

BOARD OF HEALTH MEETING

Wednesday, March 27, 2024

11:00 a.m. to 12:30 p.m.

**Please note there will be a
Closed Session
at the beginning of the meeting**

To ensure a quorum we ask that you please
RSVP to
clovell@hpeph.ca or 613-966-5500, Ext 231

Hastings Prince Edward Public Health 2019 - 2023 Strategic Plan

Our Vision

**Healthy Communities,
Healthy People.**

Our Mission

**Together with our communities,
we help people become as
healthy as they can be.**

Our Values Show We CARE



Collaboration



Advocacy



Respect



Excellence

Our Strategic Priorities



**Community
Engagement**



**Staff
Engagement
and Culture**



**Population Health
Assessment and
Surveillance**



**Program
Standards**



**Health
Promotion**



BOARD OF HEALTH SPECIAL MEETING AGENDA

Wednesday, March 27, 2024 from 11:00 am to 12:30 pm

1. CALL TO ORDER

2. LAND ACKNOWLEDGMENT (Board Chair to speak full version)

Hastings Prince Edward Public Health is situated and provides services on the traditional territory of the Anishinaabe, Huron-Wendat and Haudenosaunee people.

3. DISCLOSURE OF PECUNIARY INTEREST AND THE GENERAL NATURE THEREOF

4. APPROVAL OF THE AGENDA

5. CLOSED SESSION

THAT the Board of Health convene in closed session for the purposes of a discussion as it relates to Section 239(2) of the Municipal Act, and more specifically, (k) a position, plan, procedure, criteria or instruction to be applied to any negotiations carried on or to be carried on by or on behalf of the municipality or local board.

6. MOTIONS ARISING FROM CLOSED SESSION

7. NEW BUSINESS

- 7.1 Correspondence – Funding for The Bridge Hub
- 7.2 Overview of Feasibility Study
- 7.3 Overview of Business Case
- 7.4 Intent to Merge

[Schedule 7.1](#)

[Schedule 7.2](#)

[Schedule 7.3](#)

[Schedule 7.4](#)

8. DATE OF NEXT REGULAR MEETING – Wednesday, May 1, 2024

9. ADJOURNMENT



Main Office – Belleville

179 North Park Street, Belleville, ON K8P 4P1
T: 613-966-5500 | 1-800-267-2803 | **F:** 613-966-9418
TTY: 711 or 1-800-267-6511
hpePublicHealth.ca

March 27, 2024

Honourable Doug Ford
 Premier of Ontario
 Legislative Building, Queen's Park
 Toronto ON M7A 1A1

Via email: doug.fordco@pc.ola.org

Dear Premier Ford:

Re: Support for The Bridge Hub in Belleville

Hastings Prince Edward Public (HPEPH) is committed to supporting improved health outcomes for people who use drugs as an equity deserving population in our region. The proposed Bridge Integrated Care Hub (The Bridge) in Belleville aims to provide basic supports and services for individuals experiencing homelessness including showers, washrooms, laundry, food, and more. The Bridge also aims to provide primary health care, addictions medicine – including treatment and counselling, and harm reduction, and will help fill longstanding gaps in the community, providing one solution to support people who use drugs.

People who use drugs are an important priority population in Hastings and Prince Edward Counties. The team at HPEPH supports this population through delivery of the Ontario Public Health Standards including the Harm Reduction and Health Equity Guidelines. HPEPH is represented on the Bridge Steering Committee and is a supporting partner to the memorandum of understanding for the drop-in currently at Bridge Street United Church.

Staff at HPEPH have been working to address the health inequities this population experiences prior to the attention drawn to the region following the State of Emergency declared by the City of Belleville in February 2024. The City of Belleville and surrounding areas have seen a trend of increased drug poisonings and suspected drug deaths which has reinforced the need for immediate government support that addresses both the immediate needs of this population, as well as investment in upstream interventions to reduce risk of mental health and addictions challenges. The Bridge aims to address immediate health and social needs of this population by providing

.../2

North Hastings

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T: 1-800-267-2803 | **F:** 613-332-5418

Prince Edward County

Suite 1, 35 Bridge St., Picton, ON K0K 2T0
T: 613-966-5500 | **F:** 613-476-2919

Quinte West

499 Dundas St. W., Trenton, ON K8V 6C4
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substance use services supports, which is one element of the Canada Drug and Substances Strategy (2023) and are glaringly lacking in our region.

As an Integrated Care Hub, the primary intent of The Bridge is to provide comprehensive service delivery for individuals experiencing homelessness in Belleville and surrounding communities. As part of this model, harm reduction and addictions services will help address the current gap in supports and services for people who use drugs in our region. On behalf of the Hastings Prince Edward Board of Health, I would like to emphasize our full support for provincial investment towards ongoing operations of this important community initiative.

Sincerely,

Janet C. O'Neill, Board Chair
Hastings Prince Edward Board of Health

Board of Health Briefing Note

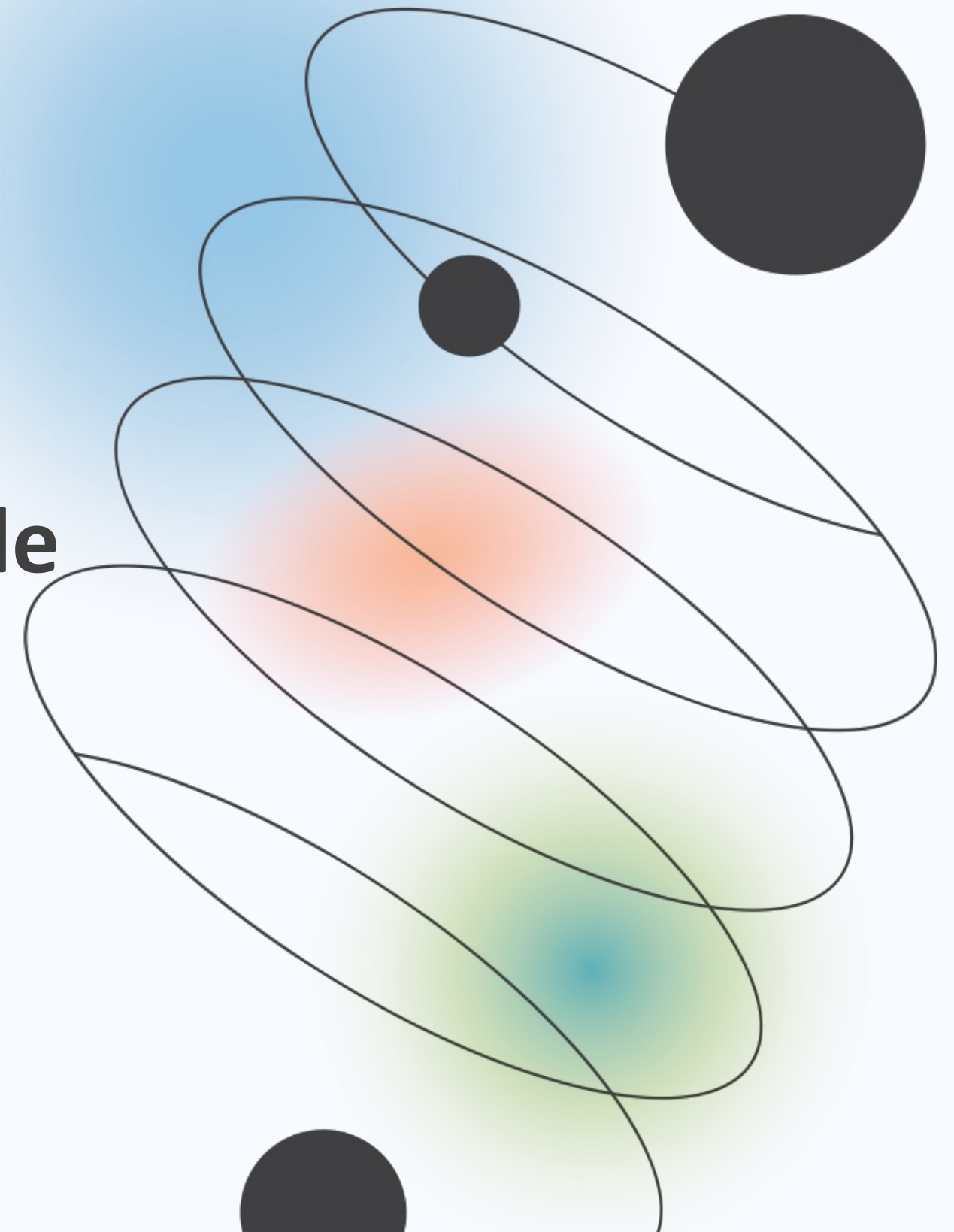
To:	Hastings Prince Edward Board of Health
Prepared by:	Dr. Ethan Toumishey, Medical Officer of Health and CEO
Date:	Wednesday, March 27, 2024
Subject:	Overview of Feasibility Study
Nature of Board Engagement	<input checked="" type="checkbox"/> For Information <input type="checkbox"/> Strategic Discussion <input type="checkbox"/> Board approval and motion required <input type="checkbox"/> Compliance with Accountability Framework <input type="checkbox"/> Compliance with Program Standards
Action Required:	No action required.
Background:	<p>In August 2023 the Ministry of Health introduced their Strengthening Public Health initiative with the goal being <i>to optimize capacity, stability and sustainability in public health and deliver more equitable health outcomes for Ontarians</i>.</p> <p>One of the strategies included in this initiative is voluntary mergers between local public health agencies (LPHAs) through a time-limited voluntary, sector-driven process with the promise of providing one-time transition and stabilization costs to support this change.</p> <p>In October 2023, the Ministry of Health issued a further document detailing desired outcomes and objectives to support voluntary mergers. Within the Key Milestones is the opportunity to request in-year funding for feasibility planning.</p> <p>With this in mind, Hastings Prince Edward Public Health (HPEPH) along with its two neighbouring LPHAs, Kingston, Frontenac Lennox & Addington Public Health (KFLA) and Leeds, Grenville, Lanark and District Health Unit (LGL), hired the consulting firm of Sense and Nous to conduct a feasibility assessment between the three health units. The Board of Health approved a motion at its October 4, 2023 meeting to further explore the proposed merger.</p> <p>Attached is an overview of the Merger Feasibility report dated March 2024.</p>



Hastings Prince Edward Public Health, Kingston, Frontenac and Lennox & Addington Public Health, Leeds, Grenville and Lanark District Health Unit

Merger Feasibility – Public Summary Report

March 2024



This Merger Feasibility report outlines the results from a merger feasibility exercise conducted by Hastings Prince Edward Public Health (HPE), Kingston, Frontenac and Lennox & Addington Public Health (KFLA), and Leeds, Grenville and Lanark District Health Unit (LGL).

To assist in the decision-making process, strategic opportunities and challenges associated with the proposed merger are also identified based on Sense and Nous' collective merger/policy experience in the broader public sector in Ontario.

Organizational Snapshot

Schedule 7.2

	KFLA	LGL	HPE
Employees	<ul style="list-style-type: none">223 employees<ul style="list-style-type: none">163 are permanent full-time14 are permanent part-time17 are temporary (10 F/T; 7 P/T)29 are casual	<ul style="list-style-type: none">160 employees<ul style="list-style-type: none">116 are permanent full-time17 are permanent part-time11 are temporary (10 F/T; 1 P/T)16 are casual	<ul style="list-style-type: none">140 employees<ul style="list-style-type: none">129 are permanent full-time4 are permanent part-time7 are casual
Union Representation	<ul style="list-style-type: none">CUPE-6 (N=58)CUPE-12 (N=113)OPSEU (N=16)Non-Union (N=36)	<ul style="list-style-type: none">CUPE (N=76)ONA (N=53)Non-Union (N=31)	<ul style="list-style-type: none">CUPE (N=68)ONA (N=45)Non-Union (N=27)
Budget Size (approx.)	2024 Budget <ul style="list-style-type: none">\$20.5 million	2024 Budget <ul style="list-style-type: none">\$14.0 million	2024 Budget <ul style="list-style-type: none">\$17.9 million
Population Served (2021)	206,962	179,830	171,450
Geographic Coverage	Appx. 6,600 km ² - 31.4 persons/ km ²	Appx. 6,342 km ² - 28.4 persons/ km ²	Appx. 7,000 km ² - 24.5 persons/ km ²

Voluntary Merger Policy

The Ministry of Health (‘Ministry’) expressed the importance of a locally driven merger approach. As such, the Ministry seeks to examine merger Business Cases based on the articulated merits and provide approvals or convene further dialogues. For Health Units not submitting Business Cases, the Ministry has stated that they will meet with these Health Units to examine the rationale before taking further actions, as the Chief Medical Officer of Health alluded to.

The Ministry expressed an interest in how the proposed merger aligns with the geographic boundaries of the local partners (e.g., school boards and health care providers) as well as the local residents' travel patterns. These will play an additional role in demonstrating the merits of a merger when the current combined population exceeds the 500,000 mark.

Merger Funding Support

The Ministry has obtained funding approval to support the merger transitional process for up to three years; hence, the design of the Business Case template. The funding support can cover all merger-related costs, such as system migration costs, levy equalization, etc. However, the Ministry will be working within a fixed funding envelope from the Treasury Board, and there will most likely be a limitation; as such, merging PHUs should be aware of the possibility of funding requests not being fully met. Additionally, the Ministry is keenly aware of the fact that some merger costs will continue beyond the three-year timeline (e.g., wage harmonization, levy equalization) and has a strong intention to continue to support merged health units through the revision of the funding model. At the end of the day, the Ministry expects a reasonable and fiscally prudent approach to fund the merger transitional process.


Funding Envelope

As with previous mergers (i.e., Southwestern Public Health and Huron Perth Public Health), the Ministry intends to preserve the existing funding envelope and combine the funding should a merger proceed. It will be up to the merged health unit to determine where best to reinvest some of the duplicative resources, and this is an opportunity to strengthen the organizational/programmatic capacity through a merger process.

Other Parallel Policy Streams

At the time of this report, the Ministry’s work on the new funding formula and the revision of the Ontario Public Health Standards are still in the developmental phase. The merger outcomes will inform the other policy streams (and vice versa). However, Sense and Nous articulated in a consultation that the outcomes of the funding formula and the OPHS revision represent significant changes to local health units. Having just experienced a global public health crisis, it was advocated that the parallel streams should enable, support and serve as incentives for voluntary mergers and strengthen the public health system.

The Ministry has announced support for voluntary mergers unseen in Ontario's public health sector in the last decade. The Ministry intends to partner with the local health units and understands the longer-term implications of mergers, such as wage harmonization costs and change burnout on public health staff. The combined population size already exceeds the Ministry’s definition of the requisite population size for critical mass. No significant barrier to the proposed merger.

<div>  </div> <div>Commonalities</div>	<div>Schedule 7.2</div> <div>Community Overview</div>		
	KFLA	LGL	HPE
	Aging population		
	All three PHUs serve communities with significant and growing populations of seniors (65+) who experience a greater burden of disease from infections and a higher rate of injury related to falls.		
	Access to health services		
	In all regions, a significant percentage of the population lives in rural communities with limited access to transportation, communication, or health services.		
	Perinatal health and early childhood development		
	The PHUs prioritize supporting early childhood development, including the promotion of both physical and mental health, especially in regions with elevated risk factors for poor childhood development.		
	School health		
	Local school boards have long-standing MOUs/relationships with the local PHUs on creating and ensuring healthy school environments and school communities that contribute to the overall well-being of children and youth.		
	Poverty, housing and food insecurity		
	In the three communities, economic disparities are shared concerns, with a similar portion of the populations considered low-income and struggling to pay for rent, bills and healthy food.		
	Healthy environments and safe water		
	All three PHUs have substantial risks from waterborne enteric diseases and elevated rates of Lyme disease.		
	Health equity		
	There is a shared commitment across the PHUs to address health equity in their communities, with significant overlap in the identified priority populations.		
	Mental health		
	In each PHU, mental health promotion is a focus area. The three PHUs recognize the interlinkages between mental health and social determinants of health in their programming.		
	Substance use		
	Substance use prevention and harm reduction are public health issues for the three PHUs, particularly amongst priority populations, due to the increase in the number of opioid-related overdoses and deaths, along with elevated rates of tobacco use.		
	Healthy sexuality		
	Promoting healthy sexuality and safer sexual practices is a priority for all three PHUs.		

Potential Benefits

- With the proposed merger, the resulting Board of Health represents a vast geography with diverse local needs (e.g., rural and urban needs). The new Board of Health is expected to have a greater voice in government relations, advocacy, and coordination with peer PHUs in Ontario.

All PHUs have the same funding apportionment structures (population-based approach). A governance structure has been proposed by the three Boards of Health, and levy-related decisions can be handled through iterative discussions between the three Boards of Health. The top risks identified share many similarities between PHUs. The differences in financial control are not significant and can be rationalized at the "design" stage of the merger.

No significant barrier to the proposed merger.

Potential Benefits

- Incremental cost efficiencies as contracts are rationalized. However, no significant cost savings are expected. As a result, marginal efficiencies may be gained in the function of contract and vendor management.
- The IT-related contracts directly demonstrate the synergies that can be realized by the proposed merger.

The PHUs already share a number of collaborative agreements demonstrating a high degree of readiness for the proposed merger. One health unit is facing a number of legal claims (with low claim amounts) due to a now - divested program; this represents a material and financial risk to the proposed merger. Additionally, the IT contracts show considerable synergies that can be achieved through the proposed merger.

There is a minor barrier to the proposed merger.

Potential Benefits

- Greater organizational capacity to manage fiscal constraints and future funding uncertainties.
- Strengthen the organization’s financial sustainability and financial health.
- Ability to spread capabilities from one Health Unit to another (e.g., workflow automation, ERP capability from SparkRock).

The PHUs share significant financial characteristics, including their financial challenges over the provincial funding policy and the burden of COVID-19. The merger is an opportunity to strengthen the overall financial position. There is no barrier to the proposed merger.

Potential Benefits

- Bringing together the communications departments at each PHU will allow for innovation and collaboration. Reviewing and exploring each communication style and outputs will allow the newly merged PHU to employ best practices and communicate their services to the communities they serve best.
- Leveraging robust and comprehensive policies and procedures and employing them across the newly merged PHU will allow for alignment and clear directions for branding efforts.
- A strong communications team will be crucial in pushing forward the public communications campaign to ensure continuity of services for the public. In addition, internal communications must be strengthened to ensure a sense of unity and culture are preserved throughout the merger.

All PHUs have compatible and diverse skills, enabling them to effectively manage extensive rebranding efforts and a public communications campaign. No barrier exists to amalgamation.

Potential Benefits

- The absence of long-term contracts will allow the newly merged PHU to review and select the ideal software for widespread use.
- The in-house IT support from all PHUs will provide optimal support in user adoption and uptake of expanded software.
- The adoption of uniform software systems, like those mandated by the Ministry or the shared EMS, simplifies the learning process for staff and supports the amalgamation of data. Furthermore, this period of change presents a prime opportunity to remedy any shortcomings in essential software through potential new investments, thereby enhancing corporate operations with comprehensive systems for asset management and human resources information.

The absence of long-term contracts, the desire to adopt more efficient software and the in-house IT support will allow for seamless integration and support. No significant barriers to the proposed merger.

Potential Benefits

- Strengthened expertise with a larger and more diverse pool of talent and skills, more opportunities for program staff for growth and development and greater capacity to tackle program planning and absorb/manage upcoming changes to the OPHS.
- Back up and support single-incumbent roles and participation in key working groups/tables.
- As many programs are resuming after COVID-19 disruptions, the merger offers an opportunity to examine how service delivery can be enhanced.
- A high degree of alignment on strategic priorities will result in a lower barrier to program harmonization.
- Enhance infrastructure to support better programming.

There are some programmatic benefits that can strengthen the areas in which the health units historically face shared challenges in the local communities. There is already a high degree of collaboration between the health units; program harmonization effort will be lower than otherwise. While the staff integration effort is among the highest across all functions, it is a necessary investment of time and effort to build the new health unit on a solid foundation of collaboration. No major barriers to a possible merger have been identified.

Merger Opportunities and Challenges

Strategic Opportunities

Ability to pursue non-mandated opportunities to implement programs (e.g., federally funded, institutionally funded, etc.) to address unmet public health needs locally.

Ability to increase public understanding of the value of public health through a unified regional voice to the public.

The degree of financial support from the Ministry has been unseen in recent history, especially given the current government's austere approach to the Health portfolio.

Greater organizational capacity through reinvestment to better weather future disruptions or changes (e.g., public health crisis, revision to OPHS, etc.) and minimize the risk of single-incumbent roles.

Injection of funds to invest in one-time upgrades to permanently enhance the staff's ability to deliver programs and services.

Strategic Challenges

Funding uncertainty with redesigning the funding formula and coverage for ongoing costs from the merger while wanting to minimize the impact on ratepayers.

COVID placed a significant strain on PHU staff. Need to support staff wellness and organizational culture in the face of upcoming changes (i.e., OPHS revision and changes in funding formula, both of which are provincially-led and independent of the merger exploration).

Limited or reduced ability to address local needs through ongoing budgetary constraints and inflationary costs with existing capacity (e.g., multiple PHUs have laid off staff due to financial pressure)

Retaining key staff through the critical first few years post-merger.

Important but potentially challenging discussions between the BOHs on the approach to handling different funding levels as the PHUs currently have different per capita funding level.

Conclusion

- Across the broader public sector, the level of financial support shown by the Ministry of Health to support public health mergers is unseen in our collective experience. The environment for a merger is the most supportive S&N has seen.
- Base budget increases typically come from agencies first demonstrating a willingness to support policy directions (e.g., pilot projects, implementing policies). These agencies are viewed favourably and may have more opportunities for future investments from the Government.
- Due to a longstanding history of collaboration and working with the same local partners, the PHUs are on a solid footing for a merger and are expected to gain efficiencies, which can then be reinvested in services.
- With limited capacity, a PHU can only (and reasonably) focus on mandated programs and leave additional local needs unmet. A merger may provide a greater capacity, which is an opportunity to think "upstream" and potentially have a greater local impact.

Board of Health Briefing Note

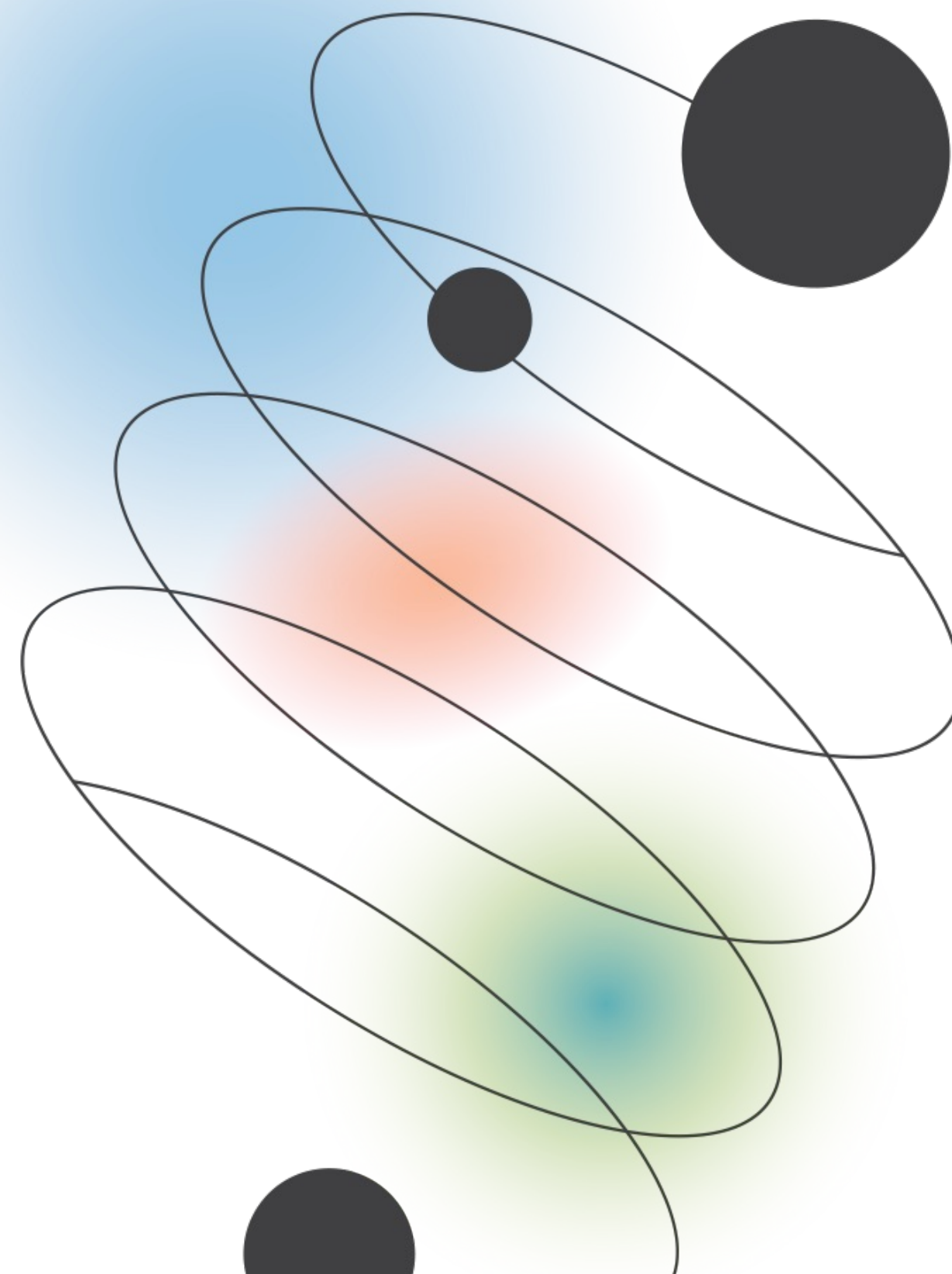
To:	Hastings Prince Edward Board of Health
Prepared by:	Dr. Ethan Toumishey, Medical Officer of Health and CEO
Date:	Wednesday, March 27, 2024
Subject:	Overview of Business Case Preparation
Nature of Board Engagement	<input checked="" type="checkbox"/> For Information <input type="checkbox"/> Strategic Discussion <input type="checkbox"/> Board approval and motion required <input type="checkbox"/> Compliance with Accountability Framework <input type="checkbox"/> Compliance with Program Standards
Action Required:	No action required.
Background:	<p>In August 2023 the Ministry of Health introduced their Strengthening Public Health initiative with the goal being <i>to optimize capacity, stability and sustainability in public health and deliver more equitable health outcomes for Ontarians</i>.</p> <p>One of the strategies included in this initiative is voluntary mergers between local public health agencies (LPHAs) through a time-limited voluntary, sector-driven process with the promise of providing one-time transition and stabilization costs to support this change.</p> <p>In October 2023, the Ministry of Health issued a further document detailing desired outcomes and objectives to support voluntary mergers. As outlined by the Ministry of Health, a business case to support a proposed merger would be due for submission April 2, 2024.</p> <p>Hastings Prince Edward Public Health (HPEPH) along with its two neighbouring LPHAs, Kingston, Frontenac Lennox & Addington Public Health (KFLA) and Leeds, Grenville, Lanark and District Health Unit (LGL), hired the consulting firm of Sense and Nous to assist in the preparation of a business case regarding a potential merger between the three health units.</p> <p>The following presentation will give an overview of this business case in principle.</p>



Hastings Prince Edward Public Health, Kingston, Frontenac and Lennox & Addington Public Health, Leeds, Grenville and Lanark District Health Unit

Business Case Brief – Public Summary

March 21, 2024



This briefing outlines the results from the collaborative effort of Hastings Prince Edward Public Health (HPE), Kingston, Frontenac and Lennox & Addington Public Health (KFLA), and Leeds, Grenville and Lanark District Health Unit (LGL) in developing the Business Case Submission to the Ministry of Health. The content also draws from the merger feasibility report.

This briefing summarizes the salient rationales and key proposals to be considered by the Ministry as part of the Business Case.

Rationale for Merger

- The proposed merger is logical and builds on a long-standing history of working together.
- Geographically, there are many shared characteristics (e.g., a mix of rural and urban populations) and shared public health needs and challenges in serving local populations.
- Similar governance structures and approaches.
- Shared community partners for local service delivery and collaboration.
- Gaining greater organizational capacity to support effective public health programming.
- Strengthened human resources, allowing for opportunities for backup, development of specialized expertise, and ability to respond to future public health emergencies.
- Achieving the critical mass of optimal population size of 500,000
- Absence of significant merger barriers as concluded by the merger feasibility study.

System Alignment and Partnerships

- There are community hospitals in the region served by the health units. For secondary and tertiary care, it is common for most local residents in the region to access these services at the Kingston Health Sciences Centre in the City of Kingston.
- Local communities have low primary care attachment rates due to physician shortage, thus the role of the health unit plays an important role in meeting local health needs.
- Merger geography aligns with Ontario Health East Region. The geography also aligns with the local Ontario Health Teams:
 - Frontenac, Lennox & Addington OHT
 - Hastings Prince Edward OHT
 - Lanark, Leeds and Grenville OHT
- Shared local school boards between the merging health units are:
 - Algonquin and Lakeshore Catholic District School Board
 - Hastings and Prince Edward District School Board
 - French Catholic School Board
 - Limestone District School Board
- As a new organization, there will be consistent, strategic engagement with primary care partners, OHTs, community service partners and municipalities.

Guiding Principles

- Sustainable - The capacity, talent pool and economies of scale to maintain services over the long term.
- Local - Responsive to local needs, adaptable, and able to rise to new challenges.
- People-first - Equitable services that put people first by supporting the particular needs of staff, residents and stakeholders
- Evidence-based - Public health that is research-based, informed by best practices and embraces continuous improvement

The Business Case aims to propose the following to the Ministry for acceptance.

Name of the Proposed New Entity*

Board of Health for the South East Health Unit

Geographic Boundaries

Geographic coverage includes the following municipalities:

- City of Belleville
- City of Brockville
- City of Kingston
- City of Quinte West
- County of Frontenac
- County of Lennox and Addington
- Hastings County
- Lanark County
- Prince Edward County
- Town of Gananoque
- Town of Prescott
- Town of Smiths Falls
- United Counties of Leeds and Grenville

Total size of 19,942 km²

*This is the proposed legal name of the entity. There may be a future opportunity to determine the operating name with a process that engages with our staff and stakeholders.

Governance Model

The Municipal Appointee seats would be as follows:

- City of Kingston: 2 representatives
- County of Frontenac: 1 representative
- County of Lennox and Addington: 1 representative
- The City of Belleville: 1 representative
- The City of Quinte West: 1 representative
- The County of Hastings: 1 representative
- The County of Prince Edward: 1 representative
- United Counties of Leeds and Grenville: 1 representative
- Lanark County: 1 representative
- Two rotational seats appointed by the municipalities of:
 - Brockville
 - Prescott
 - Gananoque
 - Smiths Falls

Potentially, up to 3 seats for provincial appointees. An additional 1 seat is reserved for an Indigenous representative.**

** The provincial appointment process and approach for mergers remain uncertain. The health units continue to engage with the Ministry for greater clarity.

With the Business Case submission, there is an opportunity to invest in local public health and transform public health over the 3-year transitional period. The following investment opportunities have been proposed in the Business Case for the Ministry's consideration.

Opportunities to Strengthen Public Health

- Capital Improvements: Modernize or transform capital assets to directly enhance services or minimize ongoing operational costs.
- Program Support Enhancements: Acquisition of tools (e.g., Electronic Medical Records) that were unavailable historically.
- Business Intelligence Integration: Enhance the overall business intelligence capacity to inform programming decisions.
- Equipment Upgrading: Modernize equipment to support operational efficiency and effectiveness.
- Program Evaluation: Ensures efficient and effective program delivery to meet local public health needs.
- Leadership Development and Coaching: Strengthens leadership competencies across the organization for greater accountability to succession planning.

The following outlines the types of merger-support requested in the Business Case submission. An iterative process with the Ministry is expected to ensure the requests is approved by the Ministry.

Merger-Support Category	Description
Capital Improvements/Acquisitions	Improvement of current facilities and invest in enhanced infrastructure to address historic gaps.
Communications	Public and stakeholder communications and engagement activities to inform of merger progress and for inputs.
Finance Harmonization	Harmonizing financial assets and financial management practices.
Governance Transition	Designing and implementing the new governance framework (e.g., bylaws, policies, etc.)
Infrastructure Harmonization	Harmonizing equipment and business intelligence infrastructure for compatibility and integrated operations.
IT Harmonization	Harmonizing all information systems, data, and core IT infrastructure (e.g., file systems, emails, etc.)
Legal Transition	Acquiring legal support for the merger implementation process.
Program Harmonization	Assessing programmatic differences, evaluating the impact of the revised OPHS and designing programs to be delivered by the merged health unit.
Overall Merger Management	Dedicated resources to oversee, coordinate, and manage all merger related activities to ensure activities are logically aligned and appropriately paced to minimize change fatigue and burnout.
Human Resources Transition	Supporting the transition related to human resources such as the design of the new organizational structure, harmonization of HR policies and procedures, and other HR related topics.
Human Resources Development	Invest in leadership and organizational competency and subject matter expertise to enhance capacity to deliver impactful and localized services.
Contribution Harmonization	Harmonization of existing differences in local contribution levels gradually.

Board of Health Briefing Note

To:	Hastings Prince Edward Board of Health
Prepared by:	Dr. Ethan Toumishey, Medical Officer of Health and CEO
Date:	Wednesday, March 27, 2024
Subject:	Intent to Merge
Nature of Board Engagement	<input type="checkbox"/> For Information <input type="checkbox"/> Strategic Discussion <input checked="" type="checkbox"/> Board approval and motion required <input type="checkbox"/> Compliance with Accountability Framework <input type="checkbox"/> Compliance with Program Standards
Action Required:	<p>MOTIONS:</p> <p>THAT Hastings Prince Edward Public Health (HPE) intends to merge with Kingston, Frontenac Lennox and Addington Public Health (KFLA) and Leeds, Grenville and Lanark District Health Unit (LGL) to create the South East Health Unit with the associated conditions as set out below; AND</p> <p>THAT the HPE Medical Officer of Health and CEO be directed to further collaborate with KFLA and LGL to complete a Voluntary Merger Business Case for submission to the Ministry of Health no later than April 2, 2024; AND</p> <p>THAT the HPE Merger Committee continue its cross-board engagement with KFLA and LGL, and report back regularly to the Board of Health on this matter at future meetings to enable subsequent Board of Health engagement and direction as the Board of Health may deem appropriate.</p>
Conditions:	<p>Said proposed merger is subject to the following conditions.</p> <ul style="list-style-type: none"> ▪ The Provincial Government approves the intended merger and the Board of Health of HPE in its sole discretion is satisfied that this approval will enable LGL, KFLA, and HPE to successfully complete the intended merger. ▪ The Provincial Government commits to provide funding requested in the Voluntary Merger Business Case to support the intended merger, including transition costs and business continuity/stabilization funding in amounts sufficient to ensure program and service delivery stability while change is underway and the Board of Health in its sole discretion is satisfied that this funding commitment will enable LGL, KFLA, and HPE to successfully complete the intended merger. ▪ The negotiation, due diligence, consultations, and merger implementation (including development of a sustainable operational budget) up until a legal merger do not identify any material issue that the Board of Health in its sole discretion determines will undermine its assessment of the benefits and drawbacks of the intended merger with KFLA and LGL such that the Board of Health no longer supports the intent to merge. ▪ The KFLA and LGL Boards of Health both express their respective intent to merge with HPE.

	Following completion of the above-noted conditions, the Board of Health will meet for a full report, deliberation, and decision-making regarding whether to proceed with the intended merger.
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