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# South East Health Unit

formerly



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## BOARD OF HEALTH MEETING AGENDA PACKAGE

**WEDNESDAY, APRIL 23, 2025**

**at 10:00 a.m.**

**221 Portsmouth Avenue, Kingston**

**Microsoft Teams** [Need help?](#)

**[Join the meeting now](#)**

Meeting ID: 293 969 371 448

Passcode: 7nW3k3a7

**To ensure a quorum we ask that you please RSVP to  
[clovell@hpepha.ca](mailto:clovell@hpepha.ca) or 613-966-5500 Ext. 231.**

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**Hastings Prince Edward Public Health**  
179 North Park St.  
Belleville, Ontario K8P 4P1  
613-966-5500 | 1-800-267-2803  
Fax: 613-966-9418

**Kingston, Frontenac and Lennox  
& Addington Public Health**  
221 Portsmouth Ave.  
Kingston, Ontario K7M 1V5  
613-549-1232 | 1-800-267-7875  
Fax: 613-549-7896

**Leeds, Grenville & Lanark  
District Health Unit**  
458 Laurier Blvd.  
Brockville, Ontario K6V 7A3  
613-345-5685 | 1-800-660-5853  
Fax: 613-345-2879

# South East Health Unit

formerly



## BOARD OF HEALTH AGENDA

Wednesday, April 23, 2025 – Kingston Office

### 1. CALL TO ORDER

### 2. LAND ACKNOWLEDGEMENT

South East Health Unit are located on the traditional territory of Indigenous peoples dating back countless generations. We would like to show our respect for their contributions and recognize the role of treaty making in what is now Ontario. Hundreds of years after the first treaties were signed, they are still relevant today.

### 3. ROLL CALL

### 4. APPROVAL OF THE AGENDA

**MOTION:** THAT the Board of Health approve the agenda for April 23, 2025 as it has been circulated.

### 5. APPROVAL OF THE MINUTES OF PREVIOUS MEETING [Schedule 5](#)

**MOTION:** THAT the Board of Health approve the minutes of the meeting held on March 26, 2025 as circulated.

### 6. DISCLOSURE OF PECUNIARY INTEREST

### 7. COMMITTEE REPORTS

7.1 **Governance Committee Update** – Mayor Robin Jones [Schedule 7.1](#)

7.1.1 **alPHa Conference and Symposium Attendance** [Schedule 7.1.1](#)

**MOTION:** THAT the Board of Health approve attendance at alPHa conferences and symposiums based on board members' expressed interest.

7.1.2 **Board Members' Remuneration and Expenses Policy** [Schedule 7.1.2](#)

**MOTION:** THAT the Board of Health approve the recommended amount of per diem remuneration and approve the associated Board Members' Remuneration and Expenses Policy and as circulated.

7.1.3 **Board Member Oath of Conduct and Confidentiality Policy** [Schedule 7.1.3](#)

**MOTION:** THAT the Board of Health approve the Board Member Oath of Conduct and Confidentiality Policy;

AND THAT once approved all members review and sign the Oath of Conduct and Confidentiality to show their agreement and understanding of its contents, as circulated.

7.1.4 **Policy / By-law / Terms of Reference Amendment List** [Schedule 7.1.4](#)

**MOTION:** THAT the Board of Health, through the Governance Committee, keep a running amendment list to track requested changes to policies, by-laws and terms of reference;

AND THAT these changes be presented to the Board of Health for approval twice a year in June and November after first being reviewed by the Governance Committee.

7.1.5 **Board Chair as Ex-Officio Member** [Schedule 7.1.5](#)

7.2 **Finance Committee Update** – Councillor Anne-Marie Koiner

7.2.1 **2024 Fourth Quarter Results for Leeds, Grenville and Lanark District Health Unit** [Schedule 7.2.1](#)

7.2.2 **2025 First Quarter Results for the South East Health Unit** [Schedule 7.2.2](#)

7.2.3 **2025 Annual Service Plan Summary** [Schedule 7.2.3](#)

7.2.4 **2024/2025 Year One Merger Budget and Accomplishments** [Schedule 7.2.4](#)

**MOTION:** THAT the Board of Health receive the Finance Committee update and financial reports as circulated herein.

## 8. NEW BUSINESS

8.1 **Public Health Funding Projections** [Schedule 8.1](#)

**MOTION:** THAT the Board of Health demonstrate its support for long-term, sustainable provincial public health funding by requesting participation in the Ministry of Health's policy review of the public health funding methodology.

8.2 **Merger Updates** [Schedule 8.2](#)

**MOTION:** THAT the Board of Health receive the merger update report as circulated.

## 9. ADJOURNMENT

**MOTION:** THAT this Board of Health meeting be adjourned.

# South East Health Unit

*formerly*



## BOARD OF HEALTH OPEN SESSION MINUTES

**Wednesday, March 26, 2025**

**Belleville**

**10:30 a.m.**

Minutes of the meeting of the South East Health Unit held at 179 North Park Street, Belleville, ON and through in-person and Zoom attendance.

In attendance:

**In-Person:** Dr. Jeffrey Allin; Ms. Barb Proctor; Councillors Conny Glenn, Judy Greenwood-Speers, Sean Kelly, Anne-Marie Koiner, Michael Kotsovos, Peter McKenna, Jeff McLaren, and Bill Roberts; Mayor Jan O'Neill, Warden Nathan Townend

**Virtual:** Mr. Stephen Bird, Mayor Robin Jones, Ms. Melanie Paradis, Dr. David Pattenden and Reeve Richard Kidd

**Regrets:** Mr. Chris Seeley

**Officer:** Dr. Piotr Oglaza

**1. CALL TO ORDER** – Meeting was called to order at 10:32 by Chair O'Neill.

**2. LAND ACKNOWLEDGEMENT** – Spoken by Chair O'Neill

**3. ROLL CALL** – Conducted by Recorder, Catherine Lovell.

**4. APPROVAL OF THE AGENDA**

It was MOVED by Councillor Kotsovos and seconded by Councillor Roberts THAT the Board of Health approve the agenda for March 26 with one change: move the Closed Session (Items #8 and #9) to the end of the meeting to be addressed after the Information Items (Item #11).

**5. APPROVAL OF THE MINUTES OF PREVIOUS MEETING**

It was MOVED by Councillor Glenn and seconded by Councillor Koiner THAT the Board of Health approve the minutes of the meeting held on February 26, 2025 as circulated.

**6. DISCLOSURE OF PECUNIARY INTEREST** – No conflicts were disclosed.

## 7. COMMITTEE REPORT

### 7.1 *Governance Committee Update* – Mayor Robin Jones

It was MOVED by Barb Proctor and seconded by Councillor Kelly THAT the Board of Health receive the verbal update from Mayor Jones and Warden Townend as presented.

Mayor Jones noted that it was decided to allow for attendance at alPHa conferences and symposiums by all who are interested without limitation. Warden Townend made note that the Governance Committee will continue with bringing forward policies to be drafted and considered on a priority basis as was done at the sub-committee level of the South East Transition Team.

## 8. CLOSED SESSION

It was MOVED by Councillor Kelly and seconded by Councillor Koiner 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 (b) personal matters about an identifiable individual, including municipal or local board employees.

## 9. RISING AND REPORTING OF CLOSED SESSION

It was MOVED by Dr. Jeffrey Allin and seconded by Ms. Barb Proctor THAT the Board of Health endorse the actions approved in the Closed Session and direct staff to take appropriate action.

## 10. NEW BUSINESS

### 10.1 **Board of Health Meeting Schedule**

It was MOVED by Councillor Roberts and seconded by Warden Townend THAT the Board of Health approve Option 2 with a revised starting time of 10 a.m. and that the agreed arrangement be reviewed in approximately 12 months.

Dr. Oglaza began the discussion by reviewing the proposed options set out in the briefing note. After much discussion members agreed to the following parameters around the meeting schedule:

- the start time of the meetings will change to 10:00 a.m.,
- all meetings would have in-person and virtual options,
- the location of the in-person meetings would continue to be rotated between sites,
- the number of meetings would remain as is with a view to cancelling any meeting if the content does not warrant going ahead with a meeting, and
- the meeting schedule will be reviewed after a 12-month period.

### 10.2 **Merger Updates**

It was MOVED by Councillor Koiner and seconded by Councillor McKenna THAT the Board of Health receive the merger update report as circulated.

Dr. Oglaza spoke to the contents of the briefing note. Discussion ensued. Through discussion the question of new branding came up and how much longer would it be. It was noted that branding is being worked on with the process moving along and that staff and the Board will receive a survey to give feedback on choosing a branding option. It was requested of the Merger Office to bring back to the Board a baseline of staff 'temperatures' with regard to change readiness.

**11. INFORMATION ITEMS** (see website)

It was MOVED by Councillor Koiner and seconded by Councillor Roberts THAT the Board of Health receive the information items as circulated.

**12. ADJOURNMENT**

It was moved by Councillor Glenn and seconded by Councillor Koiner THAT this Board of Health meeting be adjourned at 12:21 p.m.

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Jan O'Neill, Board Chair  
South East Health Unit

# South East Health Unit

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## Board of Health Briefing Note

<b>To:</b>	South East Health Unit Board of Health
<b>Prepared by:</b>	Mayor Robin Jones, Chair of Governance Committee
<b>Approved by:</b>	Dr. Piotr Oglaza, Medical Officer of Health and CEO
<b>Date:</b>	Wednesday, April 23, 2025
<b>Subject:</b>	<b>Governance Committee Report to the Board</b>
<b>Nature of Board Engagement</b>	<input checked="" type="checkbox"/> <b>For Information</b> <input checked="" type="checkbox"/> <b>Strategic Discussion</b> <input checked="" type="checkbox"/> <b>Board approval and motion required</b> <input type="checkbox"/> Compliance with Accountability Framework <input type="checkbox"/> Compliance with Program Standards
<b>Action Required:</b>	Action required per individual briefing notes.
<b>Background and Current Status</b>	<p><b>7.1.1 - <i>alpha</i> Conference Attendance</b> The Governance Committee is recommending to the Board of Health that the number of attendees for conferences/symposiums be dependent on expressions of interest by board members.</p> <p><b>7.1.2 - Board Members' Remuneration and Expenses</b> A per diem of \$150 is being recommended along with a policy for the Board's approval that outlines how board members are compensated for their work on behalf of the Board of Health.</p> <p><b>7.1.3 - Board Member Oath of Conduct and Confidentiality Policy and Form</b> As outlined in the policy for the Board's approval, each board member is required to review and sign the SEHU Board of Health Oath of Conduct and Confidentiality Form annually.</p> <p><b>7.1.4 – Policy / By-law / Terms of Reference Amendment List</b> It is being recommended that an amendment list of changes to policies/by-laws/terms of reference be brought to the Board for approval twice a year.</p> <p><b>7.1.5 - Board Chair Ex-Officio Membership</b> As outlined in Roberts Rules of Order, a Board Chair sitting ex-officio on a Board Committee has the same voting rights and responsibilities as other committee members.</p>

# South East Health Unit

formerly



## Board of Health Briefing Note

<b>To:</b>	South East Health Unit Board of Health																												
<b>Prepared by:</b>	Board of Health Governance Committee																												
<b>Approved by:</b>	Dr. Piotr Oglaza, Medical Officer of Health and CEO																												
<b>Date:</b>	Wednesday, April 23, 2025																												
<b>Subject:</b>	<b>alPHa Conference and Symposium Attendance</b>																												
<b>Nature of Board Engagement:</b>	<input type="checkbox"/> For Information <input type="checkbox"/> Strategic Discussion <input checked="" type="checkbox"/> <b>Board approval and motion required</b> <input type="checkbox"/> Compliance with Accountability Framework <input type="checkbox"/> Compliance with Program Standards																												
<b>Action Required:</b>	<b>MOTION:</b> <b>THAT the Board of Health approve attendance at alPHa conferences and symposiums based on board members' expressed interest.</b>																												
<b>Background:</b>	<p>This year's alPHa AGM and Conference is being held in Toronto at the Pantages Hotel from June 18 to June 20 in-person. Traditionally, alPHa provides for a block of rooms at a slightly discounted cost in the hosting hotel, this year is no different. Last year there were three Board members and the MOH attending the conference (the MOH and Board Chair have traditionally attended).</p> <p>This is being brought to the Board of Health for approval so that attendees can be named and reservations made to take advantage of any discounts. Since the Board is made up of 18 members, if we assume three attendees from each region, this could be a considerable expense. See below for an approximate breakdown of costs and expenses. Assumptions: 2 night hotel stay, 2 days of meals, and travel is by train and 3 attendees per region, the cost of registration has not been confirmed so amount shown is last year's cost.</p> <table border="1"> <thead> <tr> <th></th> <th><u>Belleville</u></th> <th><u>Kingston</u></th> <th><u>Brockville</u></th> </tr> </thead> <tbody> <tr> <td>Conf. Registration (est.)</td> <td>\$ 762.75</td> <td>\$ 762.75</td> <td>\$ 762.75</td> </tr> <tr> <td>Hotel</td> <td>764.20</td> <td>764.20</td> <td>764.20</td> </tr> <tr> <td>Travel (train)</td> <td>128.06</td> <td>175.87</td> <td>144.64</td> </tr> <tr> <td>Parking @ train station</td> <td>48.00</td> <td>64.00</td> <td>32.00</td> </tr> <tr> <td>Meal Allowance</td> <td><u>140.00</u></td> <td><u>140.00</u></td> <td><u>140.00</u></td> </tr> <tr> <td><b>TOTAL</b></td> <td><b><u>\$1,843.01</u></b></td> <td><b><u>\$1,906.82</u></b></td> <td><b><u>\$1,843.59</u></b></td> </tr> </tbody> </table>		<u>Belleville</u>	<u>Kingston</u>	<u>Brockville</u>	Conf. Registration (est.)	\$ 762.75	\$ 762.75	\$ 762.75	Hotel	764.20	764.20	764.20	Travel (train)	128.06	175.87	144.64	Parking @ train station	48.00	64.00	32.00	Meal Allowance	<u>140.00</u>	<u>140.00</u>	<u>140.00</u>	<b>TOTAL</b>	<b><u>\$1,843.01</u></b>	<b><u>\$1,906.82</u></b>	<b><u>\$1,843.59</u></b>
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	<p>As can be seen, cost between regions is comparable regardless of the region and travel cost is the main factor for any variations in cost.</p> <p>Assuming three attendees from each region at a cost of approximately \$1,900 per person, the total cost for nine attendees will be \$17,100. This amount does not take into account kilometrage for members to get to train stations.</p> <p>At legacy LGL board members attending alPHa conferences were required to prepare a report to the Board giving a brief overview of topics discussed at the conference. At legacy KFLA there was no formal requirement but regular verbal updates were provided.</p> <p>Members attending the alPHa AGM are required to vote on resolutions. All votes including proxy votes are based on the decision of the SEHU Board and not on individual opinions of attendees.</p> <p>Establishing criteria could be one method to determine attendance:</p> <ul style="list-style-type: none"> <li>• Interest expressed</li> <li>• Based on past attendance – allowing new members to attend</li> <li>• Rotating attendance</li> <li>• Cost of attendance and establishing a limit <ul style="list-style-type: none"> <li>○ Assigning a number of attendees per region per conference</li> </ul> </li> </ul> <p>Historically there has been variability in numbers ranging from 1 to 4 members per region. The following are options for establishing board member attendance:</p> <ul style="list-style-type: none"> <li>• Enable all interested board members to attend</li> <li>• Limit representation to 9, balanced representation between legacy regions</li> </ul> <p>Limit representation to 3, emphasize representation of SEHU board rather than a particular region</p>
<b>Recommendation:</b>	<p>That the Governance Committee recommend to the Board of Health that attendance at alPHa conferences and symposiums be based on board members' expressed interest.</p>

# South East Health Unit

formerly



## Board of Health Briefing Note

<b>To:</b>	South East Health Unit Board of Health
<b>Prepared by:</b>	Board of Health Governance Committee
<b>Approved by:</b>	Dr. Piotr Oglaza, Medical Officer of Health and CEO
<b>Date:</b>	Wednesday, April 23, 2025
<b>Subject:</b>	<b>Board Members' Remuneration and Expenses</b>
<b>Nature of Board Engagement:</b>	<input type="checkbox"/> For Information <input type="checkbox"/> Strategic Discussion <input checked="" type="checkbox"/> <b>Board approval and motion required</b> <input type="checkbox"/> Compliance with Accountability Framework <input type="checkbox"/> Compliance with Program Standards
<b>Action Required:</b>	<p><b>MOTION:</b></p> <p>THAT the Board of Health approve the recommended amount of per diem remuneration and approve the associated <i>Board Members' Remuneration and Expenses</i> Policy and Procedure as circulated.</p>
<b>Background:</b>	<p>By-law #1 states that remuneration of Board members shall be in accordance with the Health Protection and Promotion Act (HPPA). The Board shall pay the reasonable and actual expenses of each member of the Board in accordance with the HPPA and the policies of the South East Health Unit.</p> <p>According to the Health Protection and Promotion Act Subsections 49 (4), (10) and (11):</p> <p><i>The rate of the remuneration paid by a board of health to a member of the board of health shall not exceed the highest rate of remuneration of a member of a standing committee of a municipality within the health unit served by the board of health, but where no remuneration is paid to members of such standing committees the rate shall not exceed the rate fixed by the Minister and the Minister has power to fix the rate. R.S.O. 1990, c. H.7, s. 49 (6).</i></p> <p>The meeting stipend rate for legacy health units is as follows:</p> <ul style="list-style-type: none"> <li>KFLA - \$150</li> <li>HPE - \$100</li> <li>LGL - \$90.71</li> </ul> <p>During pre-merger discussions at the South East Transition Team, preference was expressed to consider the HPPA maximum rate of remuneration.</p>

	<p>Historically the highest rate of municipal remuneration within the three legacy health unit areas is as follows:</p> <p>KFLA - City of Kingston - Annual remuneration of approximately \$48,500 (with approximately 26 Council Meetings and 25 additional Committee Meetings)</p> <p>LGL - United Counties - \$122.47/half day and \$244.96/full day</p> <p>HPE – Hastings County - \$100 per diem</p>
<b>Recommendations:</b>	<p>The Governance Committee is recommending a per diem of \$150 for the Board Chair and provincial representatives.</p> <p>That the Governance Committee recommends the Remuneration and Expenses Policy for the Board of Health’s consideration and approval.</p>

SOUTH EAST HEALTH UNIT	
<b>BOARD OF HEALTH MANUAL</b>	
<b>Policy and Procedure</b>	
Title: Board Members' Remuneration and Expenses	Original Date: April 23, 2025
Number: B-01	Revision Date:
Approved by: Board of Health	Reviewed Date:

**PURPOSE:**

To ensure Board of Health (Board) members are compensated for their work on behalf of the Board of Health.

**POLICY:**

The remuneration of Board members shall be in accordance with the Health Protection and Promotion Act (HPPA). Board members shall receive remuneration for time and reimbursement for reasonable and actual expenses related to meetings and functions of the Board.

**PROCEDURE:**

The meeting stipend rate will be paid to eligible Board members (the Chair and provincial representatives) for attendances at:

- Regular or special meetings of the Board,
- Committee meetings, and
- Business meetings on behalf of the Board.

Board members shall receive only one fee per day regardless of whether the member attends more than one official function in a day.

The meeting stipend rate for the Board Chair and provincial representatives will be \$150 effective January 1, 2025.

The meeting stipend rate will be adjusted annually, effective January 1 and will be reviewed annually by the Board of Health. The rate of remuneration paid by a Board of Health to a member of the Board of Health shall not exceed the highest rate of remuneration of a member of a standing committee of a municipality within the health unit served by the Board of Health.

**Conferences**

Board members are encouraged to attend appropriate conferences and conventions and will prepare a report to the Board giving a brief overview of the topics discussed at the conference. Board members may attend a conference/workshop with Board approval.

Municipal members on the Board of Health will be reimbursed for mileage and conference expenses related to Board work if they are not reimbursed by their municipality.

**Other Expenses**

Kilometrage reimbursement will be in accordance with the Canada Revenue Agency automobile rates as published annually.

Reasonable expenses for accommodation, food, parking and registration fees will be reimbursed with itemized receipts.

South East Health Unit  
*formerly*



**Board of Health Briefing Note**

<b>To:</b>	South East Health Unit Board of Health
<b>Prepared by:</b>	Board of Health Governance Committee
<b>Approved by:</b>	Dr. Piotr Oglaza, Medical Officer of Health and CEO
<b>Date:</b>	Wednesday, April 23, 2025
<b>Subject:</b>	<b>BOH Member Oath of Conduct and Confidentiality Policy and Form</b>
<b>Nature of Board Engagement:</b>	<input type="checkbox"/> For Information <input type="checkbox"/> Strategic Discussion <input checked="" type="checkbox"/> <b>Board approval and motion required</b> <input type="checkbox"/> Compliance with Accountability Framework <input type="checkbox"/> Compliance with Program Standards
<b>Action Required:</b>	<p><b>MOTION:</b></p> <p>THAT the Board of Health approve the Board Member Oath of Conduct and Confidentiality Policy;</p> <p>AND THAT once approved all members review and sign the Oath of Conduct and Confidentiality to show their agreement and understanding of its contents.</p>
<b>Background:</b>	The Governance Committee met on March 25, 2025 and reviewed the Board Member Oath of Conduct and Confidentiality policy and form.
<b>Recommendations:</b>	The Governance Committee recommends approval by the Board of Health of the Board Member Oath of Conduct and Confidentiality Policy and form, and that members sign the form for furtherance to the Recording Secretary for filing.

SOUTH EAST HEALTH UNIT	
<b>BOARD OF HEALTH MANUAL</b>	
<b>Policy and Procedure</b>	
Title: Board Member Oath of Conduct and Confidentiality	Original Date: April 23, 2025
Number: B-02	Revision Date:
Approved by: Board of Health	Reviewed Date:

**PURPOSE:**

To ensure board members adhere to a high standard of ethical behaviour during their tenure on the Board of Health.

**POLICY:**

Each member of the Board of Health will review and sign the South East Health Unit's Board Member Oath of Conduct and Confidentiality form annually. (Appended)

If a Board member is non-compliant, the Board may request that the Chair:

- Issue a verbal reprimand;
- Issue a written reprimand;
- Request that the Board member resign; or
- Seek dismissal of the Board member based upon appointment.

**PROCEDURE:**

1. The Recording Secretary or their designate will provide the Board Member Oath of Conduct and Confidentiality form to Board members at the first meeting of the year.
2. All Board of Health members will sign the oath and forward to the Recording Secretary or their designate for filing.

formerly



## BOARD MEMBER OATH OF CONDUCT AND CONFIDENTIALITY

As a member of the South East Health Unit (SEHU) Board of Health, I understand and agree to the following:

- All personal information and personal health information that I have access to or learn through my role on the Board will remain strictly confidential.
- I shall comply with SEHU policies and procedures related to privacy, confidentiality, and security.
- Any failure to comply with said policies and procedures may result in requiring my resignation from the Board of Health.

During my tenure on the Board of Health, I affirm that I will:

1. Fulfill my duties with integrity, accountability and transparency and enhance public confidence in the Board of Health.
2. Exercise my responsibilities with due diligence in a reasonable and prudent manner.
3. Represent the best interests of the public and community's health, and the respective programs of the SEHU.
4. Adhere to SEHU's by-laws, policies and decisions of the Board.
5. Disclose all conflicts or perceived conflicts at all Board of Health or Board Committee meetings.
6. Attend and actively participate in Board meetings and contribute to discussions in a positive and mutually respectful manner and respect collective decisions of the Board.
7. Keep confidential all information respecting clients, personnel, and collective bargaining including matters dealt with during in-camera meetings of the Board.
8. Acknowledge the roles of the Board Chair and the Medical Officer of Health/CEO, and their responsibilities in relation to the Board, and its governance mandate. In the absence of the Board Chair, the Vice Chair assumes the authority and responsibilities of the Chair.
9. No Board Member except the Board Chair shall speak on behalf of the Board unless they have specific authority to do so.

Sworn or Affirmed by: \_\_\_\_\_

Date: \_\_\_\_\_

Name of Board Member: \_\_\_\_\_



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## Board of Health Briefing Note

<b>To:</b>	South East Health Unit Board of Health
<b>Prepared by:</b>	Board of Health Governance Committee
<b>Approved by:</b>	Dr. Piotr Oglaza, Medical Officer of Health and CEO
<b>Date:</b>	Wednesday, April 23, 2025
<b>Subject:</b>	<b>Policy / By-law / Terms of Reference Amendment List</b>
<b>Nature of Board Engagement:</b>	<input type="checkbox"/> For Information <input type="checkbox"/> Strategic Discussion <input checked="" type="checkbox"/> <b>Board approval and motion required</b> <input type="checkbox"/> Compliance with Accountability Framework <input type="checkbox"/> Compliance with Program Standards
<b>Action Required:</b>	<p><b>MOTION:</b></p> <p>THAT the Board of Health, through the Governance Committee, keep a running amendment list to track requested changes to policies, by-laws and terms of reference;</p> <p>AND THAT these changes be presented to the Board of Health for approval twice a year in June and November after first being reviewed by the Governance Committee.</p>
<b>Background:</b>	<p>Governance Committee members discussed amendments to policies/by-laws and terms of reference and propose that a running amendment list be created to track changes.</p> <p>This is a more efficient method, and would alleviate numerous changes being taken to the Board each month with a single package of amendments created for their review and approval.</p> <p>All amendments would be tracked and taken to the Board for approval in pre-determined intervals.</p>
<b>Recommendations</b>	<p>That the Governance Committee recommend to the Board of Health that a running amendment list be created to track changes to policies/by-laws/terms of reference; and that these changes and the rationale for these changes be presented to the Board for approval twice a year in June and November.</p>

# South East Health Unit

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## Board of Health Briefing Note

<b>To:</b>	South East Health Unit Board of Health
<b>Prepared by:</b>	Board of Health Governance Committee
<b>Approved by:</b>	Dr. Piotr Oglaza, Medical Officer of Health and CEO
<b>Date:</b>	Wednesday, April 23, 2025
<b>Subject:</b>	<b>Board Chair as Ex-Officio Member</b>
<b>Nature of Board Engagement:</b>	<input checked="" type="checkbox"/> <b>For Information</b> <input type="checkbox"/> Strategic Discussion <input type="checkbox"/> Governance recommendation to the Board for approval and motion required <input type="checkbox"/> Compliance with Accountability Framework <input type="checkbox"/> Compliance with Program Standards
<b>Background:</b>	Governance Committee members requested legal advice to determine if the Board of Health Chair is a voting member of the Committees as set out in the Terms of Reference of each Committee.
<b>Recommendations:</b>	<p>A Board Chair sitting ex-officio on a Board Committee has the same voting rights and responsibilities as the other committee members unless the Terms of Reference state otherwise. Since there is no preclusion against this in the Terms of Reference as adopted, the Board Chair would count towards quorum and have the right to vote.</p> <p>This is referenced in Roberts Rules of Order.</p>

South East Health Unit - LGLD

Schedule 7.2.1

Statement of Operations

For the Year to Date Ended  
2024-Dec-31

	Mandatory Programs				
	Actuals YTD	Budget YTD	Variance YTD	Annual Budget	Budget Spend %
<b>Funding and Grants</b>					
Provincial	\$ 9,469,344	\$ 9,273,003	\$ 196,341	\$ 9,273,003	102.1
Municipal	3,571,649	3,571,649	(0)	3,571,649	100.0
Federal and Other	335,007	265,423	69,584	265,423	126.2
<b>Total Funding and Grants</b>	<b>13,376,000</b>	<b>13,110,075</b>	<b>265,925</b>	<b>13,110,075</b>	<b>102.0</b>
<b>Expenses</b>					
Employee Salaries and Wages	(10,101,809)	(9,735,448)	(366,361)	(9,735,448)	103.8
Employee Benefits	(2,698,075)	(2,723,013)	24,938	(2,723,013)	99.1
Staff Training	(62,983)	-	(62,983)	-	-
Board of Health	-	-	-	-	-
Travel	(220,860)	(330,700)	109,840	(330,700)	66.8
Building Occupancy	(362,532)	(436,001)	73,469	(436,001)	83.1
Office Expenses, Printing, and Postage	(180,151)	(956,860)	776,709	(956,860)	18.8
Program Materials and Supplies	(68,328)	-	(68,328)	-	-
Office Equipment	(29,092)	-	(29,092)	-	-
Professional and Purchased Services	(458,791)	(306,050)	(152,741)	(306,050)	149.9
Communication Costs	(203,657)	-	(203,657)	-	-
Information Technology	(352,628)	-	(352,628)	-	-
Other Expenses	-	-	-	-	-
<b>Total Operating Expenses</b>	<b>(14,738,906)</b>	<b>(14,488,072)</b>	<b>(250,834)</b>	<b>(14,488,072)</b>	<b>101.7</b>
Expenditure Recoveries	-	-	-	-	-
<b>Net Operating Expenses</b>	<b>(14,738,906)</b>	<b>(14,488,072)</b>	<b>(250,834)</b>	<b>(14,488,072)</b>	<b>101.7</b>
Capital Expenditures	-	-	-	-	-
<b>Net Expenses</b>	<b>(14,738,906)</b>	<b>(14,488,072)</b>	<b>(250,834)</b>	<b>(14,488,072)</b>	<b>101.7</b>
<b>Net Surplus (Deficit)</b>	<b>(1,362,906)</b>	<b>(1,377,997)</b>	<b>15,091</b>	<b>(1,377,997)</b>	
Transfer from Reserves	871,609	-	871,609	-	-
<b>Net Surplus (Deficit) After Reserve Transfer</b>	<b>\$ (491,297)</b>	<b>\$ (1,377,997)</b>	<b>\$ 886,700</b>	<b>\$ (1,377,997)</b>	

# South East Health Unit - LGLD

Schedule 7.2.1

## Statement of Operations

For the Year to Date Ended  
2024-Dec-31

	Actuals YTD						Total
	Mandatory Programs	Ontario Seniors Dental Care Program	Healthy Babies Healthy Children	Preschool Speech and Language	Lanark County - Best Start	Triple P	
<b>Funding and Grants</b>							
Provincial	\$ 9,469,344	\$ 985,900	\$ 1,114,917	\$ 1,566,034	\$ -	\$ -	\$ 13,136,195
Municipal	3,571,649	-	-	-	-	-	3,571,649
Federal and Other	335,007	-	53,998	-	18,000	10,108	417,113
<b>Total Funding and Grants</b>	<b>13,376,000</b>	<b>985,900</b>	<b>1,168,915</b>	<b>1,566,034</b>	<b>18,000</b>	<b>10,108</b>	<b>17,124,956</b>
<b>Expenses</b>							
Employee Salaries and Wages	(10,101,809)	(31,073)	(858,673)	(688,444)	-	-	(11,680,000)
Employee Benefits	(2,698,075)	(8,721)	(262,335)	(218,189)	-	-	(3,187,321)
Staff Training	(62,983)	-	(3,732)	(4,750)	(12,337)	-	(83,802)
Board of Health	-	-	-	-	-	-	-
Travel	(220,860)	(526)	(37,391)	(11,825)	-	-	(270,602)
Building Occupancy	(362,532)	(24,000)	-	(43,840)	-	-	(430,372)
Office Expenses, Printing, and Postage	(180,151)	-	(5,814)	1,332	(5,663)	(10,029)	(200,324)
Program Materials and Supplies	(68,328)	-	-	-	-	-	(68,328)
Office Equipment	(29,092)	-	-	-	-	-	(29,092)
Professional and Purchased Services	(458,791)	(902,987)	1,500	(487,955)	-	-	(1,848,233)
Communication Costs	(203,657)	-	(5,722)	(2,734)	-	-	(212,112)
Information Technology	(352,628)	-	-	-	-	-	(352,628)
Other Expenses	-	-	-	-	-	-	-
<b>Total Operating Expenses</b>	<b>(14,738,906)</b>	<b>(967,307)</b>	<b>(1,172,168)</b>	<b>(1,456,405)</b>	<b>(18,000)</b>	<b>(10,029)</b>	<b>(18,362,814)</b>
Expenditure Recoveries	-	-	-	-	-	-	-
<b>Net Operating Expenses</b>	<b>(14,738,906)</b>	<b>(967,307)</b>	<b>(1,172,168)</b>	<b>(1,456,405)</b>	<b>(18,000)</b>	<b>(10,029)</b>	<b>(18,362,814)</b>
Capital Expenditures	-	-	-	-	-	-	-
<b>Net Expenses</b>	<b>(14,738,906)</b>	<b>(967,307)</b>	<b>(1,172,168)</b>	<b>(1,456,405)</b>	<b>(18,000)</b>	<b>(10,029)</b>	<b>(18,362,814)</b>
<b>Net Surplus (Deficit)</b>	<b>(1,362,906)</b>	<b>18,593</b>	<b>(3,253)</b>	<b>109,629</b>	<b>-</b>	<b>79</b>	<b>(1,237,857)</b>
Transfer from Reserves	871,609	-	-	-	-	-	871,609
<b>Net Surplus (Deficit) After Reserve Transfer</b>	<b>\$ (491,297)</b>	<b>\$ 18,593</b>	<b>\$ (3,253)</b>	<b>\$ 109,629</b>	<b>\$ -</b>	<b>\$ 79</b>	<b>\$ (366,248)</b>

# South East Health Unit

Schedule 7.2.2

## Statement of Operations

### Mandatory Programs

For the Year to Date Ended

2025-Mar-31

	Actuals YTD	Budget YTD	Variance YTD	Annual Budget	Budget Spend %
<b>Funding and Grants</b>					
Provincial	\$ 8,167,333	\$ 8,563,524	\$ (396,191)	\$ 34,254,100	23.8
Municipal	3,601,071	3,633,899	(32,828)	14,535,598	24.8
Federal and Other	137,706	-	137,706	-	-
<b>Total Funding and Grants</b>	<b>11,906,110</b>	<b>12,197,423</b>	<b>(291,313)</b>	<b>48,789,698</b>	<b>24.4</b>
<b>Expenses</b>					
Employee Salaries and Wages	(7,634,820)	(8,119,131)	484,311	(32,476,521)	23.5
Employee Benefits	(2,489,008)	(2,314,287)	(174,722)	(9,257,147)	26.9
Staff Training	(91,422)	(101,307)	9,885	(405,230)	22.6
Board of Health	45	-	45	-	-
Travel	(61,995)	(128,662)	66,667	(514,650)	12.0
Building Occupancy	(261,067)	(398,979)	137,912	(1,595,918)	16.4
Office Expenses, Printing, and Postage	(107,464)	(67,047)	(40,417)	(268,192)	40.1
Program Materials and Supplies	(38,555)	(372,622)	334,067	(1,490,490)	2.6
Office Equipment	(25,956)	-	(25,956)	-	-
Professional and Purchased Services	(190,118)	(297,776)	107,657	(1,191,100)	16.0
Communication Costs	(96,106)	(41,275)	(54,831)	(165,100)	58.2
Information Technology	(574,302)	(477,763)	(96,539)	(1,911,050)	30.1
Other Expenses	(529)	-	(529)	-	-
<b>Total Operating Expenses</b>	<b>(11,571,297)</b>	<b>(12,318,849)</b>	<b>747,551</b>	<b>(49,275,398)</b>	<b>23.5</b>
Expenditure Recoveries	38,271	171,427	(133,156)	685,700	5.6
<b>Net Operating Expenses</b>	<b>(11,533,026)</b>	<b>(12,147,422)</b>	<b>614,396</b>	<b>(48,589,698)</b>	<b>23.7</b>
Capital Expenditures	625	(50,001)	50,626	(200,000)	(0.3)
<b>Net Expenses</b>	<b>(11,532,401)</b>	<b>(12,197,423)</b>	<b>665,022</b>	<b>(48,789,698)</b>	<b>23.6</b>
<b>Net Surplus (Deficit)</b>	<b>373,709</b>	<b>-</b>	<b>373,709</b>	<b>-</b>	
Transfers from Reserves	-	-	-	-	-
<b>Net Surplus (Deficit) After Reserve Transfer</b>	<b>\$ 373,709</b>	<b>\$ -</b>	<b>\$ 373,709</b>	<b>\$ -</b>	
<b>Under (Over) Budget</b>			<b>3.1%</b>		

# South East Health Unit

formerly



## Board of Health Briefing Note

<b>To:</b>	South East Health Unit Board of Health
<b>Prepared by:</b>	Amy Rankin, Finance Manager
<b>Approved by:</b>	Dr. Piotr Oglaza, Medical Officer of Health and CEO
<b>Date:</b>	Wednesday, April 23, 2025
<b>Subject:</b>	<b>Annual Service Plan (ASP)</b>
<b>Nature of Board Engagement</b>	<input checked="" type="checkbox"/> <b>For Information</b> <input type="checkbox"/> Strategic Discussion <input type="checkbox"/> Board approval and motion required <input checked="" type="checkbox"/> <b>Compliance with Accountability Framework</b> <input type="checkbox"/> Compliance with Program Standards
<b>Action Required:</b>	No action required.
<b>Background:</b>	<p>The Annual Service Plan (ASP) document supports the Public Health Accountability Framework by describing the complete picture of programs and services being delivered by boards of health and within the context of the Ontario Public Health Standards. The ASP demonstrates that public health programs and services align with the priorities of their communities and accountability for planning use of funding per program and service.</p> <p>For 2025, the ASP provides the following content:</p> <ul style="list-style-type: none"> <li>• Legacy health unit budget submission for each program which will be re-assessed throughout the year.</li> <li>• One-time funding requests.</li> <li>• Board of health membership, apportionment of costs, and certification.</li> </ul> <p>Key takeaway information, includes:</p> <ul style="list-style-type: none"> <li>• Mandatory base funding requested per approved budget was \$48,789,698</li> <li>• Ontario Seniors Dental Care Program requested an additional \$268,000 to the approved \$3,312,800 program base funding to help support a significant increase to program demand.</li> <li>• One-time funding requests included:             <ul style="list-style-type: none"> <li>○ \$124,000 for Public Health Inspector(s) practicum training.</li> </ul> </li> </ul> <p>The South East Health Unit's ASP was submitted to the Ministry of Health on April 2, 2025.</p>



## Board of Health Briefing Note

<b>To:</b>	South East Health Unit Board of Health
<b>Prepared by:</b>	Amy Rankin, Finance Manager and Suzette Taggart, Corporate Services Director
<b>Approved by:</b>	Dr. Piotr Oglaza, Medical Officer of Health and CEO
<b>Date:</b>	Wednesday, April 23, 2025
<b>Subject:</b>	<b>Strengthening Public Health – 2024/2025 Year One Merger Budget and Accomplishments</b>
<b>Nature of Board Engagement:</b>	<input checked="" type="checkbox"/> <b>For Information</b> <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
<b>Action Required:</b>	No action required.
<b>Background:</b>	<p>The South East Health Unit (SEHU) received voluntary merger one-time funding of \$10,422,385 for operational and \$450,000 for capital expenses to support year one merger activities from April 1, 2024 to March 31, 2025.</p> <p>We have attached the year one merger budget and provided an overview of the accomplishments SEHU has achieved with these funds. This funding supported building occupancy, communications, levy harmonization, governance, human resources stabilization, change management, information technology, legal support, travel and accommodation, and capital purchases.</p> <p><b>Building Occupancy</b> - \$8,772,282</p> <ul style="list-style-type: none"> <li>• Paid Smiths Falls mortgage payments from April 1 2024 to March 1 2025.</li> <li>• Paid commercial building loans in March 2025 for SEHU properties, including:             <ul style="list-style-type: none"> <li>• 25 Johnston Street, Smiths Falls,</li> <li>• 221 Portsmouth Avenue, Kingston, and</li> <li>• 179 North Park Street, Belleville.</li> </ul> </li> </ul> <p><b>Communications</b> - \$32,764</p> <ul style="list-style-type: none"> <li>• Established a Merger Communications Advisory Committee (made up of communication staff from the three legacy agencies) to ensure consistent internal and external communications. This committee prepared a request for proposal to procure a branding and marketing consultant. The successful consultant, STC, signed with SEHU on January 30, 2025.</li> </ul>

Phase 1 project kick-off; Phase 2 interviews and online survey, and Phase 3 theme development were completed by March 31, 2025.

- Regular, ongoing communication through a variety of channels (e.g., MOH messages, merger newsletter, briefing notes, etc.) has been done to ensure internal staff, management and board members are updated on and aware of merger activities.
- Temporary branding for the SEHU was created to ensure our community residents were aware of the merger and how to contact programs and offices across the south east area.

**Levy Harmonization** - \$496,847

**Governance** - \$92,065

- Regular, ongoing meetings of the South East Transition Team throughout 2024 to ensure due diligence in the review of the merger of the three legacy agencies and to support the establishment of a new Board of Health upon merger approval.
- The new Board of Health for South East Health Unit met January 1, 2025 and has had monthly meetings on the fourth Wednesday of each month.
- The new Board of Health has created two sub-committees of the board, a governance and finance committee, to allow for better management of the board's workload and to ensure efficient use of the members' skills and experience.
- The new Board of Health has created three Board by-laws, including Conduct of the Affairs, Banking and Finance, and Management of the Property.

**Human Resources** (wage harmonization and staff stabilization) - \$607,704

- Hired consultant; conducted job evaluation, market survey with comparator organizations; and began work on developing a compensation structure with salary grid and an implementation plan for the compensation harmonization of non-union employees.
- South East Health Unit responded to the CUPE Union's filing under Public Sector Labour Relations Transition Act (PSLRTA).
- To address the surge in workload for HR and IT teams, new merger-funded positions were hired. HR focus will be due diligence, employee communication, cultural integration, and workforce planning, while IT will handle system integration, data migration, and ensure smooth transitions.
- Also identified increased merger workload for other teams in corporate services where new merger-funded positions have been hired to support building/property assessment, integrate different systems, processes, and policies.
- Created a Merger Office consisting of one management representative from each of the legacy agencies, along with hiring a project management consultant to provide central oversight and management of the merger activities.

**Change Management** – professional services include consultants' fees

- Change management training was provided to the Executive team, Directors and Managers.
- Introduced a new South East Health Unit organizational chart for the Executive team, Directors and Management. Deputy Medical Officers of Health and Directors have been assigned portfolios for programming, corporate services and the Office of the Chief Nursing Officer.



- Organizational management structures for decision-making have been created (e.g., Executive Committee, Operations Committee, Management Team).
- Planning began for identifying critical opportunities to harmonize programs such as migrating legacy agencies to same software programs, program assessments to determine a consistent comprehensive approach to future program delivery by the SEHU.
- A working plan is being developed so that there is a consistent approach to program review and harmonization across the SEHU.

**Information Technology (IT) - \$215,883**

- Hired consultant; comprehensive IT assessment and analysis of the current infrastructure, including hardware, software, network, systems and databases, structures, policies, and processes at the three legacy agencies. This included short- and long-term guidance based on best practices to meet IT needs and improve technology, innovation, and security while balancing financial and operating resources over the next five years.
- Updated technical and security infrastructure of each legacy agency to decrease any potential vulnerabilities or risks in preparation for IT integration in 2025.
- Implementation plan created to support adding legacy LGLDHU to Microsoft 365 tenant in Phase 1 of establishing the new SEHU Microsoft 365 tenant.

**Professional Services - \$90,143**

- Hired corporate legal team; legacy agency contracts were reviewed by legal and categorized into three buckets based on level of risk:
  - Tier 1 – most urgent (financial, insurance, IT service providers; leases); Completed early in December 2024 as they required consent from the agencies to continue the contract with SEHU.
  - Tier 2: Other service provider contracts (facilities; programs, etc.); Completed prior to January 1, 2025.
  - Tier 3: All other contracts, data sharing agreements, affiliation agreements, etc.; Completed after January 1, 2025 as these were courtesy notifications.

The three legacy agencies received a list of their current contracts under the three headings and sent a standardized letter to get consent as needed and to officially inform them of the merger, and notify of the agency's name change.

- Insurance was consolidated where the legacy agencies had the same insurance carrier and tail insurance (also known as extended reporting period) was purchased to protect from potential future claims in the most cost-effective manner. Otherwise, SEHU has continued to work with three insurance brokers for single insurance needs.
- Hired legal and public relations firms to support governance merger-related matters.
- Hired change management training consultant.

**Travel and Accommodation - \$114,697**

**Capital** - \$67,243

- Repair of elevator at legacy agency and additional minor capital improvements at select sites within the time constraints.

There was a year one merger surplus of \$382,757 in capital funds as a result of not applying for a building planning grant (\$300,000) and the inability to consolidate funds to pay elevator repair in full with merger funds. During the writ period, Ministry of Health informed SEHU that capital funds given to each individual legacy agency could not be combined and no change requests could be made during this time.

**SOUTH EAST HEALTH UNIT**  
**Strengthening Public Health**  
**2024/2025 Year One Merger Budget - DRAFT**  
**Board of Health Review April 23, 2025**

	Minor Capital	Planning Grant Capital	Merger Activity	Total
<b>REVENUES</b>				
<b>MINISTRY OF HEALTH</b>				
Annual Grants and One-Time Grants	150,000	300,000	10,422,385	10,872,385
<b>TOTAL REVENUES</b>	<b>150,000</b>	<b>300,000</b>	<b>10,422,385</b>	<b>10,872,385</b>
<b>EXPENSES</b>				
1 Building Occupancy			8,772,282	8,772,282
2 Municipal Levy Harmonization			496,847	496,847
3 Salary/Wage Harmonization			27,673	27,673
4 Staff			580,031	580,031
5 Governance			92,065	92,065
6 Information Technology			215,883	215,883
7 Project/Change Management			-	-
8 Communications			32,764	32,764
9 Other - Travel and Accommodations			114,697	114,697
10 Other - Professional Services			90,143	90,143
11 Capital	67,243	-	-	67,243
<b>TOTAL EXPENSES</b>	<b>67,243</b>	<b>-</b>	<b>10,422,385</b>	<b>10,489,628</b>
<b>SURPLUS/(DEFICIT)</b>	<b>82,757</b>	<b>300,000</b>	<b>-</b>	<b>382,757</b>

**EXPLANATORY NOTES - EXPENSES****1 Building Occupancy**

*Includes payout of existing mortgages in Smiths Falls, Kingston and Belleville.*

**2 Municipal Levy Harmonization**

*Includes support for gradual harmonization process and minimize the financial burden on our local municipalities.*

**3 Salary/Wage Harmonization**

*Includes contracting with consultant to begin this work.*

**4 Staff**

*Includes backfill replacement of some positions as well as LGL 2024 pressures.*

**5 Governance**

*Includes Board expenses related to planning and implementation of merger.*

**6 Information Technology**

*Includes reviewing existing systems and obtaining consult to determine direction, as well as updating LGL security.*

**7 Project/Change Management**

*Includes training for leadership staff as well as planning first all staff event.*

**8 Communications**

*Includes contracting with consultant to work on new branding for SEHU.*

**9 Other - Travel and Accommodations**

*Includes purchase of two vehicles to support operations at Smiths Falls and Brockville.*

**10 Other - Professional Services**

*Includes consultants and legal guidance with Board related to implementation of merger.*

**11 Capital**

*Includes elevator at LGL site, and minor capital improvements at select sites, within time constraints.*

# South East Health Unit

formerly




## Board of Health Briefing Note

<b>To:</b>	South East Health Unit Board of Health
<b>Prepared by:</b>	Suzette Taggart, Director, Corporate Services
<b>Approved by:</b>	Dr. Piotr Oglaza, Medical Officer of Health and CEO
<b>Date:</b>	Wednesday, April 23, 2025
<b>Subject:</b>	<b>Public Health Funding Projections</b>
<b>Nature of Board Engagement:</b>	<input type="checkbox"/> For Information <input type="checkbox"/> Strategic Discussion <input checked="" type="checkbox"/> <b>Board approval and motion required</b> <input type="checkbox"/> Compliance with Accountability Framework <input type="checkbox"/> Compliance with Program Standards
<b>Action Required:</b>	<p><b>MOTION:</b></p> <p>THAT the Board of Health demonstrate its support for long-term, sustainable provincial public health funding by requesting participation in the Ministry of Health's policy review of the public health funding methodology.</p>
<b>Background:</b>	<p>This memo has been prepared to illustrate the need to strengthen and focus on sustainable public health funding that will keep pace with inflation, population growth, and the ever-changing and growing scope and complexity of public health challenges.</p> <p>It is vital for the Ministry of Health to invest in a robust, responsive, realistic and equitable public health funding framework to ensure that all communities have the resources and support they need to achieve optimal health and well-being for their community members and are compliant with the requirements of the Ontario Public Health Standards.</p> <p>The Ministry of Health's 1.00% increase to their provincial contribution towards mandatory programming for 2024, 2025, and 2026 is contributing to program and service reductions, staffing shortages, and diminished public health capacity - leaving communities more vulnerable.</p> <p>South East Health Unit (SEHU) finance team is working on projection models to estimate the funding challenges for 2030 given what is known today. The approximate 2025 mandatory programs budget is \$50M. Currently the expenses for SEHU are projected to increase an average of 4.00% per year. That 4.00% does not include the unknown impacts from the current global state (i.e., tariffs) or the impacts of wage harmonization.</p>

In the model, given the Ministry of Health's 1.00% increase to base funding, cost increases exceed funding increases by 3.00% per year, which is about \$1.5M. For year two, this mismatch would grow to \$3.0M (\$1.5M from year one, plus another \$1.5M for year two). By 2030, it will grow to approximately \$7.5M.

For 2025, the voluntary merger funding absorbs about \$4.3M of costs. Once that funding envelope ends, these costs will be transferred back to the mandatory programs budget. If impacts from population growth and annual compounding are considered, the projected deficit for 2030 ranges from \$12.7M to \$15.6M. Impacts from world economics and salary harmonization could increase that deficit even more.

Boards of Health are expected to be good stewards of public health funding; to achieve this, the funding must be stable, predictable, and indexed to changes in population and inflation, factors that are externally controlled. The funds must be protected and sufficient for the full delivery of all public health programs and services, whether mandated by the province or adopted to serve unique local needs as authorized by the Health Protection and Promotion Act, 1990.



# Public Health Funding Projections

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**John Wickson**  
Manager, Finance

April 23, 2025  
Board of Health

South East Health Unit


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## Purpose of Today's Presentation

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- Anchor the projected funding in realistic numbers, up to and including 2030.
- Set the stage for future planning and budgeting.
- Plant the seeds for creative solutions to avoid future deficits.
- Energize the audience to become and continue to be vocal advocates for the public health system.

South East Health Unit



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## Projected Population Growth

	Approx 2024 Projection	Approx 2025 Projection	Approx 2026 Projection	Approx 2027 Projection	Approx 2028 Projection	Approx 2029 Projection	Approx 2030 Projection	2024 Proportion
<b>HPE</b>								
County of Hastings	47,710	48,385	48,930	49,364	49,836	50,307	50,777	8%
City of Belleville	59,871	60,718	61,403	61,947	62,540	63,131	63,720	10%
City of Quinte West	49,539	50,240	50,807	51,257	51,748	52,236	52,724	8%
County of Prince Edward	27,484	27,700	27,860	27,965	28,087	28,212	28,342	5%
<b>Total HPE</b>	<b>184,604</b>	<b>187,043</b>	<b>189,000</b>	<b>190,533</b>	<b>192,211</b>	<b>193,886</b>	<b>195,563</b>	<b>31%</b>
<b>KFLA</b>								
City of Kingston	144,209	146,053	147,487	148,572	149,852	151,151	152,471	24%
County of Frontenac	30,470	30,860	31,162	31,392	31,662	31,937	32,216	5%
County of Lennox and Addington	47,055	47,449	47,842	48,226	48,630	49,030	49,425	8%
<b>Total KFLA</b>	<b>221,734</b>	<b>224,362</b>	<b>226,491</b>	<b>228,190</b>	<b>230,144</b>	<b>232,118</b>	<b>234,112</b>	<b>37%</b>
<b>LGLD</b>								
Lanark County	70,702	71,903	73,032	74,089	75,185	76,278	77,366	12%
Town of Smiths Falls	9,737	9,903	10,058	10,204	10,355	10,505	10,655	2%
United Counties of Leeds and Grenville	76,061	76,688	77,289	77,868	78,497	79,133	79,777	13%
City of Brockville	22,301	22,485	22,662	22,831	23,016	23,202	23,391	4%
Town of Gananoque	5,624	5,670	5,715	5,758	5,804	5,851	5,899	1%
Town of Prescott	4,731	4,770	4,807	4,844	4,883	4,922	4,962	1%
<b>Total LGLD</b>	<b>189,156</b>	<b>191,419</b>	<b>193,563</b>	<b>195,594</b>	<b>197,740</b>	<b>199,892</b>	<b>202,050</b>	<b>32%</b>
<b>Total SEHU</b>	<b>595,494</b>	<b>602,824</b>	<b>609,054</b>	<b>614,317</b>	<b>620,095</b>	<b>625,896</b>	<b>631,725</b>	<b>100%</b>
<b>Year-over-Year Increase</b>		<b>1%</b>	<b>1%</b>	<b>1%</b>	<b>1%</b>	<b>1%</b>	<b>1%</b>	

Source: Ontario Ministry of Health and Long-Term Care, IntelliHEALTH Ontario. Date extracted 2024-Dec-18.

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## Setting the Funding Stage

- The majority (80%) of our funding relates to the mandatory programs as required by the Ontario Public Health Standards (OPHS).
- The two primary sources: ‘provincial’ and ‘municipal’ funding.
- The three legacy health units had a different funding split, as presented on the next slide.
- Changes to the funding splits can have significant impacts on our municipalities.

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# 2024 Funding Splits

Funding Sources (Actuals)	HPE	KFLA	LGLD
Provincial	\$ 10,614,900	\$ 12,704,100	\$ 9,120,700
Municipal	3,798,301	6,705,833	3,571,648
<b>Total</b>	<b>\$ 14,413,201</b>	<b>\$ 19,409,933</b>	<b>\$ 12,692,348</b>

Funding Splits	HPE	KFLA	LGLD
Provincial	74%	65%	72%
Municipal	26%	35%	28%
<b>Total</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>

South East Health Unit

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- Currently, the Ministry has indicated a 1% increase in provincial funding for the calendar years 2025 and 2026. This model assumes that this trend will continue for all future years.
- This model assumes a funding split of 72.5% provincial and 27.5% municipal.
- Ministry review of the funding formula is underway. Details such as what this will entail, when it will be ready, or when it will be implemented are unknown.

## Projection Assumptions - Funding

South East Health Unit

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Schedule 8.1

## Projected Funding\*

Provincial Funding	2025	2026	2027	2028	2029	2030
HPE	\$ 10,721,049	\$ 10,828,259	\$ 10,936,542	\$ 11,045,907	\$ 11,156,366	\$ 11,267,930
KFLA	12,831,141	12,959,452	13,089,047	13,219,937	13,352,136	13,485,657
LGLD	9,211,907	9,304,026	9,397,066	9,491,037	9,585,947	9,681,806
<b>Total</b>	<b>\$ 32,764,097</b>	<b>\$ 33,091,737</b>	<b>\$ 33,422,655</b>	<b>\$ 33,756,881</b>	<b>\$ 34,094,449</b>	<b>\$ 34,435,393</b>
<b>Funding Increase</b>	1.00%	1.00%	1.00%	1.00%	1.00%	1.00%
<b>Funding Split</b>						
Provincial	72.50	72.50	72.50	72.50	72.50	72.50
Municipal	27.50	27.50	27.50	27.50	27.50	27.50
<b>Total</b>	<b>100.00</b>	<b>100.00</b>	<b>100.00</b>	<b>100.00</b>	<b>100.00</b>	<b>100.00</b>
<b>Funding</b>						
Provincial	\$ 32,764,097	\$ 33,091,737	\$ 33,422,655	\$ 33,756,881	\$ 34,094,449	\$ 34,435,393
Municipal**	12,427,761	12,552,038	12,677,559	12,804,334	12,932,377	13,061,701
<b>Total</b>	<b>\$ 45,191,858</b>	<b>\$ 45,643,775</b>	<b>\$ 46,100,214</b>	<b>\$ 46,561,215</b>	<b>\$ 47,026,826</b>	<b>\$ 47,497,094</b>

\* Projections use the current model of a 1% increase in provincial funding and a 72.5/27.5 split in provincial/municipal funding.

\*\* Municipal 2024 actuals vs 2025 projections drop significantly, primarily due to legacy KFLA aligning with the 72.5/ 27.5 funding split.

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## Projected Expenses\*

<b>Average Expense Increase</b>	4.00%	4.00%	4.00%	4.00%	4.00%	4.00%
<b>Cost Only</b>	2025	2026	2027	2028	2029	2030
HPE	\$ 14,957,398	\$ 15,555,694	\$ 16,177,922	\$ 16,825,039	\$ 17,498,041	\$ 18,197,963
KFLA	19,805,100	20,597,304	21,421,196	22,278,044	23,169,166	24,095,933
LGLD	14,712,900	15,301,416	15,913,473	16,550,012	17,212,012	17,900,492
<b>Total</b>	<b>\$ 49,475,398</b>	<b>\$ 51,454,414</b>	<b>\$ 53,512,591</b>	<b>\$ 55,653,095</b>	<b>\$ 57,879,219</b>	<b>\$ 60,194,388</b>
<b>Adjusted for Population Growth</b>	2025	2026	2027	2028	2029	2030
Population	602,824	609,054	614,317	620,095	625,896	631,725
per Capita Cost	\$ 82.07	\$ 85.36	\$ 88.77	\$ 92.32	\$ 96.01	\$ 99.85
<b>Total</b>	<b>\$ 49,475,398</b>	<b>\$ 51,986,179</b>	<b>\$ 54,532,822</b>	<b>\$ 57,247,564</b>	<b>\$ 60,094,440</b>	<b>\$ 63,080,267</b>
<b>Impact from Population Growth</b>	\$ -	\$ 531,765	\$ 1,020,231	\$ 1,594,469	\$ 2,215,221	\$ 2,885,879

\* Projections use the current model and do not include the planned application of mitigation measures to balance future budgets, as required.

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## Projected Net Surplus (Deficit)\*

Cost Only	2025	2026	2027	2028	2029	2030
Funding	\$ 45,191,858	\$ 45,643,775	\$ 46,100,214	\$ 46,561,215	\$ 47,026,826	\$ 47,497,094
Total Expenses	(49,475,398)	(51,454,414)	(53,512,591)	(55,653,095)	(57,879,219)	(60,194,388)
<b>Net Surplus (Deficit)</b>	<b>(4,283,540)</b>	<b>(5,810,639)</b>	<b>(7,412,377)</b>	<b>(9,091,880)</b>	<b>(10,852,393)</b>	<b>(12,697,294)</b>
Merger - Funding Harmonization	2,793,540	2,368,415	268,206			
Merger - Stabilization	1,490,000	3,442,224	860,556			
<b>Net Surplus (Deficit) After Merger Funding</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ (6,283,615)</b>	<b>\$ (9,091,880)</b>	<b>\$ (10,852,393)</b>	<b>\$ (12,697,294)</b>

Adjusted for Population Growth	2025	2026	2027	2028	2029	2030
Funding	\$ 45,191,858	\$ 45,643,775	\$ 46,100,214	\$ 46,561,215	\$ 47,026,826	\$ 47,497,094
Total Expenses	(49,475,398)	(51,986,179)	(54,532,822)	(57,247,564)	(60,094,440)	(63,080,267)
<b>Net Surplus (Deficit)</b>	<b>(4,283,540)</b>	<b>(6,342,404)</b>	<b>(8,432,608)</b>	<b>(10,686,349)</b>	<b>(13,067,614)</b>	<b>(15,583,173)</b>
Merger - Funding Harmonization	2,793,540	2,368,415	268,206			
Merger - Stabilization	1,490,000	3,973,989	993,497			
<b>Net Surplus (Deficit) After Merger Funding</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ (7,170,905)</b>	<b>\$ (10,686,349)</b>	<b>\$ (13,067,614)</b>	<b>\$ (15,583,173)</b>

\* Projections use the current model and do not include the planned application of mitigation measures to balance future budgets, as required.

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## Multiple Scenarios\*

Scenario Description	2025	2026	2027	2028	2029	2030
<b>Cost Only</b>						
75/25	\$ (5,789,935)	\$ (7,332,098)	\$ (8,949,051)	\$ (10,643,920)	\$ (12,419,954)	\$ (14,280,531)
72.5/27.5	(4,283,540)	(5,810,639)	(7,412,377)	(9,091,880)	(10,852,393)	(12,697,294)
70/30	(2,669,545)	(4,180,504)	(5,765,941)	(7,428,979)	(9,172,863)	(11,000,969)
65/35	930,905	(544,049)	(2,093,122)	(3,719,432)	(5,426,221)	(7,216,860)
<b>Adjusted for Population Growth</b>						
75/25	\$ (5,789,935)	\$ (7,863,863)	\$ (9,969,282)	\$ (12,238,389)	\$ (14,635,175)	\$ (17,166,410)
72.5/27.5	(4,283,540)	(6,342,404)	(8,432,608)	(10,686,349)	(13,067,614)	(15,583,173)
70/30	(2,669,545)	(4,712,269)	(6,786,172)	(9,023,448)	(11,388,084)	(13,886,848)
65/35	930,905	(1,075,814)	(3,113,353)	(5,313,901)	(7,641,442)	(10,102,739)

\* Scenarios presented do not include the planned application of mitigation measures to balance future budgets, as required.

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# South East Health Unit

formerly



## Board of Health Briefing Note

<b>To:</b>	South East Health Unit Board of Health
<b>Prepared by:</b>	Susan Stewart, Director, Merger Office
<b>Approved by:</b>	Dr. Piotr Oglaza, Medical Officer of Health and CEO
<b>Date:</b>	Wednesday, April 23, 2025
<b>Subject:</b>	<b>Merger Updates</b>
<b>Nature of Board Engagement:</b>	<input checked="" type="checkbox"/> <b>For Information</b> <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
<b>Action Required:</b>	No action required.
<b>Change Management</b>	<p>Change management is the application of tools, processes and principles to manage the human aspects of a change to achieve the desired outcome of a project. The Merger Office is putting together a thoughtful and intentional overarching change management approach for the South East Health Unit. This plan will adapt over time to be responsive to the needs of staff as the merger matures.</p> <p>The change management strategy includes four main components:</p> <ol style="list-style-type: none"> <li>1. <u>Communication</u> Regular communication is sent out to staff and the Board of Health monthly. We have created a Merger Map for our staff that outlines major projects in each quarter. This will be updated quarterly.</li> <li>2. <u>Change readiness</u> The baseline change readiness assessment closed on April 3. The Merger Office is in the process of analyzing the results. A high-level overview of the results will be shared with the Board of Health.</li> <li>3. <u>Culture</u> We held the inaugural Town Hall of the South East Health Unit on April 4! We have established a Staff Engagement Project Team that will be helping to plan future events. We have also created a Merger Hub that all staff can access. This Hub is a central repository for merger-related information.</li> </ol>

	<p>4. <u>Training</u></p> <p>In addition, training will be offered to all staff at the South East Health Unit throughout the merger. Initially, members of the Executive Committee, Directors, Managers, and other staff responsible for supporting staff through change will attend virtual training in change management in March and early April. All staff will be invited to future virtual and in-person workshops with a focus on well-being and navigating changes at work.</p>
<p><b>Branding and Marketing</b></p>	<p>The branding and marketing project continues to move along. The creation of new branding options is underway using the results of engagement sessions held with key groups in the South East Health Unit. An online survey for both staff and Board of Health members to participate in the branding development process is forthcoming.</p>
<p><b>New Website</b></p>	<p>We are starting to consider a new website for the South East Health Unit. This will involve two major initiatives – developing the content for the new website; and developing a new platform. Knowledge Management has piloted a process using Artificial Intelligence (AI) to scrape* the content from the current legacy websites and compare and contrast it; and to suggest new content, which will then be reviewed by the appropriate subject matter experts.</p> <p>*Web scraping is the process of using software (often called bots or web crawlers) to automatically extract data or content from a website, and then store it for later use, analysis, or replication.</p>
<p><b>Non-Union Compensation Harmonization</b></p>	<p>Non-union positions are undergoing a compensation harmonization process that is divided into three sections:</p> <ul style="list-style-type: none"> <li>• Wage and salary grid harmonization;</li> <li>• Benefits harmonization; and</li> <li>• Terms and conditions of employment harmonization.</li> </ul> <p>This work should be completed by the end of June, 2025.</p> <p>Unionized employees will follow a separate process that is outlined in the <i>Public Sector Labour Relations Transition Act</i>.</p>
<p><b>Information Technology Projects</b></p>	<p>Work is continuing towards delivering a consolidated Microsoft 365 environment with a new email domain.</p>