

# Windsor-Essex County Board of Health Regular Board Meeting Minutes

September 21, 2017 – 4:00 pm  
1005 Ouellette Avenue, Room 1A  
Windsor, Ontario

## Board Members Present:

Mr. Gary McNamara, Chair  
Mr. Joe Bachetti  
Mr. Richard Meloche  
Mr. Gordon Queen  
Mr. Ed Sleiman

Mr. Mark Carrick, Treasurer  
Mr. Paul Borrelli  
Mr. Hilary Payne  
Mr. John Scott

## Board Member Regrets:

Dr. Ken Blanchette, Vice-Chair  
Dr. Carlin Miller

Mr. Bill Marra  
Ms. Michelle Watters

## Administration Present:

Ms. Theresa Marentette, Board Secretary  
Ms. Nicole Dupuis  
Ms. Kristy McBeth

Dr. Wajid Ahmed  
Ms. Lorie Gregg  
Ms. Lee Anne Damphouse

## Administration Regrets:

Dan Sibley

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### 1.0 Call to Order

Board Chair, Gary McNamara, called the meeting to order at 4:00 p.m.

### 2.0 Announcements of Conflict of Interest

None declared.

### 3.0 Agenda Approval

The agenda was approved, and quorum was officially met.

It was moved

**That the agenda be approved.**

**CARRIED**

### 4.0 Approval of Minutes

**4.1 Regular Board Meeting:** June 15, 2017

It was moved

**That the meeting minutes presented be approved.**

**CARRIED**

### 5.0 Presentations

**5.1 Report on the Minister's Expert Panel (G. McNamara, Board Chair)**

G. McNamara, WECHU Board Chair, and member of the Minister's Expert Panel, provided some context on the Expert Panel's Report.

**Background:**

- Public health is distinct from the LHIN and public health boundaries do not currently align with the LHIN's in the majority of cases
- Under the new Patient's First legislation there are requirements for formal linkages between the LHIN's and public health for population health planning
- Public Health Boards provide strategic direction, governance structure, and do not involve themselves in the day-to-day operations, ultimately the responsibility of senior public health staff
- Currently there are 36 Boards of Health across Ontario, most with an autonomous or semi-autonomous board, with local municipal officials acting as Board of Health members – the WECHU Board of Health operates as an autonomous Board

**Expert Panel's Report and Recommendations:**

- Establish 14 regional public health entities – the 36 health units would merge into 14 new entities across Ontario
- New boundaries would align with LHIN boundaries, not municipal
- With this change comes a new governance model – all new Boards of Health would be free standing autonomous boards (1 disadvantage of the autonomous board is it may reduce the degree of integration of public health services)
- Board appointees should reflect the communities in which they serve, have the right mix of skills competence and diversity, and their qualifications should come with experience and be skills-based (this could become a challenge for elected officials sitting on boards)
- Changes would also occur to the structure and reporting relationship between staff and boards:
  - A Regional office with a CEO reporting to the Board, providing oversight to the organization
  - The Regional MOH reporting to the Board only on matters of health and safety
  - Under each Regional entity would be local health entities with a local MOH, and local public health programs and services
  - The local MOH would report to the Regional MOH
- This will not be a simple process – there will be numerous things to consider, i.e. labour relations issues, collective agreements, severance packages, and the human factor
- AMO is looking at community impacts at the local level and will make recommendations to the province in October
- With an election coming next year this is likely a 2-3 year venture and a considerable change in terms of how public health will be governed
- The government is looking for efficiencies – 50% of the treasury is consumed by healthcare, approximately \$55 – \$60 billion
- Public health linkages to the LHIN are important – there needs to be a greater awareness of who each other is, and how we can have a better relationship to work collectively together

**5.2 Emergency Preparedness – IMS and Emergency Response Plan (Dr. W. Ahmed) –  
(Deferred to October 19 Board Meeting)**

### Update: West Nile Virus (Dr. W. Ahmed)

The West Nile Virus was first discovered in Windsor in 2002 and is commonly spread to people by mosquito bites. The MOHLTC started the WNV surveillance program in 2002 – the same year that the first human case was confirmed. Most people infected have no symptoms – less than 20%. Symptoms such as mild fever, joint pain, vomiting, rash and body aches could be mistaken as other viruses or illnesses. Many people do not visit their doctor with these types of symptoms so this may not be an accurate percentage. Individuals with severe symptoms, roughly 1%, may develop serious neurologic illnesses such as encephalitis or meningitis. Recovery from such severe diseases could take months and can be fatal. WNV deaths in Windsor-Essex County have risen with 1 in 2007, 1 in 2012 and 3 in 2017. There have been no WNV deaths anywhere else in Ontario. Individuals with a weakened immune systems, or if over the age of 65, should seek medical care if they show signs of symptoms suggestive of this virus.

The WECHU has sent out numerous communications through media releases to the community encouraging personal protective measures – avoid being outside at dusk and dawn, using repellent with DEET, wearing light coloured clothing and eliminating any standing water on properties. Mosquitos are attracted to standing water – they lay their eggs on top of the water and, as temperatures increase, the eggs mature.

The WECHU works closely with municipalities in our region, under HPPA, Ontario Regulation 199/03 and has contracted the surveillance and control of the WNV to an outside service provider. Control includes weekly surveillance using 20 CDC light traps, at least 3 rounds of larviciding and catch basin treatments throughout the city and the county. WECHU receives weekly reports and an analysis of mosquitos captured in traps. Another species of mosquito was recently discovered in our region, not normally found in Ontario. The severity of WNV can change each year depending on the amount of rain and temperatures in the region.

It was moved

**That the presentations be received for information.**

**CARRIED**

## **6.0 Consent Agenda**

It was moved

**That the reports listed on the Consent Agenda as Items 6a) to 6e) be received for information.**

**CARRIED**

## **7.0 Reports and Questions – None**

## **8.0 Business Arising**

### **8.1 Accreditation – Presentation (T. Marentette/K. McBeth)**

Administration presented the framed Bronze Accreditation Status with Excellence Canada that the WECHU was successful in obtaining. T. Marentette thanked the Board of Health, and acknowledged WECHU management and staff for their commitment and time in achieving this.

Special acknowledgement went to K. McBeth, M. Frey and A. Kirby who were an essential part in the submission of the application. Board Chair, G. McNamara, accepted on behalf of the Board of Health and commended staff for their hard work.

## **8.2 Risk Management – Framework, Heat Map, Risk Registry (L. Gregg)**

Last September, L. Gregg did a presentation on Risk Management to the Board of Health. Since last fall, the WECHU Leadership Team has deliberated on the Risk Registry. There were a total of 32 risks identified: 2 identified as high risk, 23 identified as moderate risk, and 7 identified as low risk. The Leadership Team will embark on a reporting process to update specific risks. Going forward, WECHU's Planning and Strategic Initiatives Group will maintain, monitor and report on the Risk Registry. A Risk Management Report will be provided to the Board every 2 years. It was moved

**That the Risk Registry presented to the Board of Health be Adopted.**

**CARRIED**

## **8.3 Project Governance Committee Update (T. Marentette)**

A Project Governance Committee meeting was held prior to today's Board meeting. Administration noted that the project is on hold until further notice, pending the Ministry's decision on recommendations from the Ministry's Expert Panel Report. It was moved

**That the information be received.**

**CARRIED**

## **9.0 Media Coverage – Circulated**

## **10.0 Board Correspondence – Circulated**

## **11.0 New Business (30 min)**

### **11.1 Board of Health 2017 Competency Based Self-Evaluation – Presentation (K. McBeth)**

Administration presented the Board of Health Competency Based Self-Evaluation, the focus being on the Board of Health members' individual competencies. As dictated in our By-laws, and heavily noted in the proposed new standards, Board members will evaluate their own competencies which will provide information on possible gaps in Board composition. The WECHU Board of Health will receive the survey link on Monday, September 25 via email where they will have the opportunity to score themselves under 13 different categories. The timeline for completion is October 20. Participation from the Board last year was 100%. Individual survey results will not be shared as part of any Board package, instead we will see cumulative competencies of the Board together at the November Board of Health meeting. Board members can request to see how they rate and where they fall against the aggregate score of the Board. A Competency Matrix will be prepared which can be utilized during Board education sessions in summer, as well as for potential candidates. Surveys will be done annually.

It was moved

**That the Board receive.**

**CARRIED**

- 11.2 Q2 Operational Plan Report (K. McBeth)**  
Administration brought forth the Q2 Operational Plan Report noting that there are 32 activities in motion – 23 on target, 4 completed and 5 variances.  
It was moved  
**That the Board receive.**  
**CARRIED**
- 11.3 2016 Annual Report (K. McBeth)**  
WECHU’s 2016 Annual Report was presented for information.  
It was moved  
**That the Board receive.**  
**CARRIED**
- 11.4 WECHU Presentation to County Council (T. Marentette/N. Dupuis)**  
Administration advised that T. Marentette and N. Dupuis provided a presentation to County Council on September 20 on WECHU programming.  
It was moved  
**That the information be received.**  
**CARRIED**
- 11.5 2018 Budget (L. Gregg)**  
Administration advised that they are currently compiling the 2018 Budget. Once completed, the 2018 Budget will be brought to JBEC for approval, then ultimately to the Board as a whole for approval in December.  
It was moved  
**That the 2018 Budget be received.**  
**CARRIED**
- 12.0 Board of Health Resolutions/Letters**
- 12.1 Health Promotion Resource Centre Funding** – Letter from Leeds, Grenville & Lanark District Health Unit to Minister Eric Hoskins to reconsider eliminating the funding for Health Promotion Resource Centres (N. Dupuis) – For Support  
It was moved  
**That the Board support.**  
**CARRIED**
- 13.0 Committee of the Whole (CLOSED SESSION) in accordance with Section 239 of the Municipal Act**  
It was moved  
**That the Board move into Committee of the Whole at 5:06 pm**  
**CARRIED**  
It was moved  
**That the Board move out of Committee of the Whole at 5:09 pm**  
**CARRIED**
- 14.0 Next Meeting:** At the Call of the Chair or **October 19, 2017 @ 4:00 pm** in Leamington

**15.0 Adjournment**

The meeting adjourned at 5:28 pm

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**RECORDING SECRETARY:**

**SUBMITTED BY:**

Acting CEO, Director of Health Protection  
and Chief Nursing Officer, Board Secretary

**APPROVED BY:**

Chairperson