

City of Hamilton Report for Information

To: Mayor and Members

City Council

Date: May 7, 2025

Report No: BOH25007

Subject/Title: Semi-Autonomous Board of Health Transition

Process

Ward(s) Affected: (City-Wide)

Recommendations

- That the current composition of six Members of Council and six members of the public, plus one education representative, **BE APPROVED** as the composition for the semi-autonomous Board of Health, and that staff **BE DIRECTED** to prepare the necessary By-law and policy amendments to reflect this composition;
- 2) That Council **PROVIDE DIRECTION** to staff on their intention regarding the appointment of members to the semi-autonomous Board of Health; and,
- 3) That the City Clerk **BE DIRECTED** to provide Report BOH25007 respecting the Semi-Autonomous Board of Health Transition Process to the Public Health Sub-Committee for information.

Key Facts

- In December 2024, a bill to amend the *City of Hamilton Act*, 1999 was introduced in the Ontario legislature to establish a semi-autonomous Board of Health in the City of Hamilton;
- The bill did not make it to a third reading as a Provincial election was called in February 2025, ending all legislative work;
- The legislature resumed on April 14, 2025, and staff are communicating with provincial counterparts to understand the timing and process for the reintroduction of amendments to the City of Hamilton Act, 1999, which, if reintroduced and passed, could establish the semi-autonomous Board of Health with immediate effect; and,

- The purpose of this report is to provide information respecting the on-going preparations by City staff to ensure the prompt implementation of the semiautonomous Board of Health with the necessary supports in place to function effectively and in accordance with the *Health Protection and Promotion Act* and *City of Hamilton Act*, 1999; and,
- This report is also seeking direction from Council on the composition and membership of the semi-autonomous Board of Health.

Financial Considerations

Not Applicable.

Background

On January 24, 2024, following several delegations and community consultation, Council unanimously approved, in principle, the semi-autonomous Board of Health governance model.¹ An application was submitted to the Province in March 2024 requesting the required legislative changes to establish a semi-autonomous Board of Health, comprised of Councillors and community members. In December 2024, the Provincial government introduced the *More Convenient Care Act, 2024* which included proposed amendments to the *City of Hamilton Act, 1999* that would have enabled this transition to a semi-autonomous Board of Health governance model. Prior to the legislature's holiday recess, the bill passed its second reading and was referred on to the Standing Committee on Social Policy. With the dissolution of the legislature in advance of the provincial election in February 2025, the legislative process for this bill came to an end.

The legislature resumed on April 14, 2025. Any legislation that had not completed the approval process prior to the election will need to be re-introduced to restart the legislative process. Staff are communicating with provincial counterparts on their plans for the amendments to the *City of Hamilton Act*, 1999 to establish the semi-autonomous Board of Health.

While awaiting these legislative changes, the Public Health Committee comprised of members of City Council was dissolved and a Public Health Sub-Committee comprised of six City Council members, six community representatives, and an education representative was established. In the current structure, the Public Health Sub-Committee makes recommendations to Council, which continues to act as the Board of Health.

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Analysis

What does "Semi-Autonomous" mean?

The semi-autonomous model means that select authorities are reserved for the City, while the Board of Health has authority over all other decision-making related to Public Health Services.

The legislation to establish the semi-autonomous Board of Health will outline the authorities of the City relative to the Board of Health, which are that the City:

- Shall establish the size of the Board of Health in accordance with the *Health Protection and Promotion Act*:
- Shall appoint all members of the Board of Health;
- Has authority over the appointment of the Medical Officer of Health, Associate Medical Officers of Health and auditor; and,
- Shall provide employees to the Board of Health, and those employees are employees of the city.

Beyond these areas of responsibility under the City, the Board of Health has autonomous decision-making authority.

Transition to Semi-Autonomous Board of Health

To guide the transition to the proposed semi-autonomous governance model, a Steering Committee of the Medical Officer of Health, City Solicitor, City Clerk, and the General Manager of the Healthy and Safe Communities Department, has been established, and is supported by outside counsel. The Steering Committee is engaging with City Finance and Corporate Services, Human Resources, Communications & Strategic Initiatives, and others as needed to inform and ensure a smooth, functional transition.

An overview of the planned approvals that will be required to implement the semiautonomous Board of Health are provided below.

1. Provincial Approvals:

Provincial legislation receives Royal Assent to establish the Board of Health.

- Since amendments to the *City of Hamilton Act, 1999* did not complete the legislative approval process prior to the election, the changes will need to be re-introduced to the legislature and proceed through the standard legislative process of readings through to Royal Assent;
- If the amendments to the *City of Hamilton Act, 1999* are re-introduced and passed, the changes would take effect immediately on the day the bill receives Royal Assent; and,
- The decision of when and if legislation is introduced is made at the provincial level.

2. Council Approvals:

Council appoints members to the Board of Health.

- In the proposed semi-autonomous model, Council is responsible for:
 - a) Establishing the composition of the Board of Health; and,
 - b) Appointing members of the Board of Health.
- Council may choose to adopt the current composition of the Public Health Sub-Committee (six Council members, six community representatives, one education representative) for the new semi-autonomous Board of Health as was contemplated in the initial decision to apply for a semiautonomous Board of Health, or they may choose to change the composition;
- If adopting the current composition, then Council may choose to grandfather the current members of the Public Health Sub-Committee to the new semi-autonomous Board of Health. If taking this approach, no additional steps will be required to meet transition timelines; and,
- Alternatively, Council may decide to initiate a new selection process for the semi-autonomous Board. If taking this approach, and given the new Board would become responsible for its duties immediately on Royal Assent, it is recommended that Council move forward as soon as possible due to the time to administer the selection process and the current uncertainty on the timeline for legislation amending the *City of Hamilton Act*, 1999 to be introduced in the legislature and receive Royal Assent. As such, it is recommended that the current membership is grandfathered.

Council approves amendments to relevant City of Hamilton By-laws.

 Once the legislation has passed and the semi-autonomous Board of Health has taken effect, it will be necessary for Council to make amendments to existing City of Hamilton by-laws to reflect the new Board of Health structure.

3. Semi-Autonomous Board of Health Approvals:

The semi-autonomous Board of Health approves By-laws and policies.

- At their inaugural meeting, as soon as practicable after Royal Assent, in order to function under the *Health Protection and Promotion Act*, the semiautonomous Board of Health must approve foundational By-laws and policies; and,
- Should Council choose to grandfather the current members of the Public Health Sub-Committee to the new Board of Health, the proposed By-laws and policies for the semi-autonomous Board of Health will be brought to the Public Health Sub-Committee for review in advance of the Board of Health transition.

4. City of Hamilton and the Semi-Autonomous Board of Health Update the Shared Services Model

A new Service Level Agreement will be prepared to enable the Board of Health to obtain administrative support services from the City of Hamilton, for example for procurement, IT services, etc. The Service Level Agreement will be approved

and entered into by the semi-autonomous Board of Health and the City of Hamilton.

Alternatives

Council may choose to change the composition of the proposed semi-autonomous Board of Health.

Council may choose to initiate a new recruitment process to fill the current community member vacancy on the Public Health Sub-Committee.

Relationship to Council Strategic Priorities

The recommendations in this report support the following 2022-2026 Council Priorities, Outcomes, and Measures of Success:

- 3. Responsiveness & Transparency
 - 3.2 Get more people involved in decision making and problem solving
 - 3.3 Build a high performing public service

The proposed governance structure would enable the City of Hamilton to appoint City Council members and representatives from the community and education sectors to the Board of Health. By incorporating a broader range of perspectives in public health decision-making, this model would help enhance Hamilton's ability to address its public health priorities effectively and in alignment with community needs.

Previous Reports Submitted

- <u>BOH23039</u> Options for the City of Hamilton's Board of Health Governance
- <u>BOH24003</u> Selection Criteria and Policy and By-Law Changes to Implement the Public Health Sub-Committee

Consultation

- Grace Mater, General Manager, Healthy and Safe Communities Department
- Lisa Shields, City Solicitor, Legal Services
- Matthew Trennum, City Clerk, Corporate Services
- Ottawa Public Health
- Toronto Public Health

Appendices and Schedules Attached

Not Applicable.

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Submitted and recommended by:

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