

# Hamilton Board of Health Governance Education Session

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## **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, 1990
- Ontario Public Health Standards: Requirements for Programs, Services and Accountability (June 2021)
- Municipal Act, 2001
- City of Hamilton Act, 1999
- By-laws, Policies and Procedures



- Health Protection and Promotion Act (HPPA)
  - The HPPA is provincial legislation that creates Boards of Health and establishes Board of Health powers and authority (HPPA s.49)
  - Board of Health has 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 (HPPA s. 61)
    - Board of Health is to appoint a Medical Officer of Health (HPPA s. 62)
  - Medical Officer of Health is responsible for management of Public Health Programs and Services (HPPA s. 67(1),(3))



- Health Protection and Promotion Act (HPPA)
  - Board of Health to meet governance requirements related to variety of matters including related to Board composition:
    - 49 (1) A board of health is composed of the members appointed to the board under this Act and the regulations.
    - (2) There shall be not fewer than three and not more than thirteen municipal members of each board of health.
    - (3) The Lieutenant Governor in Council may appoint one or more persons as members of a board of health, but the number of members so appointed shall be less than the number of municipal members of the board of health
  - Regulations under HPPA address Board of Health composition
  - ➤ BUT this <u>does not apply</u> to Hamilton Board of Health because it is single-tier under *City of Hamilton Act* (ss. 49, 55) and the Municipal Council is the Board of Health



- Ontario Public Health Standards: Requirements for Programs, Services and Accountability (2021)
  - Provincial public health accountability framework
  - Every Board of Health is to comply with Public Health Standards for mandatory program/services (HPPA s. 7)
  - Calls on Boards of Health to implement strategies to reduce health inequities and meaningfully engage priority populations
  - Boards accountable for good governance practices to ensure effective functioning
  - Requires that Boards of Health have local by-laws and governance policies on variety of matters including selection of Board of Health members based on skills, knowledge, competencies and representatives of the community, where able to recommend to the appointing body



- Boards of Health are subject to the HPPA but also to other legislation where the governance and mandate is tied to the municipality
- Municipal Act, 2001
  - Includes Board of Health in definition of "Local Board" (s.1(1))
  - Various provisions related to Local Boards, some apply to Boards of Health and others do not
  - Includes provisions on procedure by-laws for calling, place and proceedings of meetings



- Hamilton Board of Health is also subject to 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)
  - Hamilton City Council operates and functions as the Board of Health
  - As single-tier municipality Health Unit, Hamilton Board of Health does not have separate By-laws/Policies, it is governed by procedural rules under City of Hamilton By-Law No. 21-021(By-law to Govern the Proceedings of Council and Committees of Council)
  - The City By-law also creates a Standing Committee Board of Health composed of all members of Council to provide recommendations to Council



- Under City of Hamilton By-Law No. 21-021 (By-law to Govern the Proceedings of Council and Committees of Council) Appendix B, the Standing Committee is responsible for:
  - 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/recommend to Council policies governing service delivery of Public Health Services
  - Consider/monitor program implementation and performance through staff reports
  - Consider public health needs of community/recommend advocacy by Council to address needs
  - Matters that have the potential of litigation and are under the mandate of Standing Committee



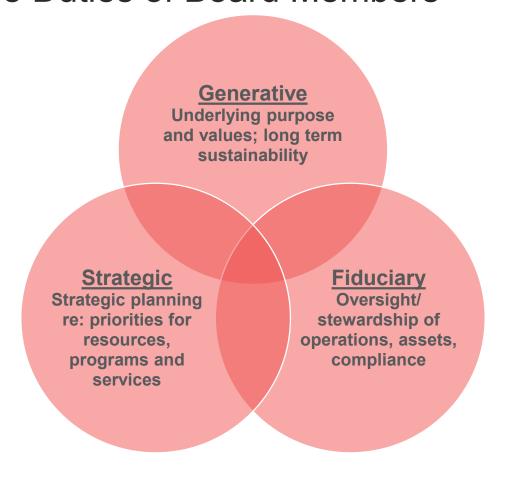
# Good Governance Principles for Public Health Boards



- 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





- 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

## 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



- Ontario Public Health Standards (2021), includes Good Governance for Boards of Health (not exhaustive):
  - 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





- 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



- 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





- 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
    - Today refer to "Strengthening Public Health" but no clear indications on future intention......



- 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
  - Council also has Board of Health Standing Committee, also composed of all Members of Municipal Council
  - 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



- There are other Boards of Health that have varied mix of municipal/ community members at the Board table
- 34 Health Units in Ontario with different Board of Health structures
- Other Municipal Boards of Health have
  - Merged to form Autonomous Boards
  - Restructured to Semi-Autonomous Boards



- Board of Health structures:
  - Single-Tier (Hamilton, Haldimand-Norfolk)
    - Municipal Council serves as Board of Health; no citizen appts or provincial appts
  - Regional (Durham, Halton, Niagara, Peel, Waterloo, York)
    - Operates under regional government (upper tier); no citizen appts or provincial appts
  - Autonomous (example: Southwestern, Huron Perth)
    - Admin structure of health unit and municipality are separate
    - Multiple municipalities with representation; may include citizen appts and provincial appts
  - Semi-Autonomous (Toronto, Ottawa)
    - Municipal Council appoints members to separate board but retains authority for budget/staffing; includes citizen appts but no provincial appts



### Alternate Board of Health Frameworks Mergers Involving Municipal Boards of Health

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



# 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 board shall be appointed by the city (s. 12(3))	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 HPPA, all the members of the Board shall be appointed by the City (s. 405(3))
Board 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
- To implement an alternate Board of Health Standing Committee structure:
  - Will require amendments to City of Hamilton By-laws
  - No legislative changes
  - Municipal Council remains as Board of Health under HPPA
- Board evaluation/reflection; consider desired approach to achieve good governance and DEI objectives



# Questions?



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