning





- 3 key takeaways:
 - > Principle #1: DEI is an Imperative
 - > *Principle #2*: DEI starts at the Board Table
 - Principle #3: DEI is a Journey not a Destination





- Current Hamilton Board of Health Framework:
 - The City has the powers, rights and duties of a Board of Health under the HPPA (*City of Hamilton Act*, s. 11)
 - Members of the Board of Health are all the Members of Municipal Council (City of Hamilton By-law No. 21-021)
 - Community input and engagement through:
 - City of Hamilton Urban Indigenous Strategy
 - City of Hamilton Equity, Diversity and Inclusion Steering Committee
 - Additional Volunteer Advisory Committees
 - Delegations



- 34 Health Units in Ontario with Board of Health structures that have varied mix of municipal/ community members at the Board table:
 - Autonomous (example: Southwestern, Huron Perth)
 - Regional (Durham, Halton, Niagara, Peel, Waterloo, York)
 - Single-Tier (Hamilton, Haldimand-Norfolk)
 - Semi-Autonomous (Toronto, Ottawa)



Alternate Board of Health Frameworks Mergers Involving Municipal Boards of Health

	Southwestern	Huron Perth
Prior to Merger of Health Units	 Oxford County Health Unit (operated by County of Oxford) Elgin St. Thomas Health Unit 	 Huron County Health Unit (operated by County of Huron) Perth District Health Unit
Post-Merger Composition	 8 Municipal Members (HPPA Reg 559): 4 appointed by Municipal Council of Oxford County 2 appointed by Municipal Council of Elgin County 2 appointed by Municipal Council of St. Thomas 2 Provincial Representatives appointed by Lieutenant Governor 	 9 Municipal Members (HPPA Reg 559): 4 appointed by Municipal Council of Huron County 2 appointed by Municipal Council of Perth County 2 appointed by Municipal Council of Stratford 1 appointed by Municipal Council of St. Marys 1 Provincial Representative appointed by Lieutenant Governor



Alternate Board of Health Frameworks Semi-Autonomous Board of Health Structures

	Ottawa	Toronto
Governing Legislation (City of Ottawa Act, City of Toronto Act)	A board of health for the city is hereby established and it is deemed to have been established under the HPPA (s. 12(1)) The city shall, by by-law, establish the board's size in accordance with subsection 49(2) of the HPPA (s. 12(2)) Despite subsections 49(1) and (3) of the HPPA, all of the members of the	The Board of Health for the City of Toronto Health Unit is continued as a board of health for the City and is deemed to be a board of health established under the HPPA (s. 405(1)) The City shall, by by-law, establish the Board's size in accordance with subsection 49(2) of the HPPA (s. 405(2)) Despite subsections 49(1) and (3) of the
Board	board shall be appointed by the city (s. 12(3))	HPPA, all the members of the Board shall be appointed by the City (s. 405(3))
Composition	11 Members: 6 Council representatives/ 5 public members	13 Members : 6 City Council members and 6 public members / 1 education representative



- To implement an alternate Board of Health structure:
 - > Will require amendments to *City of Hamilton Act*
 - Will require amendments to City of Hamilton By-laws
 - May require amendments to Health Protection and Promotion Act
- Consider desired approach to achieve good governance and DEI objectives



Questions?

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