



Algoma
PUBLIC HEALTH
Santé publique Algoma

ALGOMA PUBLIC HEALTH

BOARD OF HEALTH MEETING

AUGUST 9, 2016

4:30 - 6:30 PM

BLIND RIVER BOARD ROOM

9B LAWTON ST., BLIND RIVER, ON

www.algomapublichealth.com

August 9, 2016 - Board of Health Meeting

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**ALGOMA PUBLIC HEALTH
SPECIAL MEETING OF THE BOARD OF HEALTH
AUGUST 9, 2016 @ 4:30 PM
BOARD ROOM, BLIND RIVER, ON
A*G*E*N*D*A**

- 1.0 Meeting Called to Order** Mr. Lee Mason, Board Chair
 a. Declaration of Conflict of Interest
- 2.0 Adoption of Agenda Items** Mr. Lee Mason, Board Chair
 Resolution
 THAT the agenda items dated August 9, 2016 be adopted as circulated.
- 3.0 Adoption of Minutes of Previous Meeting - None**
- 4.0 Business Arising from Minutes - None**
- 5.0 New Business/General Business - None**
- 6.0 Correspondence**
 a. Letter to Mr. Wray, Wawa CAO dated July 20, 2016
- 7.0 Addendum** Mr. Lee Mason, Board Chair
- 8.0 That The Board Go Into Committee** Mr. Lee Mason, Board Chair
 Resolution
 THAT the Board of Health goes into committee.
 Agenda Items:
 a. Litigation or Potential Litigation
 b. Labour Relations and Employee Negotiations
- 9.0 That The Board Go Into Open Meeting** Mr. Lee Mason, Board Chair
 Resolution
 THAT the Board of Health goes into open meeting
- 10.0 Resolution(s) Resulting from In-Committee Session** Mr. Lee Mason, Board Chair
- 11.0 Announcements:** Mr. Lee Mason, Board Chair
 Next Board Meeting:
 September 28, 2016, 2016 at 5:00pm
 Sault Ste. Marie, Room A&B, Sault Ste. Marie
- 12.0 That The Meeting Adjourn** Mr. Lee Mason, Board Chair
 Resolution
 THAT the Board of Health meeting adjourns

July 20, 2016

Mr. Chris Wray
CAO/Clerk-Treasurer
Municipality of Wawa
40 Broadway Avenue
Wawa, ON P0S 1K0

Dear Mr. Wray,

I am writing in response to your letter of June 6, 2016 and wish to clarify your understanding of governance of the Algoma Public Health Unit.

First, Algoma Public Health did not appoint the Institute of Governance (IOG). The Ministry of Health and Long Term Care (MOHTLC) appointed IOG as a consultant to assist with the appointment process of the District of Algoma Board of Health, and to ensure that tools and guidelines are developed which can be used by all boards of health in Ontario.

The IOG had two specific deliverables for this project:

- i. to support skill based recruitment of the District of Algoma Board of Health
- ii. to develop a toolkit to support skill based boards for all Ontario Boards of Health.

You take issue with points stated in the IOG letter of March 31, 2016 from Mr. Dubois, Executive Director, IOG and Mr. Fleming, Associate, IOG. To be clear they state in the letter "there was a strong consensus among those attending" not as you state "among members". They also state there were nine mayors/representatives of the District of Algoma municipalities present. Further Mr. Dubois advised me that IOG held individual interviews with every head of municipal council in Algoma either in-person or over the phone. He also indicated that a full package of materials that was presented at the March 31, 2016 meeting was sent to the heads of council that were not present at the meeting. Since the meeting and exchange of information was between IOG and the heads of the municipalities of the District of Algoma it may be helpful that the Chair of the Algoma District Municipal Association formally write to IOG with a copy to APH and MOHLTC advising of the position that the Association is taking regarding a skills based board governance model.

As a person who has served on several boards both public and private sector and has studied board governance for many years I am a strong proponent of the skill based board model which is considered a best practice by board governance experts around the world. While I may not agree with the position taken by some mayors who oppose skill based boards I respect their opinion on the issue. Given the current provincial legislation regarding selection of public health board members the use of a skill based model is voluntary.

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I assure you that there is no intention as you state in your letter of “disenfranchising many members of the community”. Rather when a vacancy occurs the APH Board, using the skill based model approach, is asking municipal councils to consider the Board’s current needs when they chose their representative to serve on the APH Board. The APH Board recognizes that a council or group of councils may be challenged to find a representative with the skill set the Board is requesting at a particular time. In such situations the Board understands and accepts the decision of the council(s) should they chose a representative who does not fit the requested skill set.

Regarding point two of your letter, I have confirmed with the Ministry its position that section 54 of the *Health Protection and Promotion Act* (HPPA), states that a majority of the members of a board of health constitutes a quorum of the board and that quorum refers to current members of the board of health (i.e. does not include vacant seats).

Regarding point three of your letter APH Board members sign a confidentiality agreement and the APH Code of Conduct when they join the Board. Further there is board policy that requires board members to keep in-camera board documents and discussions confidential whether they attend in person or by electronic means. APH’s opinion on this matter has not changed and I reiterate that on occasions where an APH Board member has attended via teleconference the majority of members have attended in person.

Regarding point four the APH Board is using the definition of quorum as advised by MOHLTC. The APH Board does have the authority to pass an annual budget and levy costs to member municipalities. The Ministry expects boards of health and municipalities to meet their obligations under the HPPA. Section 72(8) of the HPPA states that obligated municipalities in a public health unit shall pay for the expenses of the board of health and the medical officer of health in the performance of their duties under the HPPA or any other Act. The Municipality of Wawa is an obligated municipality to which section 72 applies.

Finally, I respectfully and unconditionally reject your opinion regarding the functionally and effectiveness of APH. Through all the governance challenges that APH has faced over the last two years its staff have delivered public health programs and services very effectively and to the benefit of the communities of the District of Algoma. APH Board members have served in an exemplary manner. This board has overseen significant improvements in policy, procedures and practices to ensure effective decisions and to ensure transparency and accountability regarding board business.

On behalf of the APH Board, I encourage the North Algoma municipalities to select a representative. All other municipal seats have been filled and the Board would welcome a representative so that North Algoma municipalities have a voice at the board table and can actively contribute to the work of the APH Board.

Sincerely,



Dr. Tony Hanlon, Ph.D.
Chief Executive Officer,
Algoma Public Health,

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C. NESMG
District of Algoma Municipalities
Roselle Martino, ADM, MOHLTC
Laura Edgar, IOG
APH Board