Board of Health for the
Lakelands Public Health
MEETING AGENDA
Wednesday, October 15, 2025, 5:00 – 7:30 p.m.
Lindsay Office, Meeting Rooms
108 Angeline St. S, Lindsay ON

1. **Call to Order and Land Acknowledgement**

2. **Declaration of Pecuniary Interest**

3. **Adoption of the Agenda**

4. **Adoption of Regular Minutes**

   4.1. September 11, 2025

   - Cover Report

   a. Minutes, September 11, 2025

5. **Business Arising**

6. **Medical Officer of Health Update**

7. **Reports**

   7.1. Presentation: Fall Respiratory Season Update

   - Cover Report

   a. Presentation
   b. CMOH Annual Report 2025 – Executive Summary

   7.2. Report: Stewardship Committee – Budget

   - Staff Report

   a. 2026 Draft Cost-Shared Budget
   b. Visual Based on 2026 Budget

   7.3. Report: Policies for Approval

   - Cover Report

   a. Code of Conduct Regulating the Board of Health
   b. Pecuniary Interest Policy

8. Consent Items

Board Members: Please identify which consent items in the following section you wish to consider separately from and advise the Chair when requested.

8.1. Correspondence for Direction

- Cover Report

a. Windsor Essex - Strengthening Coordination of Provincial and Federal Dental Programs

8.2. Report: Indigenous Health Advisory Circle

- Cover Report

a. Minutes, June 26, 2025

8.3. Report: Stewardship Committee

- Cover Report

a. Minutes, July 29, 2025

9. New Business

10. In-Camera Session *(nil)*

11. Motions From In Camera Session *(nil)*

12. Date of Next Meeting

Thursday, November 20, 2025 – 1:00 – 3:30 p.m.
Peterborough Office, Multipurpose Rooms,
185 King Street, Peterborough ON

13. Adjournment

LAKELANDS PUBLIC HEALTH
BOARD OF HEALTH

TITLE:	Meeting Minutes for Approval
DATE:	October 15, 2025
PREPARED BY:	Alida Gorizzan, Executive Assistant
APPROVED BY:	Dr. Thomas Piggott, Medical Officer of Health & CEO

PROPOSED RECOMMENDATIONS

That the Board of Health for Lakelands Public Heath approve meeting minutes for September 11, 2025.

ATTACHMENTS

a. Draft Minutes, Sept. 11/25

Note: September minutes reference the legal name, Haliburton Kawartha Northumberland Peterborough Health Unit, as this was included in motions passed at that meeting. This will transition to Lakelands Public Health starting this month.

Board of Health for
Haliburton Kawartha Northumberland Peterborough Health Unit
DRAFT MEETING MINUTES
Thursday, September 11, 2025, 9:00 – 11:30 a.m.
HKNP Port Hope Office, Meeting Rooms 1/2/3
200 Rose Glen Road, Port Hope ON

In Attendance:

Board Members:
Deputy Mayor Ron Black, Chair
Warden Bonnie Clark (virtual)
Mayor Olena Hankivsky *(joined at 9:40 a.m.)*
Mr. Paul Johnston
Councillor Dan Joyce
Councillor Nodin Knott
Councillor Joy Lachica
Mayor John Logel
Dr. Ramesh Makhija (virtual)
Mr. David Marshall
Mr. Dan Moloney (virtual)
Councillor Tracy Richardson
Councillor Keith Riel
Councillor Cecil Ryall
Dr. Hans Stelzer
Councillor Kathryn Wilson (virtual)

Staff:
Dr. Thomas Piggott, Acting Medical Officer of Health & Chief Executive Officer
Dr. Natalie Bocking, Acting Deputy Medical Officer of Health
Ms. Julie Bromley, Manager, Environmental Health
Ms. Alida Gorizzan, Executive Assistant (Recorder)
Ms. Michelle McWalters, Executive Assistant
Mr. Larry Stinson, Chief Transformation Officer / Director of Finance, Facilities and IT
Mr. Matthew Vrooman, Director of People & Communications

1. Call to Order and Land Acknowledgement

Deputy Mayor Black, Chair, called the meeting to order at 9:00 a.m.

2. Declaration of Conflict of Interest

There were no declarations of conflict of interest.

3. Adoption of the Agenda

MOTION:
That the agenda be approved as circulated.
Moved: Councillor Riel
Seconded: Mayor Logel
Motion carried. (2025-090)

4. Adoption of Regular Minutes

4.1. June 18, 2025

MOTION:
That the Board of Health for the Haliburton Kawartha Northumberland Peterborough Health Unit approve meeting minutes for June 18, 2025.
Moved: Dr. Makhija
Seconded: Warden Clark
Motion carried. (2025-091)

5. Business Arising

6. Medical Officer of Health Update

MOTION:
That the Board of Health for the Haliburton Kawartha Northumberland Peterborough Health Unit receive the oral report, Medical Officer of Health Update, for information.
Moved: Councillor Lachica
Seconded: Mayor Logel
Motion carried. (2025-092)

7. Reports

7.1. Presentation: Ice, Heat, Smoke, and Drought - This Year's Warning: Protecting Health in a Changing Climate

MOTION:
That the Board of Health for the Haliburton Kawartha Northumberland Peterborough Health Unit receive the following for information:

- Presentation: Ice, Heat, Smoke, and Drought - This Year's Warning: Protecting Health in a Changing Climate
- Presenter: Julie Bromley, Manager, Environmental Health

Moved: Councillor Richardson
Seconded: Mr. Johnston
Motion carried. (2025-093)

7.2. Report: Merger Progress Update

MOTION:
That the Board of Health for the Haliburton Kawartha Northumberland Peterborough Health Unit receive the report, Merger Progress Update, for information.
Moved: Dr. Makhija
Seconded: Dr. Stelzer
Motion carried. (2025-094)

7.3. Report: Stewardship Committee – Local Funding Harmonization

MOTION:
That the Board of Health for the Haliburton Kawartha Northumberland Peterborough Health Unit:

- approve the implementation of Scenario 2B as presented in this report; and,
- direct staff to bring a draft Cost-Shared Budget to the October Board of Health meeting for approval.

Moved: Warden Clark
Seconded: Mayor Hankivsky
Motion carried. (2025-095)

8. Consent Items

MOTION:
That the following items be passed as part of the Consent Agenda: 8.1 a, b, c, d; 8.2 a, b, c, d; 8.3.
Moved: Dr. Stelzer
Seconded: Mr. Johnston
Motion carried. (2025-096)

MOTION (8.1 a, b, c, d):
That the Board of Health for the Haliburton Kawartha Northumberland Peterborough Health Unit receive the following correspondence for information:

a. Letter dated July 2, 2025 from the Board Chair to Premier Ford and Ministers Jones and Parsa regarding support for further public health action on intimate partner and gender-based violence.
b. Open letter dated July 7, 2025 to Minister Jones and Dr. Moore regarding the prohibition of sterile needle and syringe distribution within HART Hubs.
c. Letter dated July 17, 2025 from the Ministry of Children, Community and Social Services to the Board Chair, in response to the HKNP letter dated July 2, 2025 (item a).
d. E-newsletter dated July 27, 2025 from the Association of Local Public Health Agencies (alPHa).

Moved: Dr. Stelzer
Seconded: Mr. Johnston
Motion carried. (2025-096)

MOTION (8.2 a, b, c, d):
That the Board of Health for the Haliburton Kawartha Northumberland Peterborough Health Unit approve the following items:
a. Medical Officer of Health/Chief Executive Officer Policy
b. Medical Officer of Health/Chief Executive Officer Performance Appraisal Policy
c. Medical Officer of Health/Chief Executive Officer Performance Appraisal Form
d. Medical Officer of Health/Chief Executive Officer Annual Planner Form
Moved: Dr. Stelzer
Seconded: Mr. Johnston
Motion carried. (2025-096)

MOTION (8.3):
That the Board of Health for the Haliburton Kawartha Northumberland Peterborough Health Unit receive Stewardship Committee minutes from its meeting held on June 13, 2025, for information.
Moved: Dr. Stelzer
Seconded: Mr. Johnston
Motion carried. (2025-096)

9. New Business

10. In-Camera Session

MOTION:
That the Board of Health go In Camera at 10:54 a.m. to discuss one item in accordance with the Municipal Act, 2001, Section 239(2)(b), Personal matters about an identifiable individual, including Board employees.
Moved: Warden Clark
Seconded: Councillor Ryall
Motion carried. (2025-097)

Dr. Makhija departed the meeting at 11:00 a.m.

MOTION:
That the in-camera session be dissolved, and the membership return to open session at 11:10 a.m.
Moved: Councillor Lachica
Seconded: Councillor Joyce
Motion carried. (2025-098)

11. Motions From In Camera Session

MOTION:
That the Board of Health for the Haliburton Kawartha Northumberland Peterborough Health Unit:

- receive for information, In Camera items 6.1a and 6.1b – pertaining to exception Section 239(2)(b); and,
- approve the procedural recommendation as discussed, related to In Camera item 6.1c - pertaining to exception Section 239(2)(b).

Moved: Councillor Riel
Seconded: Mayor Logel
Motion carried. (2025-099)

A declaration of pecuniary interest was noted arising from the closed session in accordance with section 5.1 of the *Municipal Conflict of Interest Act*:

- In Camera Item: 6.1c
- Members: Mr. Johnston, Dr. Makhija, Mr. Marshall, Mr. Moloney, Dr. Stelzer

12. Date of Next Meeting

Wednesday, October 15, 2025 – 5:00 – 7:30 p.m.
Meeting Rooms, 108 Angeline St. S, Lindsay ON

13. Adjournment

MOTION:
That the meeting be adjourned at 11:13 a.m.
Moved: Councillor Joyce
Seconded: Mayor Logel
Motion carried. (2025-100)

LAKELANDS PUBLIC HEALTH
BOARD OF HEALTH

TITLE:	Presentation: Fall Respiratory Season Update
DATE:	October 15, 2025
PREPARED BY:	Dr. Natalie Bocking, Deputy Medical Officer of Health
APPROVED BY:	Dr. Thomas Piggott, Medical Officer of Health & CEO

PROPOSED RECOMMENDATIONS

That the Board of Health for Lakelands Public Health receive the following for information:

- Presentation: Fall Respiratory Season Update
- Presenter: Dr. Natalie Bocking, Deputy Medical Officer of Health

ATTACHMENTS

a. Presentation
b. Executive Summary - Chief Medical Officer of Health (CMOH) 2024 Annual Report - Protecting Tomorrow: The Future of Immunization in Ontario

**If desired, the full CMOH report can be accessed here: https://www.ontario.ca/page/chief-medical-officer-health-2024-annual-report*

Lakelands Public Health

Fall Respiratory Season Update

Board of Health

Dr. Natalie Bocking

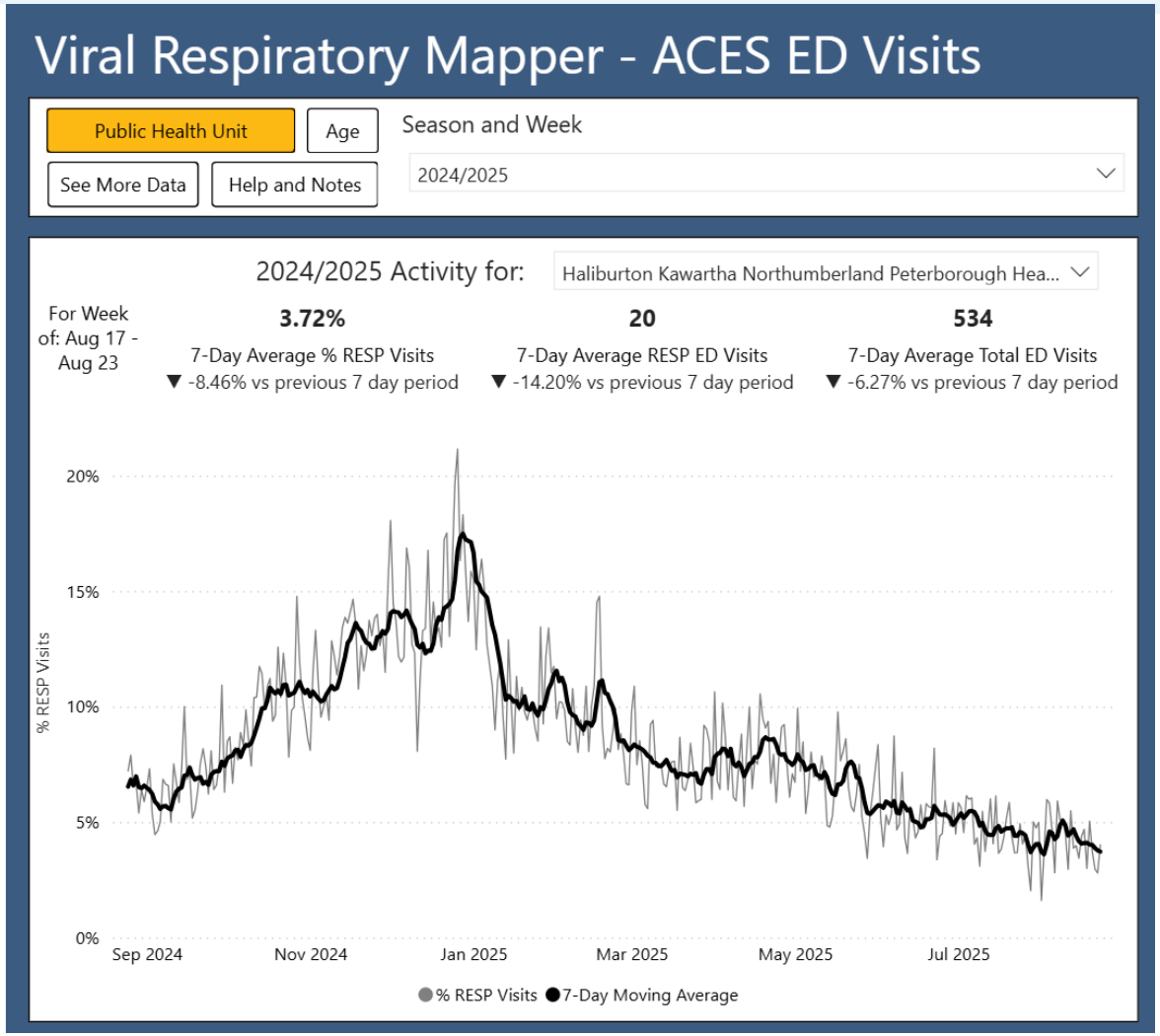
Deputy Medical Officer of Health

October 15, 2025

Objectives

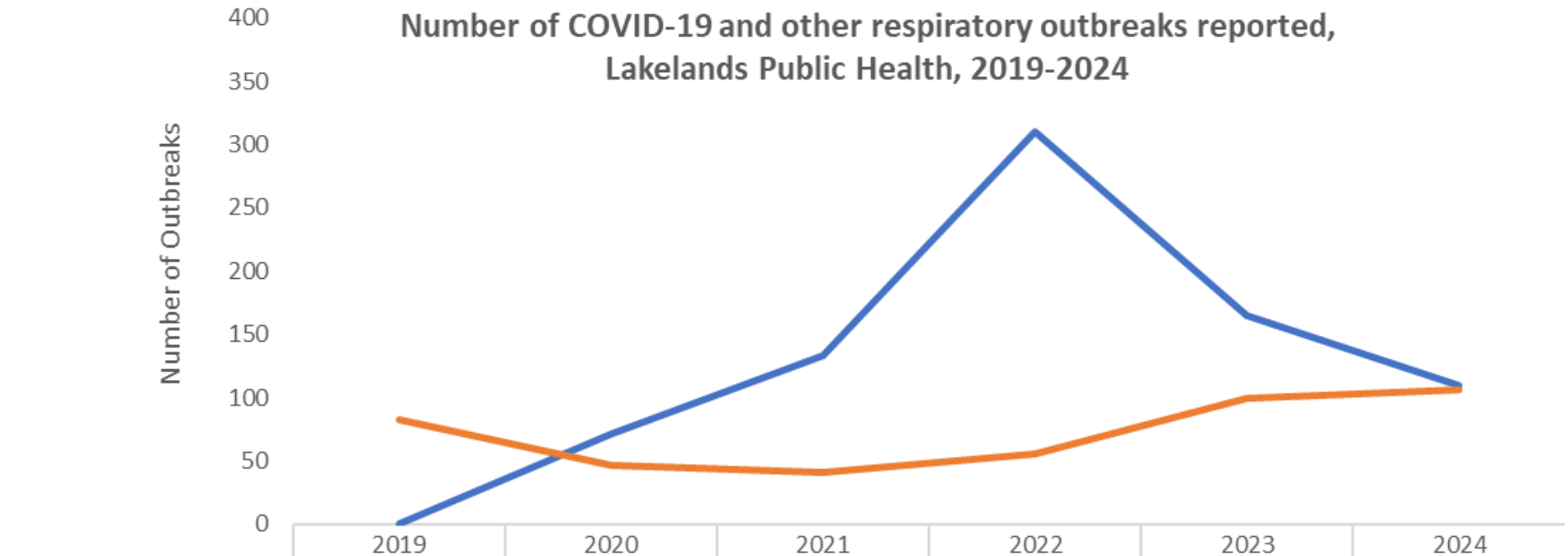
- What to expect for 2025/26 respiratory season
- Role of Lakelands Public Health
  - Surveillance
  - Immunization
  - Infection Prevention and Control
  - Outbreak Management
  - Communications
- CMOH 2024 Annual Report

Last Year's Respiratory Season



Accessed Oct 2, 2025 from: Viral Respiratory Mapper - ACES ED Visits

Annual Trend of Respiratory Infection Outbreaks

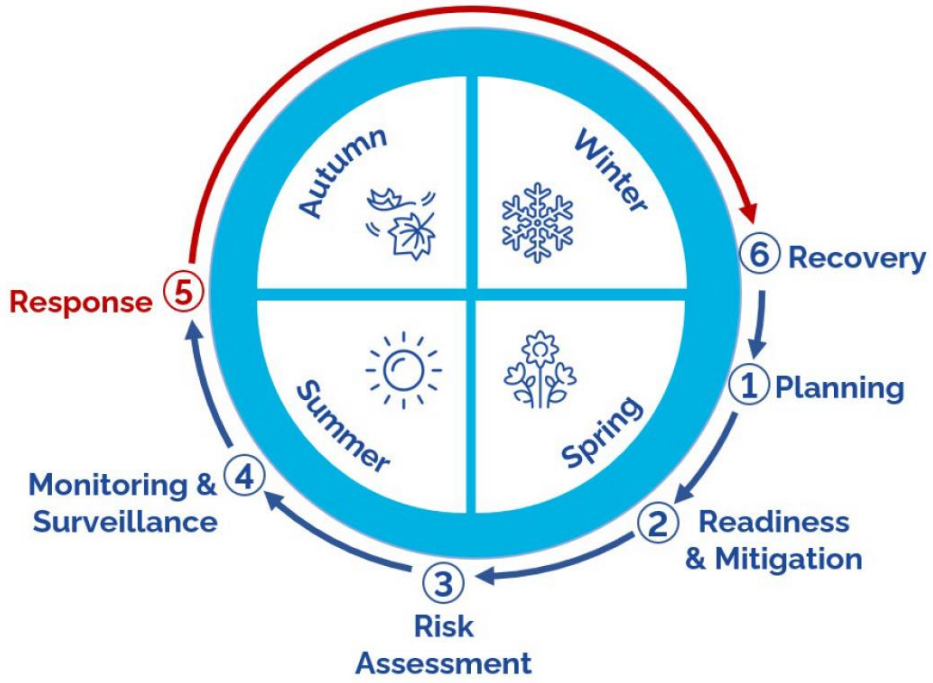


	2019	2020	2021	2022	2023	2024
COVID-19	0	71	133	310	165	110
Other respiratory*	83	46	41	56	100	106

*Includes Influenza

Role of Public Health in Respiratory Season

Image 1: Annual Planning Cycle for Seasonal Respiratory Pathogens

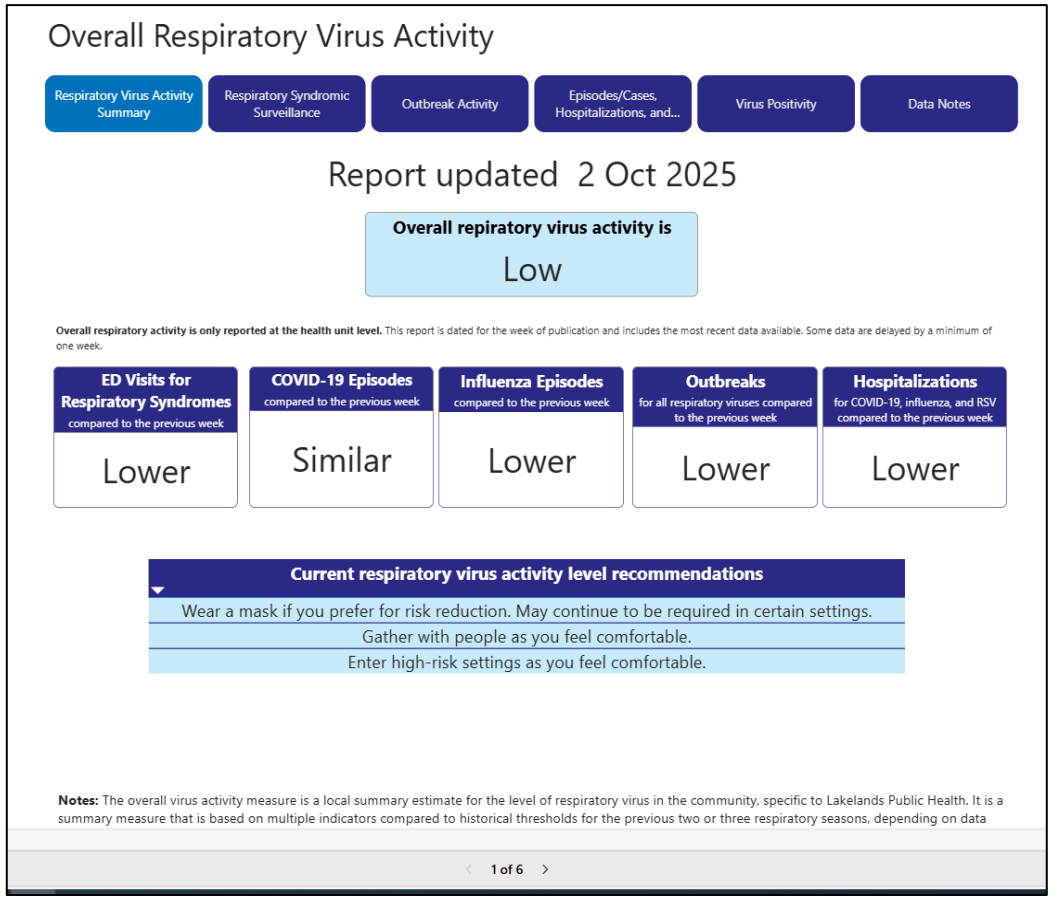


- Surveillance
- Immunization
- Infection Prevention and Control
- Outbreak Management
- Communications

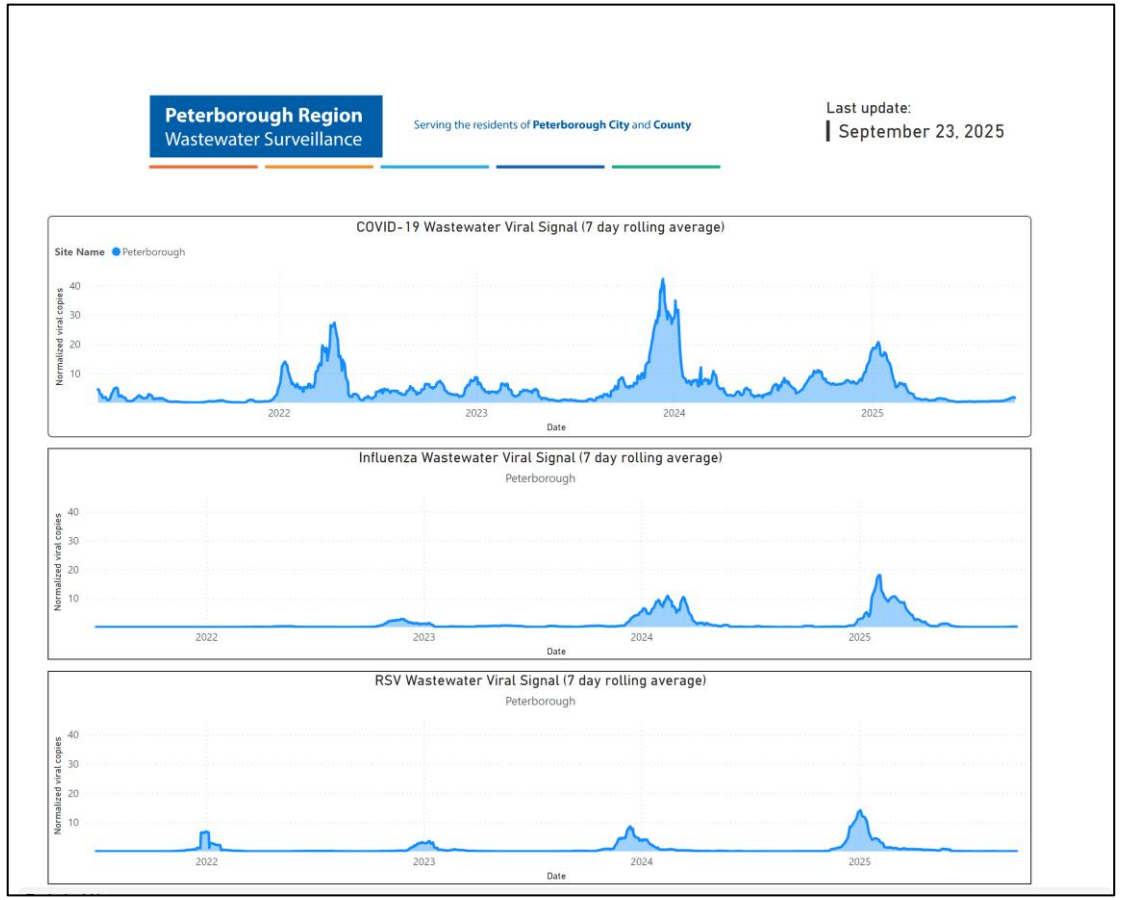
Surveillance

- Respiratory and Infectious Disease Dashboard was paused over the summer.
- Launch of new updated Respiratory Infections Dashboard (including entire geography) the first week of October.
- Anticipating risk from influenza, RSV, and other respiratory pathogens to be similar to the previous two seasons and similar to pre-pandemic years.
- Already seeing an increase in COVID-19 activity.

Surveillance



[Public Health Data | Lakelands Public Health]



[Peterborough Public Health]

Immunization

- Fridge inspections
- Vaccine distribution and inventory management
- Management of cold chain breaks
- Direct provision of vaccines at health unit clinics

Fall Respiratory Vaccine Eligibility Overview

Age/Population	Influenza	COVID-19	RSV
0 to 6 months	✗	✗	✓
6 months to 59 years	1st time: consult Ministry fact sheet ✓	1st time: consult Ministry fact sheet ✓	Born on or after April 1, 2025 & <8mos ✓ High risk: <2 years
60 to 64 years	✓	✓	Long-term Care, Retirement Home, Other High-Risk ✓
65 to 74 years	Adjuvanted or High Dose ✓	✓	Long-term Care, Retirement Home, Other High-Risk ✓
75+ years	Adjuvanted or High Dose ✓	✓	✓
Indigenous	✓	✓	60+ years ✓

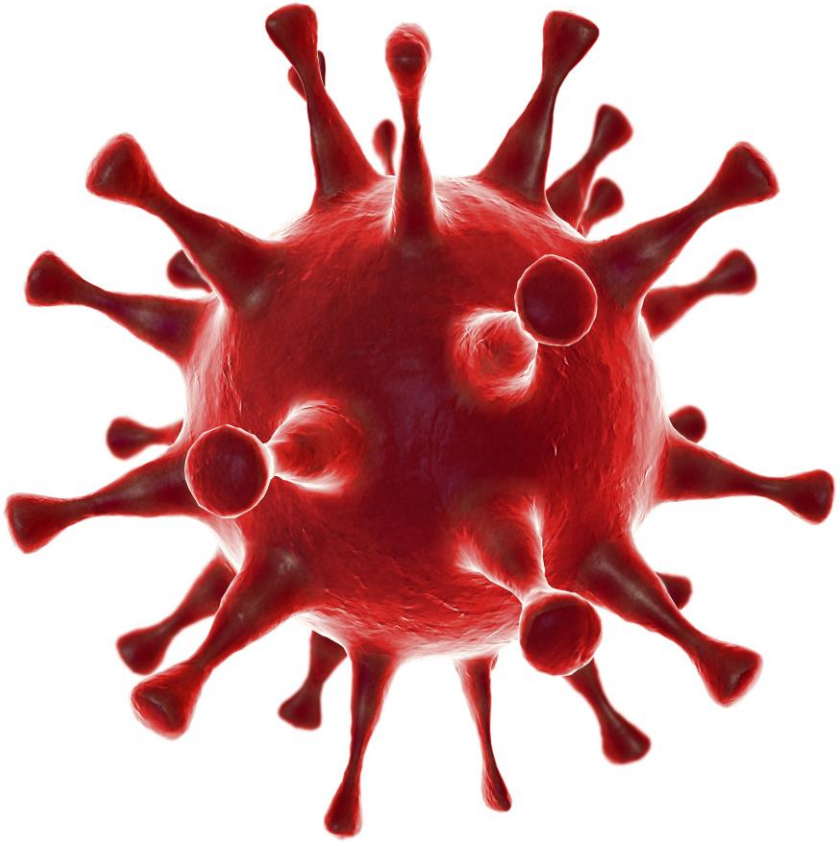
✓ Recommended ✗ Not Recommended

Influenza Vaccine

- LTCH/RH residents and HCWs should receive a dose as soon as it becomes available in the fall
- High-dose or adjuvanted influenza vaccine recommended for those 65 years of age and older
- Do not delay immunization based on product availability
- Availability:
  - High risk populations – early October
  - General population – October 27

COVID-19 Vaccine

- Moderna Spikevax / Pfizer Comirnaty LP.8.1 variant
  - Novavax not available
- Available early October
- Minimum 3-month interval from a previous dose and/or test-confirmed COVID-19 infection



RSV Vaccine - Adults

- *New* - anyone age 75+ eligible for RSV vaccine this season
- High risk older adults age 60 to 74 continue to be eligible (includes LTCH/RH residents)
- The vaccine provides multiyear protection; **boosters not currently recommended**
- Arexvy® and Abrysvo®

RSV Vaccine – Infants

Infants born in hospital should be offered Beyfortus® prior to discharge

Eligibility includes:

- Infants born April 1, 2025, or after and less than 8 months of age up to the end of the RSV season
- Children up to 24 months of age who remain vulnerable to severe RSV disease through their second RSV season

RSV Vaccine – Pregnancy

- A dose of Abrysvo® may be administered to pregnant individuals between 32- and 36-weeks' gestation. This would be recommended if individuals do not want to provide Beyfortus® to their newborns.
- A discussion about the benefits of Beyfortus® should be provided to all pregnant individuals.
- Beyfortus® for infants is recommended over Abrysvo® for pregnant individuals.

Co-Administration

COVID-19, influenza and RSV vaccines may **be given at the same time** as each other and with other vaccines.

Where to Get Immunized

Flu

Pharmacy & many primary care providers

COVID-19

Pharmacy & some primary care providers

High risk and priority groups: early October
General population: October 27

Health Unit Clinics: Children under age 5 without a primary care provider (PCP).

RSV

Primary health care provider

Available now

Health Unit Clinics: Eligible adults and children without a PCP.

Lakelands Public Health Supported Clinics

First Nations, Inuit and Metis communities

- Flu, COVID-19, and/or RSV clinics being supported in Alderville, Hiawatha, and Curve Lake

Retirement Homes

- RSV clinics planned for 5 retirement homes

Unattached seniors ≥75 years of age

- Offering RSV vaccine at health unit's routine immunization clinics

Children ≤5 years of age

- Flu, COVID-19, and/or RSV clinics being held at main health unit offices

Infection Prevention and Control (IPAC)

CENTRAL EAST IPAC HUB

- Lakelands Public Health IPAC Hub (formerly called Central East IPAC Hub)
  - Central point for IPAC support, education and collaboration for congregate living settings

Outbreak Management

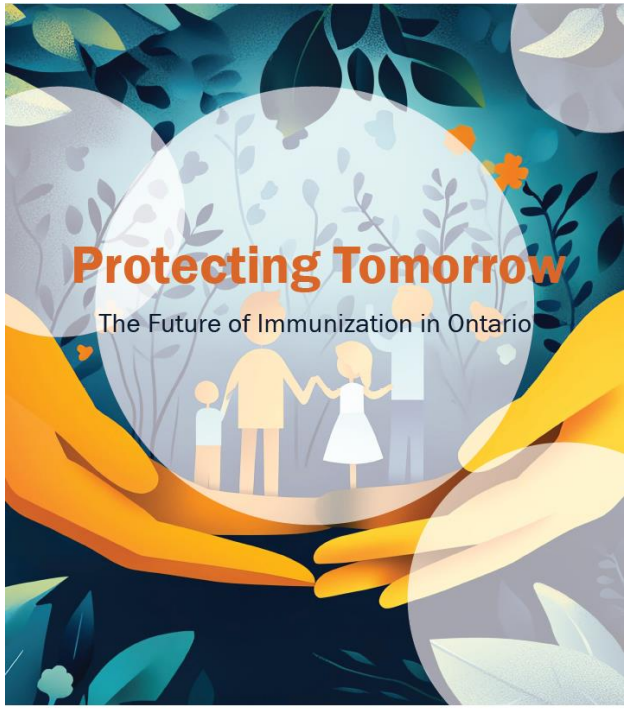
- Support for Outbreak Management
  - Congregate living settings
  - Acute care (hospitals)

- Updating internal surge response plans

Communications

- Reinforce local, regional and provincial recommendations and response strategies
- NEW Lakelands website with all active Community Outbreaks: Community Outbreaks | Lakelands Public Health
- Health unit resources:
  - Website
  - Social media
  - IPAC Hub newsletter
  - HCP e-newsletter
  - Childcare and school communications

CMOH 2024 Annual Report



2024 ANNUAL REPORT

Of the Chief Medical Officer of Health of Ontario to the Legislative Assembly of Ontario

Key Recommendations:

- Build a centralized provincial immunization information system to make it easier for people to check their immunization history.
- Advocate for a national immunization information system and harmonized vaccine schedule to ensure consistency and equity across Canada.
- Address inconsistencies in access by supporting community-led strategies and improving access to primary care.
- Strengthen vaccine confidence through trusted relationships with healthcare providers and community ambassadors.
- Strengthen surveillance systems to monitor vaccine safety and effectiveness in real time.
- Invest in innovation and preparedness, including domestic vaccine development and manufacturing; using new technologies to tackle emerging threats.

Thank you for attending!

LakelandsPH.ca

1-844-575-4567

info@lakelandsph.ca

Lakelands Public Health

Executive Summary

The Power and Promise of Immunization

Immunization is one of the most effective public health interventions in history. Globally, vaccines prevent up to 5 million deaths each year. In Ontario, immunization has helped eliminate diseases like polio and rubella, and drastically reduced others such as whooping cough. Beyond saving lives, vaccines also deliver major economic benefits. Adult immunizations alone save Canada an estimated $2.5 billion each year in decreased healthcare costs and productivity gains.

Ontario's immunization programs have expanded significantly over the years, now covering 29 vaccines that protect against 23 diseases. Since 2014, public investment in these programs has grown by over 400%. New additions include Respiratory Syncytial Virus (RSV) vaccines for infants and high-risk seniors, and broader pneumococcal protection for children and older adults. These developments highlight the growing recognition of immunization as a vital tool, not only in preventing infectious disease and cancer but also in managing chronic conditions.

Investments in Prevention

Provincial investments have played a vital role in expanding access to immunization across the province. By expanding the number of registered health care providers, such as pharmacists and midwives, who can administer vaccines and through strengthening connections to primary care, more Ontarians can now receive timely immunizations. Additionally, new digital tools that give people easy access to their health records will offer convenience and the opportunity to improve access to their immunization history.

Preparing for the Future

To ensure continued progress, Ontario must address remaining gaps in its immunization system. The absence of a centralized immunization information system makes it extremely challenging to identify and respond to coverage gaps across the province. Although routine vaccines have saved the lives of thousands of children, access remains uneven in some communities. At the same time, misinformation and vaccine fatigue continue to erode public trust in the safety and importance of immunization. Tackling these issues head-on will strengthen Ontario's ability to protect all residents from preventable diseases today and in the years to come.

Protecting Tomorrow

To strengthen Ontario's immunization programs for the future, this year's report outlines a practical, achievable vision.

A province-wide digital immunization information system would consolidate records, enable real-time monitoring, and support improved outbreak response. It would also link to sociodemographic data to identify and address access issues.

Relationships in the community must be at the heart of Ontario's immunization strategy. Community-led initiatives like the mpox Awareness Campaign, the Black Scientists' Task Force Town Halls, and the Na-Me-Res Vaccine Pow Wow show how culturally informed, locally driven approaches can build trust and improve access.

Strengthening vaccine confidence is equally critical. Healthcare providers remain the most trusted source of vaccine information and ensuring they have access to the best available resources is essential to increasing public confidence. A centralized Immunization Resource Centre would support both providers and the public with accurate, accessible information. Community ambassadors, trusted messengers within their own communities, can also play a powerful role in countering misinformation.

Ontario must also be ready for emerging threats—from outbreaks of infectious diseases, such as measles, to future pandemics. This means investing in domestic vaccine development and manufacturing, and supporting innovations to tackle antimicrobial resistance and prevent cancer.

Key Recommendations:

Build a centralized provincial immunization information system to make it easier for people to check their immunization history.

Advocate for a national immunization information system and harmonized vaccine schedule to ensure consistency and equity across Canada.

Address inconsistencies in access by supporting community-led strategies and improving access to primary care.

Strengthen vaccine confidence through trusted relationships with healthcare providers and community ambassadors.

Strengthen surveillance systems to monitor vaccine safety and effectiveness in real time.

Invest in innovation and preparedness, including domestic vaccine development and manufacturing; using new technologies to tackle emerging threats.

LAKELANDS PUBLIC HEALTH
BOARD OF HEALTH

TITLE:	Stewardship Committee Report - Draft 2026 Cost-Shared Budget
DATE:	October 15, 2025
PREPARED BY:	Larry Stinson, Director of Finance, Facilities & IT
APPROVED BY:	Councillor Ryall, Committee Chair Dr. Thomas Piggott, Medical Officer of Health & CEO

PROPOSED RECOMMENDATIONS

That the Board of Health for Lakelands Public Health:

- receive the staff report, Draft 2026 Cost-Shared Budget, for information; and,
- approve a cost-shared budget of $32,836,400 (an increase of 3.7%) for 2026 as outlined and recommended by the Stewardship Committee.

FINANCIAL IMPLICATIONS AND IMPACT

Under the Health Protection and Promotion Act, boards of health are required to establish estimates for costs of meeting the requirements of the Ontario Public Health Standards (OPHS) and informing the obligated municipalities and First Nations (where Section 50 Agreements are established) of their proportional contributions. The draft budget presented represents a minimum revenue requirement to sustain the level of service for Lakelands Public Health (LPH) communities based on estimated costs.

DECISION HISTORY

Budget preparation and approvals for cost-shared programs (OPHS) are commonly completed in November prior to the fiscal year, which runs from January to December. At the September 11, 2025 Board Meeting, staff were directed to present a draft budget to Stewardship prior to the October 15, 2025 Board Meeting based on the approved municipal levy harmonization strategy. A draft 2026 Cost-Shared Budget could then be approved at the October Board Meeting.

BACKGROUND

The Stewardship Committee met on September 29, 2025 to discuss the draft 2026 Cost Shared Budget. Dr. Piggott, Larry Stinson, and Dale Bolton provided information related to variances in the Cost Shared budget, shared further details where required, and highlighted the historical and current funding challenges faced by public health.

Public Health Units have been challenged to fully deliver all of the Requirements under the OPHS since they were implemented by the Ministry of Health in 2008, and later

revised in 2018. The primary challenge has been the lack of fiscal and human resources required, largely as a result of no or inadequate increases in provincial grants for public health units and continued downloading on to municipal and First Nation funders. As a result, the stated target ratio of 75% funding from provincial sources and 25% from local sources has rarely been met by any health unit across the province. In fact, almost all of the health units see a local share greater than 25%, with a few higher than 40%.

In August 2023, the Province announced a three-pronged approach to strengthen public health and to address challenges experienced by local health units in full delivery of the OPHS. This included: i) a review of the OPHS, with the intent to reduce the expectations on local health units; ii) an offer for voluntary mergers with three years of funding support to participating health units (including merger and stabilization funds); and iii) a plan to review the funding methodology for public health and stabilized annual increases (1% per year) in the interim (2024, 2025 and 2026).

RATIONALE

The 2025 Cost-Shared Budgets include only those programs which are funded through a combination of provincial, municipal and First Nation funding. It does not include 100% Ministry of Health funded initiatives (e.g. Ontario Seniors Dental Program, Merger Funding, One-Time Funding) or 100% Ministry of Children and Ministry of Children, Community and Social Services funded programs (i.e., Healthy Babies Healthy Children, Infant Child Development Program), which are reported as part of a consolidated budget.

The revenues identified in the attached budget are based on the following assumptions:

1. Ministry of Health funding is based on a 1% increase in allocations over the approved 2025 allocations.
2. The allocations for municipal and First Nation contributions are based on a 5% increase for all funders, and an additional increase for legacy Peterborough Public Health funders based on the levy harmonization strategy approved.
3. There is no use of reserves to balance the budget.
4. Offset revenue levels are based on 2025 actuals and any anticipated adjustments required.

The expenses for the proposed budgets are based on the following assumptions:

1. Increases to budget lines based on 2025 actuals, planned or estimated contractual increases for benefits and wages, predicted increases for other budget line items or minimum increase based on cost of living. This increase is $1,167,899 or 3.7%.
2. Reductions in budget lines where cost savings are anticipated (e.g., insurance cost reduction through consolidated contract, technology expenses).
3. Staffing levels maintained at pre-merger levels, as merger harmonization is ongoing and areas of efficiency or need are still being identified.

ATTACHMENTS

a. 2026 Draft Cost-Shared Budget
b. Visual Based on 2026 Budget

Appendix A

HALIBURTON KAWARTHA NORTHUMBERLAND PETERBOROUGH HEALTH UNIT

2026 COST-SHARED - Mandatory Programs

		Proposed 2026 Budget	Approved 2025 Budget	Change $	Change %	Comment
	REVENUES					
1	Ministry of Health - Mandatory Programs	21,678,539	21,463,900	214,639	1.0%	Increase indicated by MOH
2	- Indigenous Communities	10,000	10,000	-	0.0%	
3	Municipal Partners	10,449,061	9,445,801	1,003,260	10.6%	See note below
4	Offset revenue and expenditure recoveries	698,800	748,800	(50,000)	-6.7%	
	TOTAL REVENUES	**32,836,400**	**31,668,501**	**1,167,899**	**3.7%**	
	EXPENDITURES					
1	Salaries and wages	20,294,138	19,368,721	925,417	4.8%	
2	Employee benefits	6,127,941	5,835,858	292,083	5.0%	
3	Staff learning and development	142,964	138,800	4,164	3.0%	
4	Board of Health committee	38,300	38,300	-	0.0%	
5	Travel	360,855	350,345	10,510	3.0%	
6	Occupancy and building maintenance	2,873,308	2,816,969	56,339	2.0%	
7	Office supplies and equipment	103,166	100,161	3,005	3.0%	
8	Program materials and resources	616,788	598,823	17,965	3.0%	
9	Professional and purchased services	1,174,274	1,280,072	(105,798)	-8.3%	Reduction for insurance renegotiation
10	Communication and media	268,576	260,753	7,823	3.0%	
11	Information technology and equipment	836,090	879,699	(43,609)	-5.0%	
	TOTAL EXPENDITURES	**32,836,400**	**31,668,501**	**1,167,899**	**3.7%**	
	NET COST SHARED PROGRAM - Surplus/(Deficit)	**-**	**-**	**-**		

Note 1

MUNICIPAL PARTNER CONTRIBUTIONS

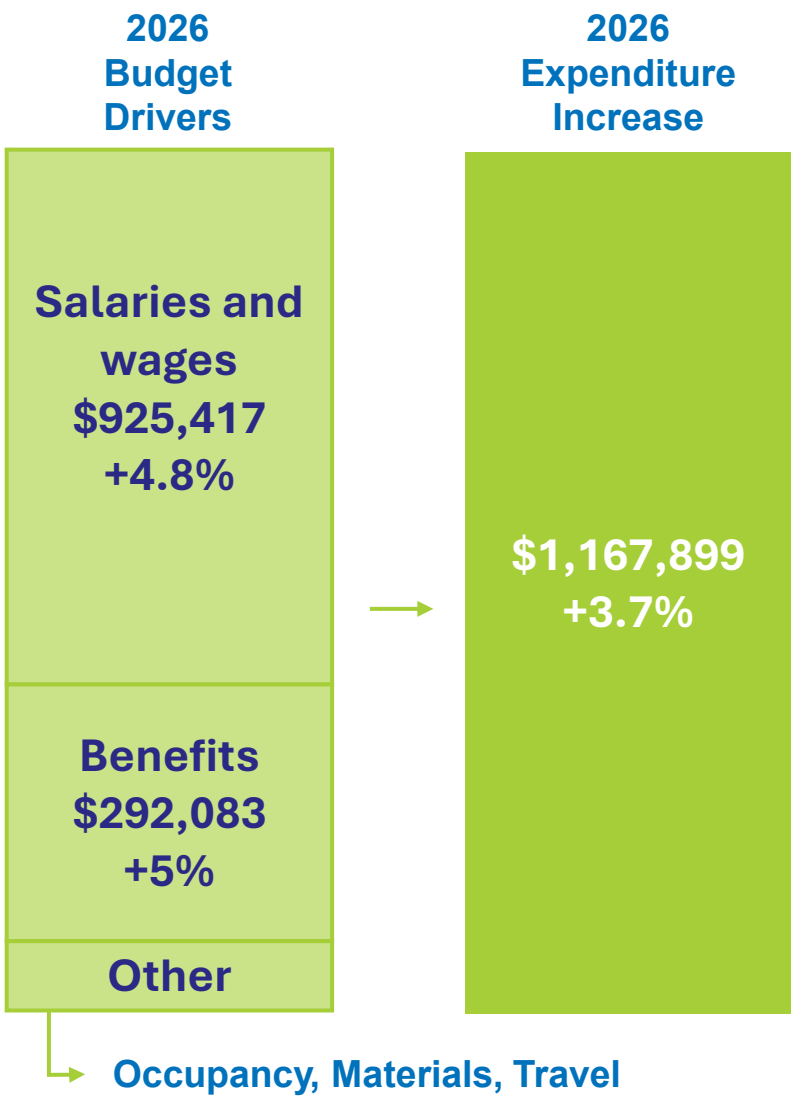
2026 Funding

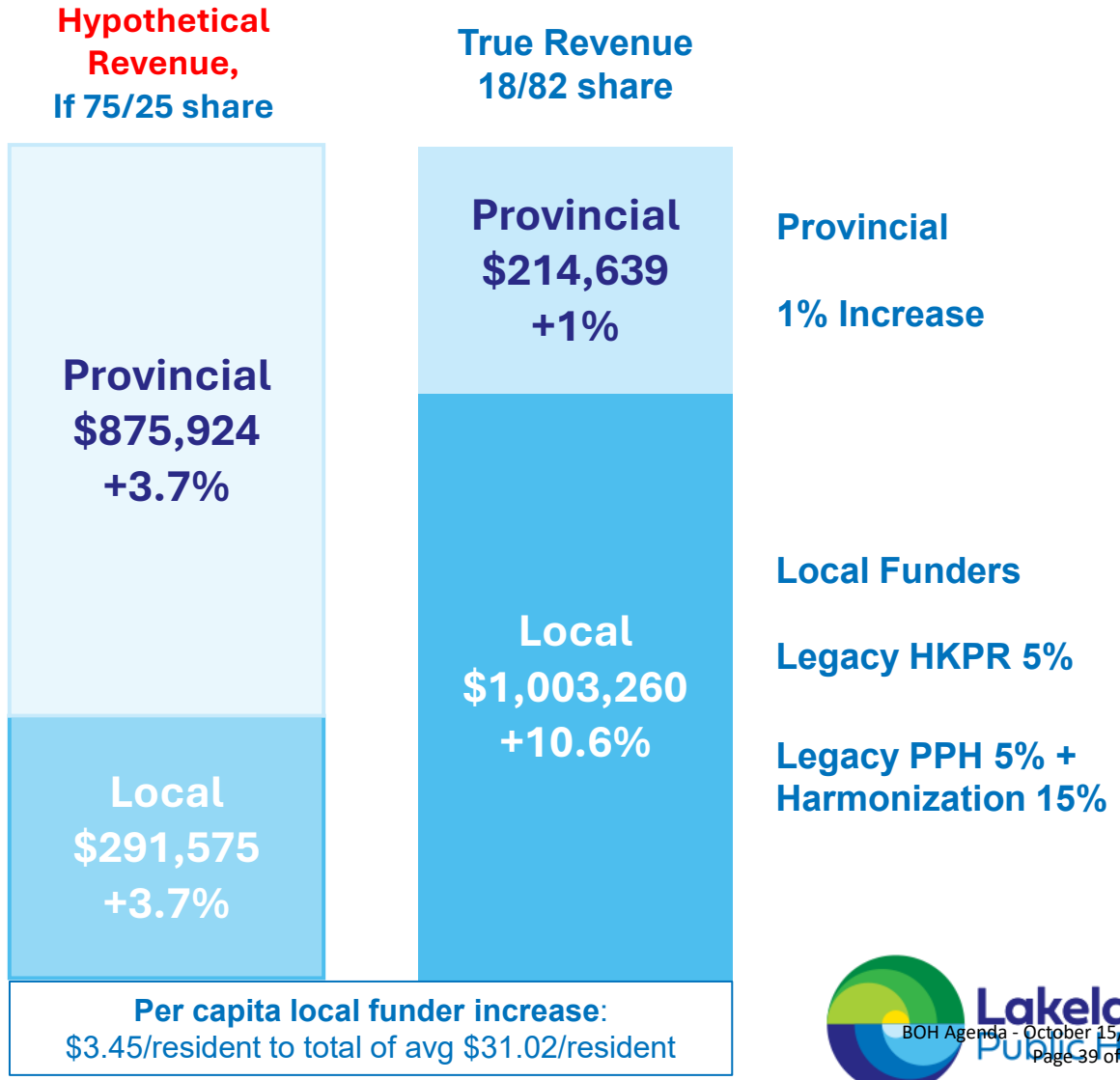
	2026 Contribution	15.7% Merger Mitigation	5% Change	2025 Contribution	Change	2026 Per Capita
City of Peterborough	2,308,785	301,144	95,602	1,912,039	396,746	$27.60
County of Peterborough	1,742,823	227,412	72,162	1,443,249	299,574	$27.60
Curve Lake First Nation	17,939	1,835	767	15,337	2,602	$27.60
Hiawatha First Nation	5,796	577	249	4,970	826	$27.60
PARTNER CONTRIBUTIONS	**4,075,343**	**530,968**	**168,780**	**3,375,595**	**699,748**	

	2026 Contribution	2025 Contribution	5% Change	2026 Per Capita
City of Kawartha Lake	2,669,891	2,542,753	127,138	$33.70
County of Northumberland	3,010,774	2,867,404	143,370	$33.70
County of Haliburton	693,053	660,050	33,003	$33.70
PARTNER CONTRIBUTIONS	**6,373,718**	**6,070,207**	**303,511**	

TOTAL CONTRIBUTIONS **10,449,061**

2026 Budget


2026 Budget Drivers
2026 Expenditure Increase
Salaries and wages $925,417 +4.8%
Benefits $292,083 +5%
Other
$1,167,899 +3.7%
Occupancy, Materials, Travel


Hypothetical Revenue, If 75/25 share
True Revenue 18/82 share
Provincial $875,924 +3.7%
Local $291,575 +3.7%
Provincial $214,639 +1%
Local $1,003,260 +10.6%
Provincial
1% Increase
Local Funders
Legacy HKPR 5%
Legacy PPH 5% + Harmonization 15%
Per capita local funder increase:
$3.45/resident to total of avg $31.02/resident

LAKELANDS PUBLIC HEALTH
BOARD OF HEALTH

TITLE:	Policies for Approval
DATE:	October 15, 2025
PREPARED BY:	Alida Gorizzan, Executive Assistant
APPROVED BY:	Dr. Thomas Piggott, Medical Officer of Health & CEO

PROPOSED RECOMMENDATIONS

That the Board of Health for Lakelands Public Health approve the following items:
a. Code of Conduct Regulating the Board of Health
b. Pecuniary Interest Policy

BACKGROUND

Code of Conduct Regulating the Board of Health (BOH)

Elements of the Code of Conduct were previously embedded within various legacy BOH policies of the former Peterborough Public Health (PPH) BOH. In contrast, the legacy Haliburton, Kawartha, Pine Ridge (HKPR) Health Unit had implemented a formal Code of Conduct primarily focused on staff, referencing numerous internal policies and procedures. This Code was also extended to Board members, who were required to review and sign it on an annual basis.

To develop a Code of Conduct tailored specifically to the roles and responsibilities of Board members, a review of similar policies from other local public health agencies (LPHAs) was undertaken. Language and structure have been informed by documents obtained from Simcoe Muskoka District Health Unit, North Bay Parry Sound District Health Unit, and Middlesex-London Health Unit.

Pecuniary Interest Policy

Due to the aforementioned reach out, it was determined that a more robust policy related to pecuniary interest was required due to obligations under the *Municipal Conflict of Interest Act*. In addition to documents provided by LPHAs, policies from various Municipal Councils were examined to ensure that the proposed approach aligns with best practices and meets legislative requirements.

ATTACHMENTS

a. Code of Conduct Regulating the Board of Health
b. Pecuniary Interest Policy

DRAFT

Lakelands Public Health

Code of Conduct

Regulating the Board of Health

Contents

About the Code of Conduct

What is the Code of Conduct?

It is the expectation of Lakelands Public Health (legal name, Haliburton Kawartha Northumberland Peterborough Health Unit) that Board of Health (BOH) members conduct themselves at the highest level of ethical behaviour and business-like manner while engaging in all Board duties or activities as a representative of the Board.

Board members direct the activities of Lakelands Public Health (LPH or "Health Unit") as a whole rather than in their own interest or the interest of any specific individual or group. Board of Health members' contributions to discussions and decision-making are positive and constructive and interactions in meetings are courteous, respectful, open, and co-operative.

Compliance with the Code is expected, along with all BOH polices, by-laws, and all applicable laws and regulations.

Applicability

All BOH members of LPH (legal name are expected to adhere to the regulations set out in this document.

All members of BOH Committees or those engaged in Board activities that are not members of the BOH are expected to adhere to the regulations set out in this document.

Scope

The regulations set out in this Code of Conduct relate to the individual responsibilities of ethical conduct along with responsibilities of behaviour regarding:

1. Communication;
2. Conduct;
3. Confidentiality; and,
4. Conflict of Interest.

Principles and Responsibility of Ethical Conduct

Board members are responsible for abiding by the *Health Protection and Promotion Act* (HPPA) and its regulations, the Ontario Public Health Standards: Requirements for Programs, Services, and Accountability (OPHS), any Public Health Accountability Agreement between LPH and the Province, this Code of Conduct document, the rules set out under the BOH by-laws and any other legislation governing boards of health so that the action of and any decision of the BOH is made in an efficient, knowledgeable, and expeditious manner.

Board members are accountable for exercising the powers and discharge the duties of their office honestly, in good faith, and in the best interests of the BOH and LPH to support the delivery of legislatively mandated public health programs and services. Board members exercise the degree of care, diligence, and skill that a reasonably prudent person would exercise in comparable circumstances.

BOH members will:

- Carry out the powers of office only when acting as a voting member during a duly constituted meeting of the BOH or one of its appointed bodies.
- Respect both the responsibilities delegated by the BOH to the Medical Officer of Health/Chief Executive Officer (MOH/CEO) and those legislated responsibilities of the MOH/CEO, avoiding interference with their duties but insisting upon accountability and reporting mechanisms for assessing LPH performance.
- Be active, committed, positive, constructive, and professional while serving in the role as a Board of Health member.
- Support Board of Health actions and decisions.
- Advocate the interests of LPH and assist in developing community understanding and support and promote public health programs and services to fulfill LPH's mandate.

Board members will not:

- Engage in nepotism.
- Represent the specific interests of any constituency.
- Attempt to exercise individual authority over the organization except as explicitly set forth in BOH policies or by-laws.

Communication

In order to speak in a unified voice, the BOH Chairperson or designate serves as the official spokesperson for the Board of Health with the media, ministries, or other organizations while conducting BOH business.

When contacted by the media regarding BOH/Health Unit-related topics:

- Board members do not speak to the media unless instructed to do so by the Chairperson.
- Media requests directed to the Board Chairperson or any other member are referred to the LPH Communications team to process accordingly.
- Any comments to the media by any other Board members not previously approved to speak on behalf of the Board will make it clear that their comments are not on behalf of the Board or LPH.
- Board members will consider the impact on the Board and LPH of any comments made to the media, authorized or otherwise.

It is essential that structured open lines of communication are maintained.

Board members must remain neutral by referring all requests for program-related information or organizational services, either on a personal nature or on behalf of others, to the MOH/CEO who is responsible for initiating a course of action appropriate to the circumstances and will advise the Board member of the outcome.

The accountability structure is that the MOH/CEO is the only employee accountable to the Board. All other Health Unit staff are accountable to the MOH/CEO. Board members should not engage in or encourage direct communication with employees who bypass internal LPH processes; instead, they should direct such employees to follow established reporting lines within the Health Unit to raise concerns with the Board. Likewise, Board members should refrain from direct communication with Health Unit staff regarding organizational matters unless explicitly authorized.

Conduct

The BOH expects of itself, and its members, ethical and prudent conduct. This commitment includes proper use of authority and appropriate decorum in group and individual behaviour when acting as Board members in a manner that demonstrates fairness, respect for individual differences, and an intention to work together for the common good.

Respect

LPH representatives are required and expected to treat each other, our suppliers, clients, stakeholders, and all members of the Health Unit community with respect. We will behave fairly and respectfully to all with whom we have contact in our workplace.

LPH is committed to ensuring that all members of the Health Unit community act with each other, and everyone with whom they interact in our workplace, in a manner that is respectful, civil, and professional. The Health Unit is also committed to providing and fostering a positive and respectful workplace free from discrimination, harassment, and violence.

The Health Unit will take all reasonable precautions to prevent these behaviours and to protect Health Unit representatives in the workplace.

Harassment

LPH is committed to preventing harassment from occurring. Harassment is any conduct that denigrates or shows hostility toward an individual based upon citizenship, race, place of origin, ethnic origin, color, ancestry, disability, age, creed, sex/pregnancy, family status, marital status, sexual orientation, gender identity, gender expression, receipt of public assistance and record of offences or any other protected ground. Retaliation against anyone reporting harassment in good faith is also strictly prohibited.

Violence

Acts or threats of physical violence, including possession of a weapon, intimidation, harassment and/or coercion will **not be** tolerated. This prohibition against threats and acts of violence applies to anyone on Health Unit property. Workplace violence includes any behavior that causes an individual to reasonably fear for their personal safety or the safety of family, friends and/or property.

Personal Use of Health Unit Resources and Information Technology

Members are expected to act as good stewards of Health Unit funds, assets, opportunities, equipment, and resources. Health Unit assets are to be used for Health Unit purposes. You are responsible for ensuring that these assets are used for legitimate purposes and for reporting suspected or known abuse of Health Unit property to the BOH Chairperson. This responsibility includes protecting Health Unit property from loss, theft, fraud, misappropriation, abuse, and unauthorized use. Health Unit assets include property, credit cards, materials, equipment, supplies, information, intellectual property, and services.

The Health Unit's facilities, equipment, supplies, time, trademarks, computers and other electronic equipment and communications systems must be used in compliance with the applicable policies the Health Unit has established to protect our information technology resources and the information they contain. These vital Health Unit assets and records must be safeguarded against accidental or unauthorized modification, disclosure, misuse, or destruction. You are expected to be aware of and to abide by the specific policies which address use of the Internet and intranet, email, network servers, software, and cell phones. If you are provided with any of these items, subject to applicable laws, your electronic communications and cell phone use may be monitored to verify that you are complying with Health Unit policy.

Confidentiality

All members of the Board of Health will not, during their term of office or at any time thereafter, either directly or indirectly disclose or permit the disclosure of any confidential

information of the Health Unit except as expressly authorized by the BOH to carry out their duties as a Board member.

In accordance with rules under *Municipal Freedom of Information and Protection of Privacy Act* (MFIPPA), *Personal Health Information Protection Act, 2004* (PHIPA), OPHS, BOH Code of Conduct, by-laws and policies, Board members will keep in confidence any confidential information acquired by virtue of their position, in either oral or written form, except when required by law or authorized by the BOH to do otherwise. Where a matter has been discussed during a closed session (in camera), members will keep the matter or substance of the deliberations on the in-camera meeting confidential.

Board members will:

- not use information obtained in their capacity as a Board member that is not available to the public for personal gain or advancement to their interest or the interests of another individual, group, or organization, or to the detriment of the Health Unit;
- maintain the security of all information regarding the affairs of the Health Unit and safeguarding confidential information that has been entrusted to the Health Unit by others. All confidential information should be properly protected from advert or inadvertent disclosure;
- ensure confidential documents and correspondence (printed or electronic) are securely stored and disposed of using best practices. Documents relevant to actual or threatened litigation must be appropriately retained and preserved as directed by

legal advisors;
- disclose to the BOH Chairperson any situation in violation, or that may appear to be in violation, of confidentiality as set out in this Code; and,
- complete annually a Declaration of Confidentiality Form.

The Chairperson for the BOH is responsible for:

- Board members' awareness of confidentiality and compliance with confidentiality regulations;
- confirming completion of the Declaration of Confidentiality Form by each Board member; and,
- addressing any reports of violation or potential violations to this document.

Related Documents:
Declaration of Confidentiality Form (internal form, available upon request)

Conflict of Interest

BOH members are subject to the current conflict of interest legislation in the Province of Ontario, including compliance, at all times, with the *Municipal Conflict of Interest Act*.

Board members have a duty to ensure that the integrity of the decision-making processes of the BOH are maintained by ensuring that they and other members of the Board are free from conflict or potential conflict in their decision-making. It is inherent in a member's fiduciary duty that conflicts of interest be disclosed, avoided where possible, and prudently managed. It is important that all members understand their obligations when a conflict of duty or potential conflict of interest arises. Members will avoid situations in which they may be in a position of actual or perceived conflict of interest.

Situations where a conflict of interest might arise cannot be set out exhaustively, but generally arise in the following circumstances:

- When a Board member is directly or indirectly interested in a contract or proposed contract with the BOH. For example: Board members are bidding on or doing contract work for the BOH.
- When a Board member acts in self-interest or for a collateral purpose (e.g., political gain or other improper purposes) and diverts to their own personal benefit an opportunity in which the BOH has an interest.
- When a Board member has a conflict of "duty and duty". This might arise when the Board member:

    - serves as a board member or officer of another corporation that is related to; has a contractual relationship with; has the ability to influence the BOH policy; or has any dealings whatsoever with the BOH; or,
    - is also a board member or officer of another corporation related or otherwise, and possesses confidential information received in one boardroom that is of importance to a decision being made in the other.
- When the LPH conducts business with suppliers of goods or services or any other party of which a relative or member of the household of a Board member is a principal, officer or representative.
- When a Board member or a member of the Board member's immediate family accepts gifts, payments, services or anything else of more than token or nominal value (more than $25.00) from a party that hopes to transact business with the BOH (including a supplier of goods and services) for the purposes or perceived purpose of influencing an act or decision of the Board. Board members will not accept any financial or other endorsements for fulfilling their duties and obligations as members of the BOH other than provided for by legislation and BOH policy. If, despite attempts to discourage gifts, you receive a gift of more than nominal value as the result of a work relationship, you must inform the BOH Chairperson (or Vice Chairperson, in the case of the Chair). If the gift exceeds $25 in value, it should be returned with a note respectfully declining the gift, donated to a local charity on behalf of the Health Unit, or dispensed within the Health Unit with Chair or Vice Chair approval. You should never accept cash, gifts of stocks or bonds, liquor, lavish entertainment, or travel.

Conflict of Pecuniary Interest

Members are required to declare conflicts of *pecuniary* interest under the *Municipal Conflict of Interest Act*. Members must comply with the Pecuniary Interest policy (02-13).

Related Documents:
Pecuniary Interest Policy
Pecuniary Interest Declaration Form

Compliance

Board of Health members will hold each other accountable for complying with all regulations set forth in the Code of Conduct document.

Informal Complaint Process

Any person who identifies or witnesses' behaviour or activity by a Board of Health member

that appears to be in violation of the Code of Conduct are encouraged, but not required, to try and address the issues on their own as follows:

1. Inform the Board member that their behaviour or activity is in violation of the Code of Conduct.
2. Request or encourage the Board member to cease the prohibited behaviour or activity.
3. If applicable, confirm with the Board member your satisfaction or dissatisfaction with their response to the concern brought forward.
4. If desired, request the assistance of the Board Chairperson or Vice Chairperson to mediate a discussion with the offending Board member to resolve the issue.
5. Retain a written record of the incident(s), including the date, time, location, others present, or any other relevant information, including the steps take to resolve the matter. Additionally, the Board member the complaint is made against should also retain a written record of when they were approached by the complainant, the discussion that took place, and what they have done to address the complaint brought against them.

Formal Complaint Process

Any person who identifies or witnesses behaviour or activity by a Board of Health member that appears to violate the Code of Conduct may raise their concerns through a formal process. If the complaint involves the Chairperson, the Vice Chairperson will assume their role in the process as outlined below.

In cases where a Health Unit staff member wishes to file a complaint against a Board member, they must follow the LPH Employee Code of Conduct and Respectful Workplace policy. These policies offer additional layers of support and assistance, such as guidance from direct supervisors and/or Human Resources.

1. A written complaint will be submitted to the BOH Chairperson by the complainant, and will:
   - Set out the specific section(s) of the Code of Conduct that has allegedly been violated along with an explanation of how or why the actions are in violation of the Code of Conduct.
   - Include the name of the Board member alleged to be in violation of the Code of Conduct along with the date, time, and location of the alleged violation.
   - Include the name of any witnesses that can support the allegation.
   - Include any other information relevant to the alleged violation of the Code of Conduct.

2. Once the complaint is submitted to the BOH Chairperson, to complete an investigation, the Board Chairperson and the MOH/CEO will hold separate meetings with the

complainant and the offending Board member to discuss the situation and determine whether there has been a breach of the Code of Conduct. The MOH/CEO will take notes of the meeting.

3. If the Board Chair and MOH/CEO agree that there has been no breach of the Code of Conduct, no other action is required, and a report will be provided to the Board with full disclosure of the relevant information and findings at the next regularly scheduled meeting of the Board. As this matter may involve an identifiable individual, the report will be confidential and presented during a closed (in camera) session. The Board Chair will provide a copy of the preliminary report to the individual accused of the alleged violation prior to its presentation to the Board.

4. If the Board Chair and MOH/CEO agree that there has been a violation of the Code of Conduct, or cannot unanimously agree that there has not been a violation of the Code of Conduct, the matter will be referred to the Board of Health with a full report to determine whether there has been a violation of the Code of Conduct, and if so, what, if any, might be appropriate for the circumstances. As this matter may involve an identifiable individual, the full report will be confidential and presented during a closed (in camera) session at the next regularly scheduled meeting of the Board. If the Board determines that there has been no violation of the Code of Conduct, no further action will be taken.

5. If the Board determines that there has been a violation of the Code of Conduct, the Board has the right, in its sole discretion, to recommend and/or take action as follows:
   5.1. No action taken against the offending Board member.
   5.2. Request a public apology from the offending Board member, failing which, other options may be considered.
   5.3. A public reprimand by the Board of Health of the offending Board member.
   5.4. A resolution of the Board of Health requesting the resignation of the offending Board member which will be non-binding on the Board member in question, with notification to their respective appointing authority in writing of the request to resign.
   5.5. All other remedies that may be available to the Board of Health by law.

6. When determining the appropriate course of action for violation of the Code of Conduct, the Board will consider:
   6.1. The Board member's past conduct.
   6.2. The severity of the violation of the Code of Conduct.
   6.3. The implications of the violation of the Code of Conduct to the Board of Health and the Health Unit.
   6.4. The Board member's cooperation in addressing the violation.

6.5. The Board member's general level of remorse for the violation of the Code of Conduct.

7. Where the offending Board member is a municipal representative, and where the Board of Health has determined that the violation appears to have also breached the municipal code of conduct, the Board will consult with or report to the respective Municipal Integrity Commissioner on the matter.

Depending on the severity of the incident, the Health Unit reserves the right to engage in a different procedure as deemed necessary or appropriate. For example, if the complaint involves a serious incident of workplace violence, harassment, and/or discrimination, such investigations may be conducted by the Health Unit or a third party. The particular investigative steps may vary from matter to matter but will be appropriate in the circumstances of each complaint. An investigatory report will be completed and provided to the Board of Health in the manner described above.

The Health Unit reserves the right to instigate an investigation when it becomes aware of a potential issue involving workplace violence, harassment, or discrimination regardless of whether a formal complaint was submitted. The Health Unit may contact or refer the complaint to the appropriate authorities when necessary.

Document Information and Version History

Document Information

Policy	Code of Conduct Regulating Board of Health Members
Section	Board of Health
Number	02-12
Policy Lead	Board of Health
Approval Level	Board of Health
Original Approval	2025-10-15
Reviewed/Revised	
Next Review	2027-10-15

Version History

DATE	**LEAD**	**DESCRIPTION**
October 15, 2025	A. Gorizzan	Original

Acknowledgement

By signing this form, I, _____,
(Print Name)

acknowledge that I have received a copy of the Code of Conduct regulating Board of Health Members for Lakelands Public Health (legal name, Haliburton Kawartha Northumberland Peterborough Health Unit), I have read and understood the Code of Conduct, and I agree to abide by it at all times during my membership and/or service with LPH.

Further, I understand that compliance with the Code of Conduct, including all referenced policies and procedures within, is a condition of my membership, such that a violation of the Code of Conduct may result in disciplinary action, up to and including termination.

_____
Signature

_____
Date

Distribution: Board of Health Executive Assistant (original)

Member (copy)

Policy	**DRAFT Pecuniary Interest**
Section	Board of Health
Number	02-13
Policy Lead	Board of Health
Approval Level	Board of Health
Original Approval	YYYY-MMM-DD
Reviewed/Revised	YYYY-MMM-DD
Next Review	YYYY-MMM-DD
Associated HKNP Procedures and Forms	Procedure – Pecuniary Interest Form – Declaration of Pecuniary Interest

POLICY

PURPOSE

To ensure the highest business and ethical standards and the protection of the integrity of the Board of Health (BOH), subject to the requirements of the *Health Protection and Promotion Act* and the *Municipal Conflict of Interest Act*.

To guide BOH and BOH Committee members with a real, potential or perceived pecuniary interest on how to declare their conflict and the process for dealing with conflict situations.

POLICY DETAILS

Board members owe a fiduciary duty to the BOH. Included in that duty is the requirement to avoid conflicts of interest. Where a conflict of interest exists, the *Municipal Conflict of Interest Act* S. 5(1) and S. 5(2) imposes disclosure requirements on all BOH members.

The term "pecuniary interest" refers to situations where financial, professional or other personal considerations may compromise, or have the appearance of compromising, a Board member's judgment in carrying out their fiduciary duties as a BOH member.

There are two types defined in the Act: A **direct pecuniary interest** may exist when the result of a matter before the BOH could impact, either positively or negatively, the member's finances, economic prospects or asset value. An **indirect pecuniary interest** can result due to a relationship with another entity. It may exist when the result of a matter before the Board or Board Committee will impact the finances, economic prospects or asset value of a:

1. private corporation in which the member is a shareholder, director or senior

officer;
2. public corporation in which the member has a controlling interest, or is a director or senior officer of;
3. body of which the member of the Board or Board Committee is also a member;
4. member's business partner; or e.g. a member's employer

Board members have the responsibility to determine whether a pecuniary interest exists. If necessary, Board members should refer to Ontario's Municipal Conflict of Interest Act – A Handbook or consult independent legal counsel, if necessary.

Situations where a pecuniary interest might arise cannot be set out exhaustively, but generally arise in the following circumstances:

(a) When a Board member is directly or indirectly interested in a contract or proposed contract with the BOH. For example: Board members are bidding on or doing contract work for the BOH.

(b) When a Board member acts in self-interest or for a collateral purpose. When a Board member diverts to their own personal benefit an opportunity in which the BOH has an interest.

(c) When a Board member has a conflict of "duty and duty". This might arise when:

i. The Board member serves as a board member or officer of another corporation that is related to; has a contractual relationship with; has the ability to influence the BOH policy; or has any dealings whatsoever with the BOH; or

ii. The Board member is also a Board member or officer of another corporation related or otherwise, and possesses confidential information received in one boardroom that is of importance to a decision being made in the other boardroom. The Board member cannot discharge the duty to maintain such information in confidence as a Board member of one corporation while at the same time discharging the duty to make disclosure as a Board member of the other.

(d) When a Board member uses for personal gain information received in confidence only for the BOH's purposes, for example information related to human resources, financial aspects of the BOH, or related to services provided.

(e) When a Board member or a member of the Board member's immediate family accepts gifts, payments, services or anything else of more than token or nominal value from a party that hopes to transact business with the BOH (including a supplier of goods and services) for the purposes or perceived purpose of influencing an act or decision of the Board. Board

members shall not accept any financial or other endorsements for fulfilling their duties and obligations as members of the BOH other than provided for by legislation and BOH policy.

(f) When a Board member and/or a member of their family will gain or be affected by the decision of the Board. For example, a Board member or member of the Board member's family may benefit from a specific health care service or program that the BOH is considering.

All Board members must understand their duties when a pecuniary interest arises. In addition to complying with the ongoing responsibilities set out in this policy, Board members are required to complete an Annual Conflicts of Interest Declaration form.

The principles set out in this policy are to be regarded as illustrative. Board members are required to meet both the letter and spirit of this policy.

Special Considerations for the Board of Health

The BOH's unique governance structure creates automatic potential conflicts. These structural conflicts need not be a bar to participation in most aspects of the Board's deliberations. In these circumstances, the Board members are aware of the potential for pecuniary interest and as a practical matter it should not be necessary to make note of the potential conflict in regular Board proceedings. Where the potential for conflicts might not be obvious, the potential pecuniary interest should be declared and recorded in the minutes so that all Board members are aware of the situation. This places an extra burden on Board members to be acutely aware of when their actions and/or other responsibilities might create a conflict and follow the procedures in this policy to protect themselves and the best interests of the BOH.

PROCEDURE – PECUNIARY INTEREST

PROCEDURE DETAIL

1. Members should review agendas in advance of all meetings to identify matters that could give rise to direct and/or indirect pecuniary interests under the Act.

2. If a conflict is identified, members must complete a Declaration of Pecuniary Interest Form (or a written statement including the specific details noted in the form), and submit this to the Executive Assistant to the Board of Health prior to, or on the same day, of the meeting.

3. In addition to providing a completed form, at the beginning of the meeting during the "declarations of interest" portion, members can read the declaration using language provided on the form. Members can consider the following sample statements:

Example:
"I declare an interest in [*Item #, Report Name*], given that my partner is employed by the company in question. I make this declaration in accordance with section 5.1 of the Municipal Conflict of Interest Act."

4. While members should use best efforts to identify possible pecuniary interests in advance of meetings, members may not identify a pecuniary interest until the meeting is in progress for a variety of reasons. In circumstances where a member becomes aware that a matter before the Board may engage their pecuniary interests, members should follow the above best practices to the best of their ability. Completion of the declaration form should still occur as described.

5. Once a pecuniary interest has been identified, the member(s) with the conflict of interest cannot participate in the discussion or vote. The member(s) cannot attempt, in any way, to influence the voting on the issue under consideration.

6. Where the number of members who are unable to participate in a meeting is such that at that meeting the remaining members are not of sufficient number to constitute a quorum, then, despite any other general or special Act, the remaining number of members shall be deemed to constitute a quorum, provided such number is not less than two.

7. Where the meeting is not open to the public (in camera or closed session), the member shall leave the meeting or the part of the meeting during which the matter is under consideration.

8. Where the interest of a member has not been disclosed due to absence from the meeting, the member shall disclose the interest at the first meeting of the Board/Committee, as the case may be, attended by the member after the meeting where the matter was considered.

9. Disclosures must be recorded in the minutes as follows:

    9.1. Where the meeting is open to the public, the declaration of interest and the general nature is to be recorded in the minutes of the meeting.

    9.2. Where the meeting is not open to the public, every declaration, but not the general nature of that interest, is to be recorded in the minutes of the next meeting that is open to the public.

10. The Board is required to maintain a registry of all declarations made under the Act. This registry will be managed and updated by the Executive Assistant to the BOH. The

registry must include the original written declaration provided by the member and must be available to the public.

ADDITIONAL INFORMATION

VERSION HISTORY

DATE	LEAD	DESCRIPTION
October 15, 2025	A. Gorizzan	Original

FORM - DECLARATION OF PECUNIARY INTEREST

Pursuant to Subsection 5.1, of the Municipal Conflict of Interest Act, R.S.O. 1990, Board members must complete this form prior to the meeting at which they will be making a declaration of pecuniary interest, direct or indirect. Each member who is declaring a pecuniary interest shall read the statement at the appropriate time during the applicable meeting and provide this written statement to the Executive Assistant (EA) to the Board of Health.

Declaration:

I, _____ , declare a pecuniary interest
(Print Full Name)

in Item _____ on the _____ meeting agenda.
(Agenda Item #) (Date of Council Meeting)

I am making this declaration because (General nature of pecuniary interest):

I confirm that I will not vote on the matter, I will not take part in discussion on any question in respect of the matter, and I will not attempt in any way whether before, during or after the meeting to influence the voting on any such question.

_____ _____
Signature Date

EA Acknowledgement:

Received on _____ by _____
(Date) (Print Name)

_____
Signature of EA or Designate

LAKELANDS PUBLIC HEALTH
BOARD OF HEALTH

TITLE:	Correspondence for Direction: Windsor Essex - Strengthening Coordination of Provincial and Federal Dental Programs
DATE:	October 15, 2025
PREPARED BY:	Arti Joshi, Manager, Oral Health
APPROVED BY:	Dr. Thomas Piggott, Medical Officer of Health & CEO

PROPOSED RECOMMENDATIONS

That the Board of Health for Lakelands Public Health:

- receive and endorse correspondence dated September 24, 2025 from Windsor Essex County Health Unit (WECHU) regarding strengthening coordination of Provincial and Federal Dental Programs; and,
- communicate this support to the Federal and Provincial Ministers of Health, with copies to local MPs and MPPs, Ontario Boards of Health and the Association of Local Public Health Agencies.

BACKGROUND

Access to oral health care continues to be a significant factor in overall health and quality of life, particularly for individuals with low or fixed incomes. With the recent implementation of the Canadian Dental Care Plan (CDCP), there is an opportunity to expand access to care, however, the rollout has introduced challenges in coordinating benefits between the new federal plan and existing provincial dental programs. Individuals who are either awaiting CDCP enrollment, are unable to file tax returns, or have newly arrived in Canada are experiencing delays in accessing urgent oral health treatment, resulting in service gaps for those most in need.

The proposed motion by WECHU encourages continued collaboration among all levels of government to ensure clear coordination of dental benefit programs and to reduce administrative barriers that limit access to care. Supporting this motion would demonstrate the Board's commitment to advancing equitable access to oral health services and align with efforts to improve clarity for providers and clients during the transition period. The recommendations are intended to minimize disruption in care and help ensure that people can access timely and essential oral health care.

ATTACHMENTS

a. WECHU Letter, September 28/25

From: Emily Durance
Sent: September 24, 2025 11:50 AM
To: hcminister.ministresc@hc-sc.gc.ca
Cc: Leadership Team Mail List <leadershipteammaillist@wechu.org>; Joe Bachetti <jbachetti@tecumseh.ca>; 'sylvia.jones@ontario.ca' <sylvia.jones@ontario.ca>; Dowie, Andrew <andrew.dowie@pc.ola.org>; Jones, Trevor <trevor.jones@pc.ola.org>; Gretzky-CO, Lisa <lgretzky-co@ndp.on.ca>; Leardi, Anthony <anthony.leardi@pc.ola.org>; Lewis, Chris - M.P. <chris.lewis@parl.gc.ca>; Dave.Epp@parl.gc.ca; kathy.borrelli@parl.gc.ca; harb.gill@parl.gc.ca
Subject: WECHU Board of Health Resolution: Strengthening Coordination of Provincial and Federal Dental Programs - September 18, 2025

***Sent on behalf of WECHU Board Chair, Joe Bachetti**

Good morning, Minister Michel,

At its September 18, 2025, meeting, the Windsor-Essex County Health Unit Board of Health endorsed the attached resolution that aims to *improve the coordination between the Canadian Dental Care Plan and Ontario's dental and social assistance programs to ensure seamless access to oral health treatment when needed*.

Thank you for your time and consideration,

Joe Bachetti, WECHU Board Chair

Windsor-Essex County Health Unit Board of Health

RECOMMENDATION/RESOLUTION REPORT – Strengthening Coordination of Provincial and Federal Dental Programs

2025-09-18

BACKGROUND

The Province of Ontario has long supported the oral health needs of those who meet high priority income or age-related thresholds. Through the delivery of the provincial *Healthy Smiles Ontario (HSO)* program the WECHU has connected thousands of children to barrier and cost-free oral health treatment and has set the course for healthier overall growth and development into adulthood. In addition, provincial social service programs like *Ontario Works (OW)* and *Ontario Disability Support Program (ODSP)* which are managed through Ontario municipalities have provided certain basic services or emergency treatment for those who qualify.

The *Canadian Dental Care Plan (CDCP)* is a federal program launched in late 2023 to improve access to dental care for eligible Canadians who do not have private dental insurance and meet income-based eligibility criteria. With the introduction of the CDCP, service providers began working with clients to coordinate the application of the new federal program with the existing provincial programs and the Province of Ontario has released resources to support the complex nature of coordination. Accordingly, the province requires that in any situation involving concurrent eligibility of provincial programs and the federal (CDCP) program, the CDCP will serve as the **primary payer** and that any provincial program will serve as the **secondary payer.**

While the pathways and interactions have been communicated to service providers and the public, there are opportunities to further improve coordination and communication to reduce access barriers.

Resulting from the direction around primary and secondary payer private dental offices have reported to social service providers and public health that they are unable to see clients under the provincial programs (i.e., HSO, OW, ODSP) until such time that the client is enrolled in CDCP. This presents a challenge to those who have yet to be enrolled in CDCP and require urgent oral health treatment. This specifically impacts:

- those who have applied to CDCP and have yet to be approved
- those who are unable to apply as they have not filed a tax return in the previous year, including those who are unhoused or underhoused
- those who have just learned about CDCP but have not yet enrolled
- those who are asylum seekers or have recently moved to Canada

Under these circumstances, it is likely that those most in need (e.g., new Canadians, individuals who are underemployed or underhoused) will continue to lack access to urgent oral health treatment, and in some cases, have less timely access than they would have prior to the implementation of the CDCP.

PROPOSED MOTION

Whereas, oral health is a critical component of overall health and well-being, and access to dental care remains a significant barrier for many low-income individuals and families in Windsor-Essex and across Ontario; and

Whereas, the Government of Canada has launched the Canadian Dental Care Plan (CDCP) to expand access to dental services for uninsured Canadians with low and middle incomes; and

Whereas, the Province of Ontario administers several dental and social assistance programs, including Healthy Smiles Ontario (HSO), the Ontario Disability Support Program (ODSP), and Ontario Works (OW), which also provide dental benefits to eligible populations; and

Whereas, the current coordination of benefits between the CDCP and Ontario's programs is evolving, and clear, consistent, and integrated processes are essential to avoid duplication, ensure continuity of care, and reduce confusion for clients and providers; and

Whereas, local public health units, including the Windsor-Essex County Health Unit, play a vital role in delivering oral health services and supporting vulnerable populations;

> **Now therefore be it resolved** that the Board of Health for the Windsor-Essex County Health Unit urges all levels of government to continue to improve the coordination between CDCP and Ontario's dental and social assistance programs to ensure seamless access to oral health treatment when needed; and
>
> **FURTHER THAT**, the Province of Ontario provide clear guidance and streamlined administrative processes to social service organizations, oral health providers, and other healthcare providers to support navigation of the available support programs and eliminates delays in accessing oral health care; and
>
> **FURTHER THAT**, the Province of Ontario provide a time-limited exemption which temporally waives the requirement to utilize CDCP as the primary payer for emergency dental treatment for those who are not currently enrolled in the program until such time that enrollment can occur; and
>
> **FURTHER THAT**, the Government of Canada and Province of Ontario provide additional support to social services to ensure those experiencing homelessness or who may have experienced challenges in filing tax returns are able to do so and in so doing become eligible for oral health services and a multitude of other social supports.

LAKELANDS PUBLIC HEALTH
BOARD OF HEALTH

TITLE:	Indigenous Health Advisory Circle Report – Meeting Minutes
DATE:	October 15, 2025
PREPARED BY:	Alida Gorizzan, Executive Assistant, on behalf of Liz Stone, Circle Chair
APPROVED BY:	Dr. Thomas Piggott, Medical Officer of Health & CEO

PROPOSED RECOMMENDATIONS

That the Board of Health for Lakelands Public Health receive Indigenous Health Advisory Circle (IHAC) minutes from its meeting held on June 26, 2025, for information.

BACKGROUND

The IHAC met last on September 12, 2025. At that meeting, the Circle requested that these approved minutes come forward to the Board of Health at its next meeting.

ATTACHMENTS

a. IHAC Minutes, June 26, 2025

Indigenous Health Advisory Circle
MEETING MINUTES
Thursday, June 26, 2025 – 1:00 p.m. – 2:30 p.m.
Lovesick Lake Native Women's Association
12 Albert Street, Lakefield ON

In Attendance:

Members:
Mr. Paul Johnston
Councillor Nodin Knott (virtual)
Councillor Joy Lachica
Mayor John Logel
Professor David Newhouse
Ms. Liz Stone, Chair
Ms. Rebecca Watts
Councillor Kathryn Wilson (virtual)

Staff:
Dr. Thomas Piggott, Medical Officer of Health & Chief Executive Officer
Dr. Natalie Bocking, Deputy Medical Officer of Health (virtual)
Ms. Hallie Atter, Director, Health Promotion
Ms. Alida Gorizzan, Executive Assistant (Recorder)
Ms. Michelle McWalters, Executive Assistant (virtual)
Ms. Samantha Roan, Manager, Indigenous Health
Ms. Sarah Tsang, Health Equity Coordinator, Foundational Standards (virtual)

Regrets:
Deputy Mayor Ron Black
Ms. Julie Bothwell
Ms. Lori Flynn
Ms. Delores Lalonde
Ms. Ashley Safar

1. Call to Order and Welcome

Liz Stone, Circle Chair, called the meeting to order at 1:02 p.m.

2. Introduction of New Members

The Chair noted the following members would be joining at a future meeting:

- Delores Lalonde, Executive Director, Niijkiwendidaa Anishnabekwewag Services Circle
- Lori Flynn, Interim Executive Director, Nogojiwanong Friendship Centre

3. Confirmation of the Agenda

The agenda was confirmed with the addition of item of 6.1, Trent Indigenous Health Symposium.

4. Minutes of the Previous Meeting

4.1. April 28, 2025

The minutes were approved as circulated. **ACTION: The minutes will be circulated to the Board of Health at their next meeting.**

5. Items Arising From the Minutes

5.1. Branding Update

Dr. Piggott and Liz Stone provided an overview of the work done to date and the launch of the new name and brand in September. Ms. Stone coordinated a number of engagement sessions with Indigenous communities and participated on the Branding Project Team Steering Committee.

6. New Business

6.1. Trent Indigenous Health Symposium

The Chair introduced Jenn Harrington from Arising Collective who joined the meeting to discuss plans for an Indigenous Health Symposium hosted by Trent University. Ms. Harrington met previously with Dr. Piggott, the Circle Chair and Vice Chair for an exploratory conversation regarding this symposium.

Ms. Stone advised Circle Members that her consulting firm, Mishiikehn Consulting, has been engaged to assist with this endeavour.

Ms. Harrington provided the following background and update:

- The concept was originally conceived by Trent University and PRHC to host a full-day Health Leadership Symposium inviting leaders from the health sector in the Peterborough region to discuss opportunities and actions in the following areas: Indigenous Health, Data Sharing; Human Health Resources; and, Community Health Centre.

- It was later refined to focus only on Indigenous Health by exploring system-wide level issues (e.g., access, listening and understanding experiences and defining actions).
- A number of exploratory discussions occurred; feedback received was that while it would be appropriate to focus on Indigenous Health, it was felt that rather than a one-off event a commitment to action and accountability through should occur and be built into the process (i.e. multiple sessions).
- There was agreement that historical and present-day harms need to be acknowledged and that relationships between health organizations and institutions, First Nations and Indigenous peoples and communities need to first be mended through trust building and listening before action can be taken. It was suggested to start with a half-day session, led by an Indigenous facilitator to listen to experiences, with an Elder present for support.
- A meeting was held on June 24th with representation from Trent, PRHC, public health and the Circle Chair and Vice Chair to deepen relationships and discuss next steps. It was recommended that planning should use the 4Rs of Reconciliation as a guiding lens, and that ideally this should be Indigenous-led or the planning group should have significant representation from the Indigenous community (being mindful of capacity as a general concern).
- The purpose of attending IHAC was to obtain feedback on the direction and priorities outlined, and whether any individual members, or the Circle as a whole, would have capacity to support or lead this initiative moving forward.

The following feedback was provided:

- Focus on access, patient care, listening and relationships. Ms. Kathy MacLeod Beaver (item 6.3) noted the importance of building relationships and shared her experience of bringing staff into community to actively converse and listen. She also noted work done by various individuals and organizations including Diane LongBoat with the Centre for Additions and Mental Health (CAMH); the Wabano Centre; and, the British Columbia Health Authority.
- Suggestion to also include people working inside the health care system (i.e., primary care physicians, nurses) to obtain their perspectives and understand their challenges.
- Draw from previous IHAC-led forums on housing and health and Indigenous determinants of health.
- Need to determine the audience (e.g., decision-makers, frontline staff) and ensure accountability is put in place to ensure that changes occur.
- Suggestion to include City/County Governance representatives.

Next steps will be to develop a proposal and Arising Collective will return to IHAC with an update.

6.2. Lovesick Lake Native Women's Association - Overview

Rebecca Watts was joined by LLNWA staff Andrea Spence, Prenatal Coordinator and Christine Binks, Workshop Facilitator to provide an overview of the services they provide:

- Aboriginal Prenatal Nutrition Program (Andrea): Focuses on prenatal care including nutrition education, healthy food preparation and meal planning, offers classes on Indigenous practices and teachings and organizes social gatherings and cooking classes.
- Community Action Program for Children (Chantelle): Supports children from 1 -7; bridges care between prenatal and youth services.
- Cultural Workshops (Christine): Volunteer facilitator of cultural skills workshops. Offers teachings in quilling, beading, sewing and other traditional crafts.
- Health and Wellness Coordinator (Rebecca): Oversees health and wellness programming for all age groups—from youth to elders. Currently filling in the gap in youth services as there is currently no dedicated youth worker. Rebecca supports individuals with chronic illnesses and provides advocacy and support for community members, including help with hospital navigation, paperwork assistance and accessing health services.
- LLWNA services a large rural area, including Lindsay, Bancroft, and Campbellford, due to the lack of other Indigenous organizations in those regions. Staff work collaboratively across programs to ensure continuity of care and community connection with an emphasis on intergenerational support, where elders and children interact and learn together.

6.3. Central East Regional Cancer Program (CERCP) - Overview

Kathy MacLeod Beaver provided an overview of her role as Indigenous Navigator with CERCP, highlighting her work to improve culturally safe cancer care for Indigenous patients:

- Kathy acts as a vital bridge between Indigenous patients and the healthcare system, helping to ensure safe, respectful, and equitable access to cancer services. Her presence helps reduce fear and anxiety, particularly for those who have experienced trauma or discrimination in healthcare settings.
- From diagnosis through treatment, Kathy provides emotional and practical support. This includes attending medical appointments, explaining clinical information in accessible ways, conducting home visits, and supporting families throughout the cancer journey.
- Kathy has secured funding to establish an Indigenous Advisory Committee to guide improvements in cancer care. She also promotes the visibility of Indigenous services and ceremonial spaces within hospital environments to

foster a sense of belonging and safety.
- She has actively advocated for addressing systemic gaps in care—particularly in mental health and palliative services—and has encouraged leadership at Lakeridge Health to learn from the Cancer Centre's success in creating culturally safe environments.

6.4. <u>Sandy Lake First Nation Evacuation Support</u> (Dr. Piggott)

- Dr. Piggott shared that the Peterborough community and surrounding areas showed strong support and collaboration in response to the evacuation; the first time in nearly two decades that Peterborough has served as a host community for evacuees.
- Hiawatha First Nation played a leading role in providing health and social services, with their health team running the clinic on-site. Support also came from Peterborough CHC, local physicians, Sandy Lake healthcare workers, as well as workers either based in or formerly from Sioux Lookout now based in Peterborough.
- Public health teams coordinated behind-the-scenes support, including immunization access; oral health screenings; mental health and addiction services; and, general health support and information.
- Despite the tragedy of displacement due to climate-related disasters, evacuees showed resilience. Activities including trips to Niagara Falls and Canada's Wonderland were organized to provide relief and enjoyment.
- There was concern about police presence and how security issues were portrayed in the media, which some felt were misinformed.

6.5. <u>Update on Climate Indigenous Engagement and Change Adaptation</u> (Hallie Atter)

- The project team comprised of representatives from legacy health units continues to meet to discuss progress, plan and liaise with the consultant.
- Engagement sessions have been completed at Curve Lake First Nation, Hiawatha First Nation, Alderville First Nation, as well as with the Urban Indigenous Community.
- The project team continues to ensure OCAP (Ownership, Control, Access, Possession) principles are followed and is reviewing and summarizing the information gathered at each of the engagement sessions to generate a draft report.
- Next steps include:
    - Draft report developed by HKNP staff and reviewed by Cambium Indigenous Professional Services (CIPS) before sharing back with the communities for truthing and validation.
    - Determine a communication plan (i.e., infographic) for the report.

    - Schedule two virtual truthing sessions inviting participants from all of the engagement sessions to validate the findings and summary report.
- Additional Initiatives staff are exploring that are not part of the CIPS Project include a whole of treaty approach discussions to share knowledge, experiences and explore joint projects with HKNP, York, Durham and Simcoe-Muskoka District Health Unit.

6.6. <u>Association of Local Public Health Agencies (alPHa) Resolution – Indigenous Representation on Boards of Health</u> (Hallie Atter)

- HKNP staff attended the alPHa Annual General Meeting (AGM) held on June 19, 2025. Prior to the AGM, staff discussed the resolution with the Circle Chair and received input from the Vice Chair. A friendly amendment was shared with the Health Unit sponsor which was refined and adopted as follows:
    - *AND FURTHER THAT Indigenous members be verifiably Indigenous, grounded in community, with lived experience, and from or residing within the health unit in which they will sit on the Board of Health; verifiably Indigenous means recognition by an Indigenous community or representative body in accordance with their right to determine citizenship*.
- Ultimately the resolution did not pass, it has been referred to the alPHa Board of Directors for further consultation and engagement.

6.7. <u>Other Business</u>

7. <u>Date, Time, and Place of the Next Meeting</u>

Friday, August 22, 2025 – 1 – 2:30 p.m.
Location to be confirmed.

8. <u>Adjournment</u>

The meeting was adjourned at 2:32 p.m.

LAKELANDS PUBLIC HEALTH
BOARD OF HEALTH

TITLE:	Stewardship Committee Report – Meeting Minutes
DATE:	October 15, 2025
PREPARED BY:	Michelle McWalters, Executive Assistant, on behalf of Councillor Ryall, Committee Chair
APPROVED BY:	Dr. Thomas Piggott, Medical Officer of Health & CEO

PROPOSED RECOMMENDATIONS

That the Board of Health for Lakelands Public Health receive Stewardship Committee minutes from its meeting held on July 29, 2025, for information.

BACKGROUND

The Stewardship Committee met last on September 29, 2025. At that meeting, the Committee requested that these approved minutes come forward to the Board of Health at its next meeting.

ATTACHMENTS

a. Stewardship Minutes, July 29, 2025

Board of Health for the
Haliburton Kawartha Northumberland Peterborough Public Health
MINUTES
Stewardship Committee Meeting
Tuesday, July 29, 2025 - 8:00 a.m. - 9:30 a.m.
VIRTUAL

HKNP Stewardship Committee Members in Attendance:
Chair Cecil Ryall
Vice Chair Daniel Moloney
Dr. Hans Stelzer
Deputy Mayor Ron Black
Mr. David Marshall
Councillor Keith Riel
Councillor Kathryn Wilson

HKNP Staff in Attendance:
Dr. Thomas Piggott
Ms. Dale Bolton
Ms. Michelle McWalters (Recorder)

Absent with Regrets:
Councillor Tracy Richardson
Mr. Larry Stinson
Mrs. Elizabeth Dickson

1. Call to Order and Land Acknowledgement

Cecil Ryall, Chair of the HKNP Stewardship Committee called the meeting to order at 7:59 am and provided a personalized reflection and land acknowledged

2. Confirmation of the Agenda

The agenda was approved as presented.

MOTION:
That the Stewardship Committee for the Haliburton Kawartha Northumberland Peterborough Health Unit:

- approve the agenda as presented

Moved: Vice Chair Moloney
Seconded: Dr. Stelzer
Motion carried: (2025-019-SC)

3. Declaration of Pecuniary Interest

4. Consent Items to be Considered Separately *(nil)*

5. Delegations and Presentations *(nil)*

6. Confirmation of the Minutes of the Previous Meeting

6.1. Stewardship Minutes – June 13, 2025

- Cover Report

a. Minutes, June 13, 2025

The minutes from the June 13, 2025, meeting were approved as presented.

MOTION:
That the Stewardship Committee for the Haliburton Kawartha Northumberland Peterborough Health Unit:

- approve meeting minutes from June 13, 2025: and,
- provide these to the Board of Health at its next meeting for information.

Moved: Deputy Mayor Black
Seconded: Dr. Stelzer
Motion carried: (2025-020-SC)

7. Business Arising From the Minutes

8. Staff Reports

8.1. Levy Harmonization

- Staff Report

a. Scenario 1
b. Scenario 2
c. Scenario 2b
d. Scenario 3

Dr. Piggott provided a high-level overview of historical discussions related to Levy Harmonization. Citing information from the Staff Report, including history, financial implications and impacts, and background. Additional information requested from the HKNP Stewardship Committee meeting held in June are included as appendices for member's review. This included expanding to showcase 3-, 5-, and 8-year periods of harmonization, as well as a request to have Scenario 2b created with harmonization funds being front loaded.

Mr. Marshall noted that within the Staff Report, specifically the closing sentence,

that the HKNP Board of Health (BOH) and thusly the Stewardship Committee will need to consider the fiscal requirement to meet program delivery standards and actual levies would vary from what is presented:
"Annual budgets, especially beyond the term of Merger Funding, will need to consider the fiscal requirement to meet program delivery standards and actual levies would vary from what is presented."

HKNP Stewardship Committee members engaged in a fulsome conversation related to the historical knowledge of 1% funding from the Province, the future updates to the Ontario Public Health Standards (OPHS) and possible deficits. Dr. Piggott advised that the request from member's was to forecast based on the current budget, with levy increases of 5% per year, and that there are many uncertainties looking to the future. As conversations evolved to include additional budgeting concepts and topics, HKNP BOH Chair, Ron Black, reinforced the specific topic at hand as being levy harmonization, and the importance of advising staff on how to move forward.

Dr. Piggott provided additional clarity on historical funding for the province, and forecasting used to generate the information. Clarification was provided related to the purpose of municipal levy harmonization; as legislation states that local funders pay on a per capita basis unless otherwise negotiated by the Board of Health, with levy harmonization during the merger coming as a result of program harmonization and a deficit within the base budget. An information slide related to cost pressures from a recent HKNP Board of Health retreat were shared as a visual to aid members in identifying other cost drivers. Stewardship Committee members offered their anticipated responses to increases in levy funding, while acknowledging the need to move forward. Suggestions provided by members included provincial merging funding to offset the costs of harmonization, referred to as merger mitigation funding, to Peterborough County and Peterborough City to offset the impacts of harmonization, and advocacy to the province post-merging funding for additional support. Stewardship Committee members were advised that out of scenarios put forward at this time, Scenario 2b was presented to increase the utilization of merger funds provided by the province.

In further discussion related to scenarios and utilizing merger funding from the province, the following points and recommendations were made by members:

- Using the maximum number to implement levy harmonization, with merger funding related to this issued as mitigation funding to the eligible municipalities, with the suggestion to use those funds to offset levy costs post-funding in 2027/2028
    - Edits to scenarios to showcase utilizing funds at 50-100% (over years)
    - Additional scenario(s) showcasing merger mitigation funding with

full harmonization in one year (100% loaded)

- Further discussion or revisiting of this topic will have impacts of timelines and budgeting into 2026.

Action: HKNP Staff to circulate additional Scenarios 2c and 2d to Stewardship Members via email

MOTION:
That the Stewardship Committee recommend that the Board of Health for HKNP Endorse Scenario 2b as presented for Board of Health (BOH) approval, and;

- Include alternate Scenarios for BOH awareness
- 2c: adapts 2b to have legacy PPH funder harmonization over 2026-2027
- 2d: adapts 2b to have legacy PPH funder harmonization in 2026

Moved: Deputy Mayor Black
Seconded: Vice Chair Moloney
Motion carried: (2025-021-SC)
Recorded Vote:
AYE: Black, Moloney, Ryall, Stelzer, Wilson
No: Marshall, Riel
Abstain: Due to absence; Richardson

8.2. Budget Timeline

- Staff Report

a. City of Kawartha Lakes Letter re: 2026 Budget
a. City of Peterborough Letter re: 2026 Budget Deadlines

Dr Piggott presented to the HKNP Stewardship Committee the enclosed Staff Report and letters, advising of the intent to present a draft budget for review in the month of September, to be put forward to the Board of Health in October. After which, communication regarding levy contribution changes will be advised once approved.

Discussion ensued regarding previous levy contribution discussions, and current unknowns as budget planning unfolds.

MOTION:
That the Stewardship Committee recommend that the Board of Health for HKNP give staff direction to present a Draft 2026 Cost-Shared Budget to the Board of Health at its regular meeting on October 15, 2025 and to communicate to local funders that information regarding local levies will be provided after the budget is approved, including reference to the specific anticipated timeline.

Moved: Deputy Mayor Black
Seconded: Councillor Wilson
Motion carried: (2025-022-SC)

8.3. Q2 2025 Financial Report

- Staff Report

a. Q2 2025 Financial Report
b. Q2 2025 Cost Shared Report

Stewardship Committee members reviewed Financial and Cost Shared Reports for the 2nd Quarter of 2025. Discussion regarding variances ensued, with no significant impact or inquiries.

MOTION:
That the Stewardship Committee for the Haliburton Kawartha Northumberland Peterborough Health Unit:

- receive the Q2 2025 Financial Report for information; and,
- provide it to the Board of Health at its next regular meeting.

Moved: Vice Chair Moloney
Seconded: Councillor Wilson
Motion carried: (2025-023-SC)

Councillor Wilson excited at 9:27 a.m.

9. Consent Items (nil)

10. New Business

11. In Camera to Discuss Confidential Matters

MOTION:
That the Stewardship Committee for the Haliburton Kawartha Northumberland Peterborough Health Unit move to in camera session to discuss matters related to Section 239(2)(i) a trade secret or scientific, technical, commercial, financial or labour relations information, supplied in confidence to the municipality or local board, which, if disclosed, could reasonably be expected to prejudice significantly the competitive position or interfere significantly with the contractual or other negotiations of a person, group of persons, or organization;
Moved: Deputy Mayor Black
Seconded: Mr. Marshall
Motion carried: (2025-024-SC)

12. Motions for Open Session

MOTION:
That the Stewardship Committee for HKNP approve the in-camera agenda as presented;
Moved: Mr. Marshall
Seconded: Dr. Stelzer
Motion carried: (2025-025-SC)

MOTION:
That the Stewardship Committee for HKNP receive for information the most recent Financial Forecast Tracker update
Moved: Deputy Mayor Black
Seconded: Vice Chair Moloney
Motion carried: (2025-026-SC)

MOTION
That the Stewardship Committee for HKNP rise from in-camera session at 9:41 a.m.
Moved: Councillor Riel
Seconded: Dr. Stelzer
Motion carried: (2025-027-SC)

13. Date, Time, and Place of the Next Meeting

Stewardship Committee members discussed the possible need to meet prior to the September 11th scheduled HKNP Board of Health meeting. Documents requested (actioned) during this meeting will be circulated via email.

The next meeting of the HKNP Stewardship Committee will be decided via Poll, circulated by email, at a later date.

14. Adjournment

The meeting was adjourned at 9:54 a.m.

MOTION:
That the Stewardship Committee for the Haliburton Kawartha Northumberland Peterborough Health Unit be adjourned at 9:54 a.m.
Moved: Dr. Stelzer
Seconded: Mr. Marshall
Motion carried: (2025-028-SC)