SUBJECT: **STRUCTURE AND RESPONSIBILITIES OF THE BOARD OF HEALTH** **POLICY NUMBER: 1-010**

SECTION: Board of Health

IMPLEMENTATION DATE: July 8, 1992 **APPROVED BY:** Board of Health

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2008 October 16 (Board of Health)
2010 January 21 (Board of Health)
2010 November 18 (Board of Health)
2011 February 17 (Board of Health)
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SIGNATURE:

PURPOSE

To outline the structure and responsibilities of the Board of Health.

POLICY

The Board of Health is an autonomous body responsible for the governance of the Health Unit in accordance with Section 49 (1), (2), (3) of the *Health Protection and Promotion Act (HPPA)*, R.S.O.1990 as amended, which outlines the composition of boards of health and R.R.O. 1990, Regulation 559 re Designation of Municipal Members of Boards of Health

PROCEDURE

1.0 Board of Health Structure

1.1 Board of Health Appointments

The Board of Health consists of municipal and provincial appointees. Each member's term of office is determined by the appointing body.

The number of Board members and their representation is as follows:

- City of London – 3 appointees
- County of Middlesex – 3 appointees
- Province of Ontario – 5 appointees

An Aboriginal council of the band that has entered into an agreement with the Board has the right to appoint a member of the band to be one of the members of the Board of Health. Councils of the bands of two or more bands that have entered into agreements have the right to jointly appoint a person to be one of the members of the Board of Health instead of each appointing a member

No person whose services are employed by the Board of Health is qualified to be a member of the Board of Health.

1.2 Vacancies and Re-appointments

Vacancies on the Board will be filled by appointment by the body represented, that is the municipality or province.

Terms of office for provincial appointees may be renewed by applying to the Public Appointments Unit of the Ministry of Health and Long-Term Care. **Appendix B, Provincial Appointee Reappointment Process**, will be followed with respect to reappointment of provincially appointed board members.

1.3 Committee Structure

Each year at its inaugural meeting, the Board will:

i. Elect a Chair, Vice Chair and Secretary-Treasurer

ii. Decide whether to establish standing committees or to have the Board deal with all matters directly.

The Chair of the Board rotates on an annual basis to one of the appointees of the County of Middlesex, the City of London or the Province of Ontario.

The Board will enact bylaws (See **APPENDIX A**) to provide for the management of property; banking and finance; Board of Health proceedings; the duties of the Auditor and power designation related to the Municipal Freedom of Information and Protection of Privacy Act.

Bylaws will be reviewed by the Board of Health in the calendar year following a municipal election (every four years).

2.0 Responsibilities

The Board of Health oversees the interpretation, implementation, management and advocacy for the health programs and services described in the Health Protection and Promotion Act for persons in the City of London and County of Middlesex.

2.1 Leadership

The Board of Health shall provide direction to the administration and ensure that the board remains informed about the activities of the organization regarding:

- Delivery of the Ontario Public Health Standards (including the program, foundational, and organizational standards);
- Organizational effectiveness through evaluation of operational and strategic plans;

- Stakeholder relations and partnership building;
- Research and evaluations, including ethical review;
- Compliance with all applicable legislation and regulations;
- Workforce issues, including recruitment of the Medical Officer of Health and any other senior executives;
- Financial management, including procurement policies and practices; and
- Risk management.

2.2 Advocacy and Policy Development

The Board of Health advocates for the Health Unit, which includes programs and services, budgetary issues and broader public health issues. The Board of Health contributes to the development of healthy public policy by facilitating community involvement and engaging in activities that inform the policy development process.

2.3 Appointment and Performance Management of a Medical Officer of Health:

When a vacancy occurs, the Board of Health will recruit a Medical Officer of Health according to Health Unit policy (see policy 5-030). The decision to extend an offer of employment lies with the Board of Health as a whole. The appointment of a Medical Officer of Health must also be approved by the Minister of Health and Long Term Care. A Medical Officer of Health must:

- Possess the qualifications and requirements set out in the Health Protection and Promotion Act and its regulation No. 566; and

- Fulfill the responsibilities for the management of the public health programs and services as set out in the position description for a Medical Officer of Health.

The Board of Health shall assess the performance of a Medical Officer of Health according to Health Unit policy (see policy 5-060).

The Board of Health may appoint a physician as acting Medical Officer of Health when:

- A Medical Officer of Health is vacant or a Medical Officer of Health is absent or unable to act, and there is no associate Medical Officer of Health or the associate Medical Officer of Health is also absent or unable to act.

The Board of Health may enter into an agreement with qualified physicians to temporarily fulfill the duties of a Medical Officer of Health during short absences of the Medical Officer of Health, any acting Medical Officer of Health and any associate Medical Officer of Health.

2.4 Dismissal of a Medical Officer of Health

The Board of Health may only dismiss a Medical Officer of Health or an associate Medical Officer of Health if:

- The Board's decision is carried by a vote of two-thirds of the members; and
- The Minister has consented in writing to the dismissal.

The Board of Health can only vote on the dismissal of a Medical Officer of Health if the Board has given:

- Reasonable written notice to a Medical Officer of Health of the time, place and purpose of the meeting at which the dismissal is to be considered;
- A written statement of the reason for the proposal to dismiss a Medical Officer of Health; and an opportunity to attend and to make representations to the Board at the meeting.

2.5 Medical Officer of Health Reporting

The Medical Officer of Health reports directly to the Board of Health on issues relating to public health concerns and regarding public health programs and services.

The Medical Officer of Health is responsible to the Board for the management of all public health programs and services.

The Medical Officer of Health is entitled to notice of, and to attend, each meeting of the Board (including committees). However, the Board may require the Medical Officer of Health to withdraw from any part of a meeting where the Board intends to consider a matter related to the remuneration or the performance of the Medical Officer of Health.

2.6 Provision of Services on Aboriginal Reserves

The Board of Health may enter into a one, two or three year written agreement with the council of the band on an Aboriginal reserve within the geographic area of the Health Unit where:

- The board agrees to provide health programs and services to the members of the band; and
- The council of the band agrees to accept the responsibilities of the council of a municipality within the Health Unit.

3.0 Access to the Board of Health

The Medical Officer of Health/Chief Executive Officer (Medical Officer of Health/CEO) prepares the agenda for all Board meetings. Requests for community or staff presentations to the Board are made to the Medical Officer of Health.

Directors may attend all Board of Health meetings.

Agendas, reports and minutes of all regularly scheduled meetings of the Board are available to all staff and the public and are posted to the Health Unit's website.

Board meetings are open to the public. Whenever practicable, the Board of Health will provide appropriate alternate means of public attendance at Board meetings, including but not limited to internet streaming of meetings through the Health Unit website. Further details regarding public presentations to the Board are documented under Bylaw No. 3 (See **APPENDIX A**).

The Board of Health believes that physical presence of members at meetings greatly enhances its deliberations. Physical attendance is therefore the desirable, usual and expected method of participation in meetings. However, the Board also recognizes the usefulness and effectiveness of providing for electronic meetings and electronic participation in Board meetings by individual board members. Electronic participation at regularly scheduled board meetings is at the discretion of the Chair and is considered an exceptional measure intended to cater for unavoidable conflicts and emergencies.

Board meetings may also be conducted electronically* (i.e., by videoconference or teleconference) where time or circumstances make this a better means of conducting Board of Health business, provided that the proceedings ensure public access and otherwise comply with the provisions of Board of Health By-law No.3. (See APPENDIX A). At the subsequent meeting of the Board of Health after any meeting(s) that had been held by teleconference or video conference, the Board will approve the minutes of any preceding electronic meeting(s).

Further details regarding electronic participation in Board meetings are documented in Appendix C: Electronic Participation in Board Meetings.

*** A meeting is determined to have been conducted electronically when a majority of board members in attendance are not physically present.**

4.0 Informing Municipalities of Financial Obligations

The Board of Health shall annually give written notice to the City of London and the County of Middlesex regarding:

- The estimated total annual expense that will be required to pay for the Board of Health to deliver the mandatory program and services under the Ontario Public Health Standards.

- The specific proportion of the estimated amount for which each municipality is responsible, in accordance with the agreement respecting the proportion of the expenses to be paid by each municipality.

- The time at which the Board of Health requires payment to be made by each municipality and the amount of each payment required.

5.0 Recognition and Access to Collective Agreements

The Board of Health recognizes a) Canadian Union of Public Employees (CUPE) and its Local 101 is the exclusive bargaining agent for all union staff who are not represented by ONA, and b) The Ontario Nurses' Association (ONA) and its Local 36 is the exclusive bargaining agent for unionized staff registered nurses and public health nurses.

Appropriate current collective agreements are provided to employees by their union, and to management by the Human Resources and Labour Relations (HRLR) Director. Original collective agreements are maintained in the HRLR office. Copies of all current collective agreements are maintained in the Health Unit library and posted on the Health Unit intranet.

6.0 Ratification of Collective Agreements

The Board of Health shall ensure that the collective bargaining process with CUPE Local 101 and ONA Local 36 are completed in a legal and binding manner by following the subsequent process:

- Collective bargaining is successfully undertaken with both parties agreeing and signing a Memorandum of Settlement.

- The Memorandum of Settlement is presented in the form of a confidential Board report to the Board of Health at the next scheduled meeting or specially called meeting at which time the Board, by vote, will agree or disagree with the Memorandum of Settlement.

- If the Board agrees, the union is then notified of the Board's ratification of the Memorandum of Settlement, both by telephone and in writing, by the HRLR Director.

- If the Board does not agree, the union is then notified of the Board's non-ratification of the Memorandum of Settlement, both by telephone and in writing, by the HRLR Director.

- Each union will be responsible for following its ratification procedure and notifying the HRLR Director of the outcome.

The Board of Health and the union must ratify a negotiated contract in order for it to be legally binding and enforceable.