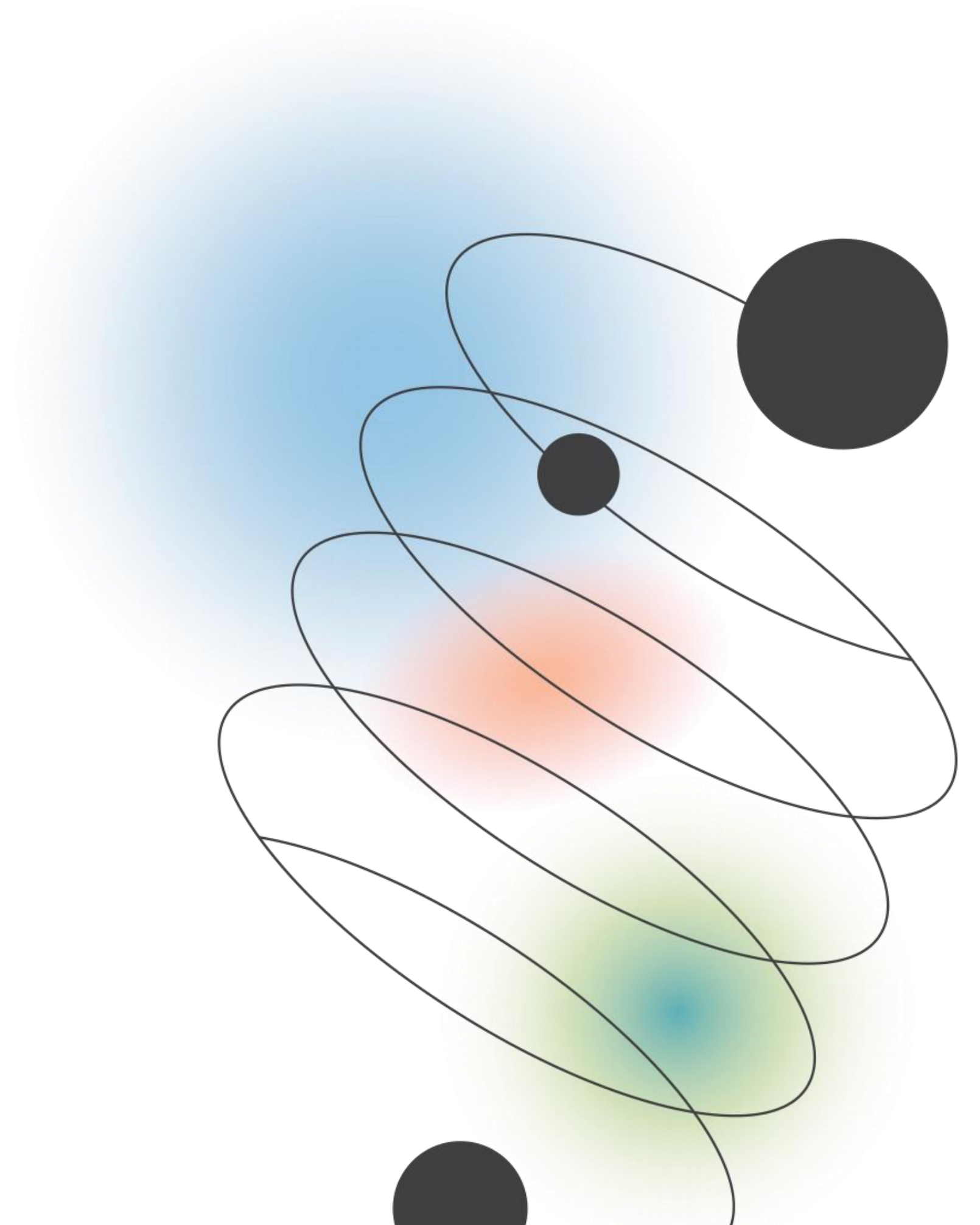




Hastings Prince Edward Public Health, Kingston, Frontenac and Lennox & Addington Public Health, Leeds, Grenville and Lanark District Health Unit

Business Case Brief – Public Summary

March 21, 2024



Introduction

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.

A Case for Merger

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 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
 - Ottawa West Four Rivers 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
 - Conseil des écoles publiques de l'Est de l'Ontario
 - Conseil des écoles catholiques du Centre-Est.
- 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

Key Proposals

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

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 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.**

*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.

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

Opportunity to Invest in Public Health

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.
- Development and Coaching: Strengthens leadership competencies across the organization for greater accountability to succession planning.

Request Summary

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 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.



Thank you!

We appreciate you considering Sense and Nous for this opportunity. We sincerely hope we can work together towards your objective.

For any questions, please contact us at:

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