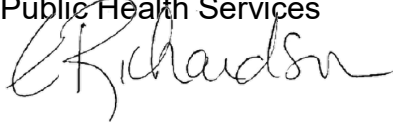




Hamilton

INFORMATION REPORT

TO:	Mayor and Members Board of Health
COMMITTEE DATE:	July 6, 2022
SUBJECT/REPORT NO:	Board of Health Governance Follow-Up (BOH21006(b)) (City Wide) (Outstanding Business List Item)
WARD(S) AFFECTED:	City Wide
PREPARED BY:	Carolyn Hureau (905) 546-2424 Ext. 6004
SUBMITTED BY:	Dr. Elizabeth Richardson, MD, MHSc, FRCPC Medical Officer of Health Public Health Services
SIGNATURE:	

COUNCIL DIRECTION

At the Board of Health meeting on September 20, 2021, the following motion was passed as a result of the Board of Health Governance Education Session (Report BOH21006(a)):

“That the Mayor and Medical Officer of Health correspond with the Ottawa and Toronto Board of Health Chairs and Medical Officers of Health to request information regarding their semi-autonomous board structures, lessons learned and outcomes that have resulted from changes in their structure and governance, with a presentation back to a future Board of Health meeting”.

INFORMATION

The purpose of this report is to provide an overview of the information shared by these public health units. It should be noted that staff previously shared a report with the Board of Health on June 14, 2021 that outlined the historical development of Hamilton’s current Board of Health structure and Board of Health governance models used in other jurisdictions (Report BOH21006). The Board of Health requested this information following several delegations at the March 22, 2021 Board of Health meeting advocating for reform to Hamilton’s current Board of Health to include health experts and diverse community leaders. One of the recommendations included within Report BOH21006

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and approved by the Board of Health was to engage an external vendor to facilitate a governance education session. Following this session, the Board of Health passed a motion to request information from Toronto and Ottawa Public Health regarding their semi-autonomous Board of Health governance structure.

In response to this motion, a letter of request was sent to the Ottawa and Toronto Board of Health Chairs and Medical Officers of Health on December 17, 2021 (Appendix "A" to Report BOH21006(b)). Ottawa Public Health was unable to respond due to a lack of capacity related to the ongoing COVID-19 emergency response. Although Toronto Public Health did not have capacity to present to the Board of Health or provide a written response, they met with staff to share information about their semi-autonomous board structure.

Toronto currently uses a semi-autonomous Board of Health governance structure whereby the City Council appoints members as well as citizen representatives to a separate board of health; however, City Council retains the authority for budget and staffing approvals. The Toronto Board of Health consists of 13 members¹, including:

- Six members of City Council;
- Six members of the public; and,
- One education representative.

As outlined in the Toronto Board of Health selection criteria¹, the public members should collectively meet the following qualifications:

- Interest or background in issues affecting municipal public health programs and services;
- Interest or skills in planning and policy development leading to a comprehensive municipal public health agenda that meets local community needs;
- Experience in organizational activities, such as committees, non-profit groups, voluntary societies, occupational associations;
- Skills in leadership and management and/or experience in administration and budget development;
- Demonstrated skills in conflict management, negotiation and mediation;
- Ability to make a commitment to monthly involvement in Board of Health meetings and related committee or other activities; and,
- A youthful perspective, defined as an individual in the 18-30 age range, is a desired qualification for at least one public member.

¹ Toronto Board of Health (2019). Board of Health – Selection of Candidates for Interview. <https://www.toronto.ca/legdocs/mmis/2019/ca/bgrd/backgroundfile-123265.pdf>

In addition to these qualifications, the selection criteria outline that “experience in such areas as community development, city building, social justice, poverty reduction and equity, diversity and reconciliation would be additional assets to the board”¹.

This aligns with the information provided by Karima Kanani, Lawyer and Partner, Miller Thompson Lawyers, during the Board of Health Governance Education Session on September 20, 2021. One of the principles of good governance she reviewed was board composition. More specifically, board members should be identified based on personal attributes and technical competencies, collectively reflecting proficiencies for a skills-based board that is inclusive of diversity and representative of the community.

During staff consultation, Toronto Public Health emphasized the importance of enabling meaningful and diverse representation in local public health planning and service delivery. Furthermore, Toronto Public Health identified that there is no one board of health structure that will guarantee representation from all diverse groups and communities across a municipality. In order to gather diverse perspectives and input from citizens, they highlighted the importance of establishing and consulting with various committees and panels.

Both Toronto Public Health and Karima Kanani specified that board structure and composition is one element of good governance. Furthermore, they both identified the need for a comprehensive approach that is inclusive of the other best practices and principles of good governance, including:

- **Board conduct and processes:**
Use of By-laws and policies to provide rigor and clarity to Board procedures as well as effective management of Board conduct;
- **Board evaluation:**
Commitment to continuous improvement of Board governance and effectiveness through Board evaluation of its own performance and ability to meet stated objectives;
- **Community / stakeholder engagement:**
Systematic engagement and consideration of voices and perspectives of the community and other stakeholders in decision-making to advance the needs of the community, including equity, diversity and inclusion;
- **Enterprise risk management:**
A systematic, holistic and integrated approach to identifying, evaluating and responding to significant risks on an enterprise wide basis;
- **Relationship of governance and management:**
Clarity and balance between Board authority and management decision-making is key to effective operations. Boards responsible for establishing policies/procedures and risk and compliance oversight, whereas management is responsible for the implementation of policies/procedures and reporting risks and mitigation plans to the Board; and,

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- **Stewardship:**

The Board is the steward of the vision, mission and values and sets the tone, culture and accountabilities.

Within Hamilton's current Board of Health governance structure, there are several mechanisms that allow the Board of Health to hear diverse voices and experiences reflective of the Hamilton community. First, citizens can delegate to the Board of Health. This continues to be an effective way for citizens to share perspectives and recommendations to inform planning and decision-making. Second, the City of Hamilton has many Volunteer Advisory Committees to Council with Council member representation on each Volunteer Advisory Committees. These Volunteer Advisory Committees include various equity seeking groups such as:

- Aboriginal Advisory Committee;
- Accessibility Committee for Persons with Disabilities (legislated requirement);
- Committee Against Racism;
- Immigrant and Refugee Volunteer Advisory Committee;
- Lesbian, Gay, Bisexual, Transgender, and Queer Volunteer Advisory Committee;
- Seniors Advisory Committee; and,
- Status of Women Committee.

In September 2020, an Equity, Diversity, and Inclusion Steering Committee was also formed. The mandate for this committee is to collaborate and exchange information to support all staff to foster equity, diversity and inclusion by:

- Continuous education, training, and courageous conversations across the organization;
- Identification, prevention, and recommendation on the removal of barriers to full inclusion to allow all employees to reach their full potential and have a strong sense of belonging;
- Supporting the successful embedding of Equity, Diversity, and Inclusion principles and practices in our policies, programs, and services; and,
- Promoting and demonstrating the core principles and behaviours of Equity, Diversity, and Inclusion to enhance workplace culture.

Public Health Services is also committed to engaging with equity seeking groups in a meaningful and collaborative way to address public health issues within the community. A recent example of this was the Vaccine Readiness Network. The Vaccine Readiness Network was an open membership group of health, education, social service and community organizations and representatives in Hamilton. The purpose of this group was to share information on the status of COVID-19 vaccine planning and distribution and to discuss shared roles to enhance COVID-19 vaccine access and confidence,

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particularly among priority populations. This work highlighted the importance of engaging representatives from diverse communities in order to advance equitable health outcomes for all Hamiltonians.

Ultimately, the decision to change the current public health governance structure in Hamilton is at the discretion of the Board of Health. Any changes would require legislative change under the *City of Hamilton Act* and may also require change to the regulation under the *Health Promotion and Protection Act*.

It is important to consider the current public health landscape and potential for broader health system transformation when deliberating changes to Hamilton's Board of Health governance structure. In April 2019, the Ontario Budget included plans to consolidate the then 35 public health units into 10 new regional Public Health Entities. In November 2019, the Ministry released a discussion paper² on public health modernization outlining key strengths and challenges of public health in Ontario. Hamilton provided a collective response advocating that public health's unique mandate to keep people and our communities healthy, prevent disease, and reduce health inequities be maintained (Report BOH20004). The Ministry had planned further public health consultations in 2020; however, these were put on-hold due to the COVID-19 emergency response. It is anticipated that provincial direction regarding public health structuring, including governance, at both the provincial and local levels is forthcoming.

APPENDICES AND SCHEDULES ATTACHED

Appendix "A" to Report BOH21006(b): Letters of Request to Toronto and Ottawa
Public Health

² Ontario Ministry of Health (2019). Discussion Paper: Public Health Modernization.
https://health.gov.on.ca/en/pro/programs/phehs_consultations/docs/dp_public_health_modernization.pdf