



Minutes of the Board of Health Regular Meeting
 Thursday, March 28, 2024
 Lanark Room
 458 Laurier Blvd.
 Brockville, Ontario
 4:00 pm – 6:12 pm

Present:

Peter McKenna, Chair	Richard Kidd
Toni Surko, 1 st Vice Chair	Anne-Marie Koiner
Robin Jones, 2 nd Vice Chair	Ruth Lockett
Stephen Bird	
Tory Deschamps	Linna Li, Medical Officer of Health
Jane Fullarton	Heather Bruce, Executive Assistant

Ginette Denford, Director, Finance and Administration	Susan Yates, Director and CNO, Clinical Services
Shani Gates, Director, Quality, Information, and People Services	
Rebecca Kavanagh, Director, Population Health	Darlene Clow, Sherry Craig, Dawn Waycik, Katie Jackson, Susan Healey, Julie Bolton, Paul Armstrong, Elaine Murkin

1. Call to Order

Peter McKenna called the meeting to order at 4:00 pm.

2. Traditional Land Acknowledgement Statement

Peter McKenna read the land acknowledgement statement.

3. Approval of the Agenda

The agenda items were reviewed and the Business Case Brief was added as item 7.1.4.

Motion: That the agenda of the March 28, 2024 Regular Meeting be approved as amended.

Motion Carried.

4. Conflict of Interest Declaration

None declared.

5. Consent Agenda

Motion: That the following items on the consent agenda be approved as circulated:

5.1. Approval of the Minutes from the Board of Health Regular Meeting held on February 22, 2024

5.2. General Correspondence

5.3. Duty of Care Report Summary

Motion Carried.

6. In-camera:

6.1. Strengthening Public Health:

The motion to move in-camera was read at 4:06 pm.

Motion: That this Board move into a closed session of the Board of Health due to the following:

- *Advice that is subject to solicitor-client privilege, including communications necessary for that purpose;*
- *A matter in respect of which a board or committee may hold a closed meeting.*

Motion Carried.

Motion: That this closed session adjourn and that the open meeting resume at 5:36 pm.

Motion Carried.

6.2. Report from In-camera:

Peter McKenna thanked staff for attending and advised that Dr. Li will provide a feasibility study summary (Item 7.1.1.).

Peter McKenna advised that KFLA and HPE have passed the same motion on an intent to merge. There are a number of steps between April and the fall to do further work required and this will come back to the board with regular updates. Toni Surko read the intent to merge motion.

A vote was taken and all members voted unanimously in support of the motion.

Motion: THAT: The Leeds, Grenville and Lanark District Health Unit (LGL) intends to merge with Kingston, Frontenac and Lennox and Addington Health Unit (KFLA) and Hastings and Prince Edward Counties Health Unit (HPE) to create the South East Health Unit, subject to the following conditions:

- *the Provincial Government approves the intended merger and the Board of Health of LGL 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 HPE such that the Board of Health no longer supports the intent to merge; AND

- *the KFLA and HPE Boards of Health both express their respective intent to merge with LGL.*

THAT: The LGL MOH/CEO be directed to further collaborate with KFLA and HPE to complete a Voluntary Merger Business Case for submission to the Ministry no later than April 2, 2024;

THAT: The LGL Merger Committee continue its cross-board engagement with KFLA and HPE, 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. Following completion of these matters, the Board of Health will meet for full report, deliberation, and decision-making regarding whether to proceed with the intended merger.

Motion Carried.

Peter McKenna thanked Dr. Li, Toni Surko, Robin Jones and Heather Bruce for their work at the Tri-Board.

Jane Fullarton spoke in support of the motion and the service provided to citizens of LGL by this health unit. Amalgamation will give us some opportunities for additional improvements and to have more support for our staff working in a larger team.

Peter McKenna advised that our partners in KFLA and HPE share a commitment to local services and rural communities. All have larger rural areas and they have been open to our suggestions and want to do the best for the population they are serving and it has been a real pleasure to work with them.

Tory Deschamps thanked the committee that has done so much work. By leveraging the strengths of all of the health units and enhancing rural service delivery this has potential for a positive impact on the health and wellbeing of our communities.

7. New Business:

7.1. Merger Exploration

7.1.1. Feasibility Study Summary

Linna Li advised that there is a feasibility study summary and a business case summary which will be posted on the website and publicly available. The feasibility summary is an assessment undertaken by Sense and Nous regarding the components of the organization for ourselves and the two named merger partners KFLA and HPE and the considerations as well as whether there are barriers and degree of barriers to merging.

7.1.2. Update from Tri-Board Merger Committee

7.1.2.1. March 4 Tri-Board Summary

For information.

7.1.2.2. March 19 Tri-Board Minutes

For information.

7.1.3. Business Case Overview

Motion: That the Board of Health endorse the business case submission in principle, which will be signed on behalf of the LGLDHU by the Board Chair and MOH/CEO.

Motion Carried.

Richard Kidd thanked the team for all of the work that they are about to do. There will be a lot of decisions to be made and it will be ongoing. We are in good hands going forward.

7.1.4. Business Case Summary

Linna Li advised that regarding the business case summary, there is a submission to the province if a merger is undertaken as to how we might consider implementing it and what key considerations we would put in place in the merger process. There is also a budget request to the province for this work.

7.2. MOH Verbal Report

Linna Li gave a power point presentation on the business case summary. (See Appendix #1) There are discussions and plans for engaging with Indigenous populations with merger discussions as well as community partners and there will be continued cross-board collaboration and discussion. At an operational level there have been meetings already and these will continue as well with a focus on some of the internal delivery structures that will need to be ready when a legal merger happens. There will need to be extensive staff engagement in this process.

One of the greatest risks is inadequate funding and resources. It is important to recognize that our staff are still recovering from an emergency phase of the COVID pandemic and a merger is another major change and additional workload. As well the Ontario Public Health Standards review is happening at the same time.

There are going to be a number of technical and practical challenges from an operational perspective and those will be important to manage down the road. We will be looking to leadership of the organization and staff within the three organizations to identify and collaborate on those elements.

Peter McKenna advised that the business case will be submitted to the province on Tuesday and the next Tri-Board meeting will be held on April 12.

8. Time, Date and Location of Next Meeting

The next meeting will be held on Thursday, April 18, 2024 at 4:00 pm.

9. Adjournment

Motion: That the meeting adjourn at 6:12 pm.

Motion Carried.

Peter McKenna, Chair

Date

Heather Bruce, Executive Assistant

Date

c: Board members

Business Case Summary

Linna Li – MOH/CEO

March 28, 2024



Outline

- Context
- Overview
- Provincial Objectives
- Other Key Information
- Funding Request



Outline

- Context
- Overview
- Provincial Objectives
- Other Key Information



Context

- Ontario's system is unique
- Multiple provincial reports
- Previous amalgamation plans by the province



Context

Three-pronged provincial strategy to optimize capacity, stability and sustainability in public health

- **Voluntary mergers**
- Review of Ontario Public Health Standards (e.g. roles and responsibilities)
- Review funding model



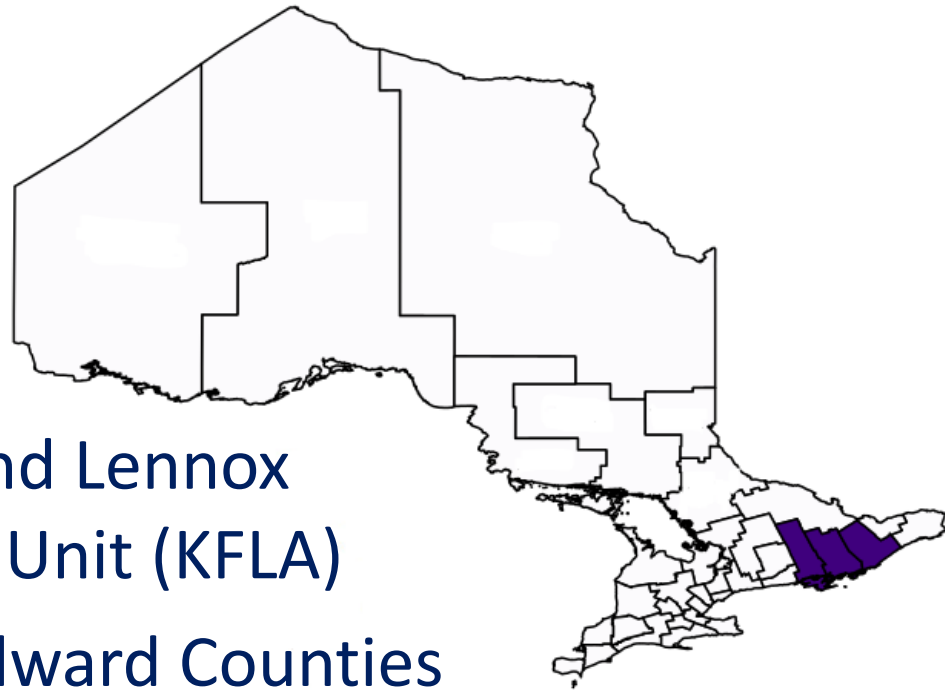
Outline

- Context
- **Overview**
- Provincial Objectives
- Other Key Information



Overview

- Merger of
 - Leeds, Grenville and Lanark District Health Unit (LGL)
 - Kingston, Frontenac and Lennox and Addington Health Unit (KFLA)
 - Hastings and Prince Edward Counties Health Unit (HPE)
 - New name (legal): South East Health Unit



Leeds, Grenville & Lanark District

HEALTH UNIT

Your Partner in Public Health

Overview

- **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



Overview

- Goals
 - Improve services overall
 - Empower the organization to thrive
 - Retain local and rural focus



Leeds, Grenville & Lanark District

HEALTH UNIT

Your Partner in Public Health

Overview

- Cross-Board engagement (Tri-Board Committee)
 - Feasibility assessment
 - Delegation to obligated municipalities
 - Discussion about governance and levy harmonization
 - Discussion about organizational design and leadership



Outline

- Context
- Overview
- Provincial Objectives
- Other Key Information



Provincial Objectives

- Objective #1: Optimizing Population Size and Characteristics
- Objective #2: Improving Organizational Performance
- Objective #3: Strengthening Leadership Structures
- Objective #4: Attracting, Retaining, and Developing a Skilled Workforce
- Objective #5: Alignment with System Partners
- Objective #6: Engagement and Alignment with Community Partners and Priority Populations



Outline

- Context
- Overview
- Provincial Objectives
- **Other Key Information**



Other Key Information

- Planning for Implementation
- Risk Assessment



Funding Request

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 staff 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.

QUESTIONS AND COMMENTS?



Leeds, Grenville & Lanark District

HEALTH UNIT

Your Partner in Public Health