

Guidance Document – Shared municipal seats on the new Board of Health - Northeastern Public Health / Santé publique du Nord-Est¹

Purpose:

To provide background information to inform potential options to municipalities who share municipal positions on the new Board of Health - Northeastern Public Health / Santé publique du Nord-Est.

Background:

Municipal Appointees to Boards of Health

Regulation 559 (1990) of the Health Protection and Promotion Act directs how municipal appointments are distributed but provides no direction on how the municipality makes that choice where one member is appointed by a grouping of municipalities. To support municipalities with this, this guidance document contains considerations and examples of current practices that municipalities can apply.

Due to the considerable number of obligatory municipalities between the two regions (38 in total) not all municipalities have direct representation every term, as is the case in all Northern health unit Boards of Health (see below).

Municipalities with shared seats will need to work together and adopt/enhance a system within each municipal cluster that will allow for all interested municipalities, during different terms, opportunities to sit on the Board of Health.

Boards of Health in Northern Ontario

	Number of Municipal Appointees¹ (Max of 13 as per HPPA)	Number of Municipalities with <u>direct</u> representation on the Board²	Number of known Obligatory Municipalities for the District
Porcupine Health Unit	12	9	14
Timiskaming Health Unit	10	7	24
Algoma Health Unit	8	6	21
Northwestern Health Unit	8	7	19
Thunder Bay District Health Unit	12	10	15

¹ As prescribed in R.R.O. 1990, Reg. 559: DESIGNATION OF MUNICIPAL MEMBERS OF BOARDS OF HEALTH.

² In areas with many member municipalities, Board members must represent multiple communities to fit into the HPPA municipal appointee number requirements, not just the community where they were elected.

	Number of Municipal Appointees¹ (Max of 13 as per HPPA)	Number of Municipalities with <u>direct</u> representation on the Board²	Number of known Obligatory Municipalities for the District
Sudbury and District Health Unit	11	5	18
North Bay Parry Sound District Health Unit	10	6	31
Northeastern Public Health	13	10	38

Roles and Responsibilities:

Boards of Health provide important governance contributions to help achieve public health’s mandate to promote and protect community health and advance health equity in the new area.

Although municipalities are responsible for funding local public health (with the support of provincial grants), the Board of Health is not a direct committee of the municipality like other local boards.

It is also important to note that while the Board of Health works closely with the Medical Officer of Health / Chief Executive Officer (MOH/CEO), it is the MOH/CEO’s responsibility to lead the public health unit in ensuring the OPHS and accountabilities are met as well as achieving board-approved directions. Therefore, the responsibility for the day-to-day management and operations of the health unit lies with the MOH/CEO.

The Health Protection and Promotion Act outlines the number of municipal appointees on each Board of Health and directs how municipal appointments are distributed. Municipalities are responsible to appoint their respective members (usually by resolution) to Boards of Health. The Health Unit does not appoint municipal members for the Board of Health. When municipalities share seats (which occurs in other Boards as well, like DSSAB as well as all other Northern Ontario Boards of Health), it is up to municipalities to work together to jointly appoint a member.

Considerations

By carefully considering these factors, municipalities with shared seats can create a collaborative, effective, and equitable process when selecting municipal representation for the new Board of Health that contributes to strengthening public health in each community.

1. All member municipalities receive updates/communication on Board of Health activities.
 - a. Currently, all municipalities have access to Board of Health information:
 - Meetings are open to the public.
 - Minutes and resolutions are shared with every member municipality, not just those who have direct membership.
 - b. There are opportunities within the governance function to ensure strengthened communication with each municipality regardless of direct representation on the Board of Health. Within the policies for the new Board of Health there are opportunities to ensure strong connections with each member municipality, including:
 - Clear expectations outlined for Board members regarding communication with any council they may be representing at a shared seat.
 - Enhanced promotion of Board of Health meeting dates and times for any municipal member to attend across the region.
 - Regular MOH/CEO updates with all municipal partners throughout the year.

2. Shared seats have occurred throughout the history of the Porcupine and Timiskaming Boards of Health, and municipalities who share seats have created process that work best for their cluster, which may look different from other municipal clusters.
 - a. Municipalities with a shared seat have worked with their partner municipalities to jointly appoint a municipality to represent.
 - b. With some clusters, the same municipality has always represented the group, based on the desires, functions, and capacities/demands within that cluster. Likewise, there are some municipalities that have expressed no capacity to be able to participate in the Board of Health. This is a joint decision that occurs between the municipalities. There may be clusters that may want to continue this way on the new Board of Health.

3. To provide quality governance, exercise due diligence on behalf of the Members, and to meet HPPA requirements, all municipalities should consider the following characteristics when appointing their Board of Health representative:
 - a. Skill sets
 - b. Interests
 - c. Knowledge

- d. Competencies
- e. In addition, to reflect the uniqueness of our district, individual characteristics of appointees should also be considered. Having a Board with Indigenous, Francophone, rural and urban diversity strengthens the Board’s ability to reflect and understand the needs of the communities the public health unit serves.
- f. Applying only a “fairness” lens, may create missed opportunities to have a diverse Board of Health.

Summary of Options

An environmental scan was conducted to see how municipalities with shared seats on Boards jointly selected their appointees. We reached out to other Northern Health Units and other types of district-wide boards to examine current processes. Below is a summary of current practices. There are strengths and challenges for each option, and different groupings may choose different processes:

- 1. Municipalities communicate amongst themselves to choose a single representative. Each term, the municipality is jointly appointed, based on desire / capacity, and is not equally distributed amongst the cluster.
- 2. The position cycles through the clustered municipalities in a predictable, outlined schedule, ensuring each municipality has a turn each new election year.
- 3. Population-based – the position cycles equally, but each municipality in cluster is weighted based on their population (for example, a municipality with double the population may have two turns within the rotation schedule). Another option that has been utilized is the municipality with the largest population base is the representative.
- 4. Municipalities can create Memorandums of Understanding between their partner municipalities that further refine this process and outline the agreed upon schedule / appointment process.
- 5. If municipalities within a shared seat cannot decide, voting could occur.
- 6. Meeting together to determine if there is interest from all municipalities to sit on the Board of Health. There may be some municipalities who may not have the capacity or member interest to do so. Currently, both the Porcupine and Timiskaming have member municipalities that have not had direct membership on the Board of Health by choice.
- 7. Appointment is split – one municipality will have a representative for two years in a term, and the other will take the remaining two years.