

**Report to  
Rapport au :**

**Ottawa Board of Health  
Conseil de santé d'Ottawa  
15 April 2024 / 15 avril 2024**

**Submitted on March 24, 2024  
Soumis le 24 mars 2024**

**Submitted by  
Soumis par :**

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**Ward: CITY WIDE / À L'ÉCHELLE DE LA VILLE  
File Number: ACS2024-OPH-BOH-0007**

**SUBJECT: Board of Health Governance – 2023 Review and Updates**

**OBJET: Gouvernance du Conseil de santé - Examen et mises à jour de 2023**

**REPORT RECOMMENDATIONS**

**THAT the Board of Health for the City of Ottawa Health Unit:**

- 1. Approve updates to the Board of Health Procedure By-law, as described in this report and detailed in Document 1; and**
- 2. Approve updates to the Board of Health Delegation of Authority By-law, as described in this report and detailed in Document 2; and**
- 3. Approve updates to the Board of Health Code of Conduct, as described in this report and detailed in Document 3.**

**RECOMMANDATIONS DU RAPPORT**

**Que le Conseil de santé de la circonscription sanitaire de la Ville d'Ottawa :**

- 1. Approuve les mises à jour au règlement sur les procédures du Conseil de santé, telles que décrites dans le présent rapport et détaillées dans le document 1;**
- 2. Approuve les mises à jour au règlement de délégation de pouvoirs du Conseil de santé, telles que décrites dans le présent rapport et détaillées dans le document 2; et**
- 3. Approuve les mises à jour au code de conduite du Conseil de santé, telles que décrites dans le présent rapport et détaillées dans le document 3.**

## BACKGROUND

Many legislative bodies undertake regular reviews of policies, procedures and by-laws to ensure effective governance. The [Ontario Public Health Organizational Standards](#) require that boards of health review and revise (if necessary) relevant by-laws, policies and procedures at least every two years. The Standards also require that boards of health undertake a self-evaluation process of their governance practices and outcomes at least every other year. This process is intended to give members a chance to reflect on how the Board is doing as a governance body and to identify possible areas for improvement in board engagement and effectiveness.

To fulfill these requirements, staff reviewed the policies, procedures and by-laws that guide the Ottawa Board of Health. This review included taking into consideration recent amendments to policies, procedures and by-laws of the City of Ottawa and Ottawa City Council as well as examining the requirements for Boards of Health, as stipulated in the Ontario Public Health Organizational Standards and other legislation and regulations. The last review of Board of Health policies, procedures and by-laws was in April 2022. Staff also developed and circulated to Board Members a self-evaluation survey, the results of which are summarized in this report along with recommendations to strengthened areas of perceived weakness or risk.

## DISCUSSION

Having reviewed the various policies and by-laws of the Ottawa Board of Health as part of this process, no changes are being recommended to the following documents:

- By-law 2011-3 – A by-law of the Board of Health to designate a head of the Ottawa Board of Health for the purposes of the *Municipal Freedom of Information and Protection of Privacy Act*;
- By-law 2011-4 – A by-law of the Board of Health to appoint a person for the purposes of administering requests pursuant to the *Personal Health Information Protection Act, 2004*;
- By-law 2011-5 – A by-law of the Board of Health to establish fees for the purpose of administering requests for disclosure of personal health information pursuant to the *Personal Health Information Protection Act, 2004*;
- The Medical Officer of Health Performance Appraisal Policy; and
- The Board of Health Travel Policy.

However, the review concluded that in order to ensure continued effective governance, amendments were required of the Board of Health's *Procedural By-law*, *Delegation of Authority By-law* and Code of Conduct. These amendments are highlighted below and further detailed in supporting documents 1, 2 and 3 respectively. As part of this review, staff is also recommending change to the Board of Health report template, as described in this report.

**Recommendation 1 – Approve updates to the Board of Health Procedure By-law, as described in this report and detailed in Document 1**

The Board of Health *Procedure By-law* is a governance tool that regulates the manner in which the Board carries out its policy analysis and decision-making. Prior to the COVID-19 pandemic, the *Procedure By-law* did not permit any form of electronic participation by Members of Council in Council or Committee meetings. Though the *Municipal Act, 2001* permitted municipalities to allow electronic participation, this was conditional on having a quorum of Members physically present and did not allow remote participation in closed meetings.

*Bill 187, the Municipal Emergency Act, 2020*

Following the Provincial declaration of a State of Emergency on March 17, 2020, due to the COVID-19 pandemic, on March 19, 2020, the Ontario Legislature passed Bill 187, the *Municipal Emergency Act, 2020*. This legislation amended the *Municipal Act, 2001* to allow municipal councils, committees and local boards to temporarily remove restrictions on electronic participation in closed meetings and the requirement to maintain a physical quorum.

At its meeting of April 20, 2020, the Board of Health approved a motion that amended the Procedure By-law to provide for Members to participate electronically in that meeting and in all subsequent meetings during the emergency declaration made by the Province. Since that time, the Board of Health has continued to offer hybrid meetings, which can enable participation and strengthen infection prevention and control.

*Bill 197, the COVID-19 Economic Recovery Act, 2020*

Bill 197, the *COVID-19 Economic Recovery Act, 2020*, received Royal Assent on July 20, 2020. As pertains to meetings of municipal councils, committees and local boards, the legislation amended the *Municipal Act, 2001* to permanently allow the continuation of electronic meetings outside of a declared state of emergency whereby:

- A member of a Council, of a local board or of a committee of either of them who is participating electronically in a meeting may be counted in determining whether or not a quorum of members is present at any point in time; and
- A member of a Council, of a local board or of a committee of either of them can participate electronically in a meeting that is open or closed to the public.

Ottawa City Council has amended its procedure by-law to permit continued electronic participation in meetings of Council and its Standing Committees and has amended its Advisory Committee Procedure By-law to permit continued electronic participation at Advisory Committee meetings.

More recently, the City moved to a hybrid format for City Council and Standing Committee meetings, as has the Board of Health. Changes are being proposed to Section Six (6) of the Procedure By-law to allow the Board the flexibility to meet in person, electronically or in a hybrid format going forward. These amendments align with City Council and its Committees and will allow full participation by Board Members,

staff and members of the public who may feel uncomfortable participating in in-person meetings or who may be isolating and therefore unable to attend in person.

Other amendments being proposed to the Procedure By-law are intended to bring it into alignment with the City Council and Standing Committee Procedure By-law, including changes intended to make the language gender neutral. The proposed amendments are highlighted in Document 1, attached.

### **Recommendation 2 – Approve updates to the Board of Health Delegation of Authority By-law, as highlighted in this report and detailed in Document 2**

The Delegation of Authority By-law delegates certain authorities related to financial, legal, and organizational matters. Various housekeeping amendments are being recommended for the Delegation of Authority By-law in order to:

- a. reflect new administrative structures and/or position titles resulting from recent re-alignments at both Ottawa Public Health and the City of Ottawa;
- b. align with the City's delegation of authority with respect to annual reporting on sponsorships; and
- c. align with the City's delegation of authority with respect to allowing for the execution of documents via electronic means or measures.

These amendments are highlighted Document 2, attached.

### **Recommendation 3 – Approve updates to the Board of Health Code of Conduct, as described in this report and detailed in Document 3**

At its meeting of June 15, 2015, the Board of Health adopted a values-based Code of Conduct for its Members. The Board's Code of Conduct, which was based primarily on the City of Ottawa's Code of Conduct for Members of Council at that time, enhanced the Board's governance framework, facilitated transparency and accountability, and outlined ethical standards expected of Members.

In 2019, the Board of Health Code of Conduct was updated to add sections on: Gifts, benefits and hospitality; Use of property of the municipality or local board; and Enforcement. It was further updated in April 2022 to add a new section on Election-Related Activity and a new clause within Appendix A – the Complain Protocol, to align with a recent amendment to Council's Code of Conduct that upholds the principle of procedural fairness by allowing a member who is the subject of a complaint the opportunity to receive a copy of a draft report following completion of an investigation and to provide comments within five business days.

To ensure that the Board's Code of Conduct continues to reflect best practices, staff is recommending the following amendments:

- Amend Section 7 of Appendix A to replace "shall" with "may" and add a clause with respect to an investigation of the continuation serving "no useful purpose".

- Amend Section 9(a)(ii) Appendix A to add the verb “may” and to add “or portions thereof”.

The proposed amendments are highlighted in Document 3, attached.

### **Board of Health Self-Evaluation Survey**

As part of this Board’s commitment to good governance and continuous quality improvement, and for the purposes of the Ontario Public Health Standards, the Board is expected to reflect on their practices. Board members were provided with a link to complete a self-evaluation survey in February. 11 responses to the survey were received, which consisted of several multiple-choice questions and room to identify possible areas for improvement in board engagement and effectiveness.

The survey was anonymous, and the results were kept confidential and reviewed and summarized by the Board Secretary as below.

#### Board of Health (BOH) Roles and Responsibilities

All responses for the BOH Roles and responsibilities indicated that board members feel they either agree or strongly agree that there is a clear understanding of their role and responsibilities on the Board as well as a strong understanding of the role of the senior management team at Ottawa Public Health (OPH). Respondents agreed that they represent the public interest in serving on the BOH.

With respect to the BOH being prepared for emergency situations, understanding of HPPA and BOH Policies and bylaws as well as understanding the powers and limitations of BOH Members, some members felt unsure, while the majority of members strongly agreed that they felt prepared for emergency situations and were aware of BOH policies and by-laws.

Answers varied with respect to questions related to discussion of whether the Board steered clear of short-term administrative matters, however 9 of the 11 responses either agreed or strongly agreed that the Board effectively circumvents matters related to short-term administration. Furthermore, 9 of the 11 responses agreed that the Board is given adequate information to make informed decisions related to OPH strategic priorities, policies, budgets, and programs.

#### Information Sharing

Overall, BOH Members indicated that they believed the Medical Officer of Health and staff reports were helpful and that the information presented assisted in making sound decisions and BOH members felt they were able to interpret and analyze the information shared in reports.

Suggestions to improve the process of information sharing included shortened staff and verbal reports, as well as sharing the MOH Verbal report in advance of the meeting as an agenda attachment to be received by the Board. Noting this feedback, the Board of Health Secretary has been working closely with the senior leadership team, as well as the Medical Officer of Health to limit the length of reports

to the Board to a maximum 10 pages, not including appendices, which will be implemented immediately. Additionally, OPH staff have been actively narrowing the range of topics in the MOH verbal report. The Board of Health Secretary will continue to work with the MOH and Chair on processes related to verbal reports and sharing information with the Board in advance of the meeting through key messages.

### Board Relations

Of note, a number of responses indicated Members were unsure if they felt comfortable raising an issue that might be unpopular, although Board members agreed or strongly agreed that there is a climate of trust and respect within the Board and with staff and the Medical Officer of Health.

With respect to areas to improve BOH Relations common themes included more involved interactions with partners and increased opportunities to gather informally for learning and discussion, noting that the formality of Board meetings can limit discussion. OPH staff will continue to seek out opportunities to offer a variety of education sessions and share with the Board as they are developed.

### Planning

Overall, Board members answered positively with respect to their familiarity with the Health Unit's annual reporting, strategic plan and budget process.

Comments to increase Board effectiveness ranged from sharing a draft synopsis of the agenda in advance of publication day or an informal summary that could be shared with the Board and provide an opportunity to ask questions in advance of the meeting to better understand the topics being discussed. Additionally, some members suggested more streamlined approach to delivery of verbal reports and ensuring that meetings start on time.

### Personal Competencies

Members agreed that they are aware of their role on the Board and what skills they bring. 3/11 of responses collected noted they felt unsure if the Board works as a team. Some concerns were raised with respect to training needs, noting poor turn out for education sessions and a need to look at additional opportunities and times to offer information sessions.

### Leadership

In response to questions focused on support of the mission, vision and value statements of the Health Unit, as well as how members feel about their ability to express their views on the Board, all responses agreed or strongly agreed and generally felt they are able to identify and analyze group problems and conflicts within the Board membership and find creative solutions.

### Next Steps

Following a thorough evaluation of the survey results and comments received from BOH Members, the Board of Health Secretary will work with the Chair to review the

feedback with the MOH and seek to adjust practices and to address areas of concern where feasible.

Per the Ontario Public Health Standards' Requirements for Programs, Services and Accountability, this survey will be repeated in 2026 by the BOH Secretary under the direction of the MOH.

### **RURAL IMPLICATIONS**

There are no rural implications associated with this report.

### **CONSULTATION**

This report is administrative in nature and did not require public consultation.

### **LEGAL IMPLICATIONS**

There are no legal impediments to approving the recommendations in this report.

### **RISK MANAGEMENT IMPLICATIONS**

There are no risk management implications associated with this report.

### **FINANCIAL IMPLICATIONS**

There are no financial implications associated with this report.

### **ACCESSIBILITY IMPACTS**

There are no accessibility impacts associated with this report.

### **SUPPORTING DOCUMENTATION**

DOCUMENT 1 – Proposed amendments to the Board of Health Procedure By-law, being By-law 2011-1

DOCUMENT 2 – Proposed amendments to the Board of Health Delegation of Authority By-law, being By-law 2011-2

DOCUMENT 3 – Proposed amendments to the Board of Health Code of Conduct

### **DISPOSITION**

Upon approval, the Board of Health Secretary will implement changes to the policies, procedures and by-laws, as described in this report.