

**Board of Health for the
Haliburton Kawartha Northumberland Peterborough Health Unit
MEETING AGENDA
Thursday, January 16, 2025, 2:00 p.m. - 3:30 p.m.
Meeting Rooms, 108 Angeline St. S, Lindsay ON**

1. Call to Order

2. Land Acknowledgement

The HKNP Health Unit is situated on the traditional territories of the Michi Saagiig and Chippewa Nations. This includes the territories of Treaty 20 and Williams Treaties. We respectfully acknowledge that these Nations are the stewards and caretakers of these lands and waters for all time and that they continue to maintain this responsibility to ensure their health and integrity for generations to come.

We also recognize that as an organization rooted in a colonial system, we have a responsibility and are committed to building meaningful relationships with Indigenous communities and in improving our understanding of local Indigenous peoples as we celebrate their cultures and traditions, serve their communities, and responsibly honour all our relations.

3. Declaration of Conflict of Interest

4. Adoption of the Agenda

5. Adoption of Regular Minutes

5.1. January 2, 2025

- Cover Report
- a. Minutes, Jan. 2/25

6. Business Arising (nil)

7. Consent Items to be Considered Separately (nil)

8. Reports

8.1. Report: Approval of Board Meeting Schedule

- Cover Report

8.2. Report: Approval of Board Remuneration Policy and Rate

- Cover Report
- a. Policy, Remuneration of Board Members

9. Consent Items (nil)

10. New Business

10.1. Presentation: HKNP Merger Briefing – Journey Towards Full Integration

- Cover Report
- a. Presentation

10.2. Presentation: Partnering to Enhance Merger Success

- Cover Report
- a. Presentation

10.3. Legal Corporate Address

10.4. Meeting Streaming

11. Correspondence (nil)

12. In-Camera Session

The Board of Health will discuss two items in closed session, in accordance with the Municipal Act, 2001, Section 239(2):

(d) Labour relations or employee negotiations

(j) a trade secret or scientific, technical, commercial or financial information that belongs to the municipality or local board and has monetary value or potential monetary value.

13. Motions From In Camera Session

14. Date of Next Meeting

15. Adjournment

**HALIBURTON KAWARTHA NORTHUMBERLAND PETERBOROUGH HEALTH UNIT
BOARD OF HEALTH**

TITLE:	Meeting Minutes for Approval
DATE:	January 16, 2025

PROPOSED RECOMMENDATIONS

That the Board of Health for the Haliburton Kawartha Northumberland Peterborough Health Unit approve meeting minutes for January 2, 2025.

ATTACHMENTS

- a. [Draft Minutes, Jan. 2/25](#)

**Board of Health for the
Haliburton Kawartha Northumberland Peterborough Health Unit
SPECIAL MEETING MINUTES
Thursday, January 2, 2025 – 11:00 a.m.
VIRTUAL**

In Attendance:

Board Members:

Deputy Mayor Ron Black, Chair
Warden Bonnie Clark
Mayor Olena Hankivsky
Mr. Paul Johnston
Councillor Dan Joyce
Councillor Nodin Knott
Councillor Joy Lachica
Mayor John Logel
Dr. Ramesh Makhija
Mr. David Marshall
Mr. Dan Moloney
Councillor Tracy Richardson
Councillor Keith Riel
Deputy Mayor Cecil Ryall
Dr. Hans Stelzer
Councillor Kathryn Wilson

Staff:

Dr. Natalie Bocking, Deputy Medical Officer of Health
Ms. Donna Churipuy, Director, Health Protection
Ms. Alida Gorizzan, Executive Assistant (Recorder)
Ms. Michelle McWalters, Executive Assistant
Dr. Thomas Piggott, Deputy Medical Officer of Health
Mr. Larry Stinson, Director of Operations

1. Call to Order

Dr. Bocking called the meeting to order at 11:02 a.m.

2. Land Acknowledgement

3. Declaration of Conflict of Interest

There were no declarations of conflict of interest.

4. Elections

Dr. Piggott shared expressions of interest regarding the Chair and Vice Chair positions from Deputy Mayor Black and Deputy Mayor Ryall.

An electronic ballot via email was taken to determine the successful candidate, results were verified by Drs. Bocking and Piggott, Ms. McWalters and Ms. Gorizzan as follows:

- Elected Chair: Deputy Mayor Ron Black
- Elected Vice Chair: Deputy Mayor Cecil Ryall

MOTION:

That the Board of Health for the Haliburton Kawartha Northumberland Peterborough Health Unit approve the following leadership positions for 2025:

- Chair: Deputy Mayor Ron Black
- Vice Chair: Deputy Mayor Cecil Ryall

Moved: Warden Clark

Seconded: Dr. Makhija

Motion carried. (2025-001)

Deputy Mayor Black assumed the Chair and requested a roll call. All members confirmed their attendance.

5. Adoption of the Agenda

MOTION:

That the agenda be approved.

Moved:

Seconded:

Motion carried. (2025-002)

6. Adoption of Regular Minutes (nil)

7. Business Arising (nil)

8. Consent Items to be Considered Separately (nil)

9. Medical Officer of Health Updates (nil)

10. Reports

10.1. By-Laws for Approval

The following motion was read three times as per procedural requirements for approval of by-laws.

MOTION:

That the Board of Health for the Haliburton Kawartha Northumberland Peterborough Health Unit approve the following by-laws:

- a. By-Law #1 – Management of Property
- b. By-Law #2 – Banking and Finance
- c. By-Law #3 – Calling of and Proceedings at Meetings
- d. By-Law #4 – Appointment of Auditor
- e. By-Law #5 – Duties of Officers and Management of Board of Health

Moved: Mr. Johnston

Seconded: Mayor Logel

Motion carried. (2025-003)

10.2. Committee Terms of Reference for Approval

MOTION:

That the Board of Health for the Haliburton Kawartha Northumberland Peterborough Health Unit approve the following Committee Terms of Reference:

- a. Indigenous Health Advisory Circle
- b. Stewardship Committee

Moved: Dr. Makhija

Seconded: Mayor Logel

Motion carried. (2025-004)

10.3. Committee Appointments – Board Members

MOTION:

That the Board of Health for the Haliburton Kawartha Northumberland Peterborough Health Unit approve appointments of Board Members for the Indigenous Health Advisory Circle and Stewardship Committee for 2025 as follows:

- a. Indigenous Health Advisory Circle:
 - o Mayor John Logel
 - o Councillor Joy Lachica
 - o Councillor Kathryn Wilson
 - o Councillor Nodin Knott
 - o Mr. Paul Johnston
- b. Stewardship Committee
 - o Deputy Mayor Cecil Ryall
 - o Mr. Dan Moloney
 - o Mr. David Marshall

- Dr. Hans Stelzer
- Councillor Kathryn Wilson
- Councillor Keith Riel
- Councillor Tracy Richardson

Moved: Mr. Moloney

Seconded: Councillor Riel

Motion carried. (2025-005)

10.4. Committee Appointments – Community Members

MOTION:

That the Board of Health for the Haliburton Kawartha Northumberland Peterborough Health Unit confirm appointments of the following community members to the Indigenous Health Advisory Circle for 2025:

- Ashley Safar, Peterborough Community Health Centre
- David Newhouse, Trent University
- Executive Director (or delegate), Nijkiwendidaa Anishnaabekwewag Services Circle
- Executive Director (or delegate), Nogojiwanong Friendship Centre
- Elizabeth Stone, Fleming College
- Representative, Alderville First Nation
- Kristy Kennedy, Métis Nation of Ontario, Peterborough & District Wapiti Métis Council
- Rebecca Watts, Lovesick Lake Native Women's Association

Moved: Mr. Moloney

Seconded: Warden Clark

Motion carried. (2025-006)

10.5. Meeting Schedule and Honourarium

MOTION:

That the Board of Health for the Haliburton Kawartha Northumberland Peterborough Health Unit defer decisions on establishing a meeting schedule and honourarium paid to eligible members until the next regular meeting.

Moved: Mayor Logel

Seconded: Councillor Richardson

Motion carried. (2025-007)

11. Correspondence

MOTION:

That the Board of Health for the Haliburton Kawartha Northumberland Peterborough Health Unit receive the following correspondence for information:

- a. Memo dated December 11, 2024, from Dr. Kieran Moore, Ontario Chief Medical Officer of Health, regarding regulatory amendments to effect the voluntary mergers of select local public health agencies.

Moved: Dr. Makhija

Seconded: Deputy Mayor Ryall

Motion carried. (2025-008)

12. Consent Items (nil)

13. New Business

14. In-Camera Session

MOTION:

That the Board of Health go In Camera at 12:08 p.m. to discuss three items in accordance with the Municipal Act, 2001, Section 239(2)(d) Labour relations or employee negotiations.

Moved: Councillor Wilson

Seconded: Mr. Johnston

Motion carried. (2025-009)

MOTION:

That the Board of Health rise from In Camera at 12:58 p.m.

Moved: Warden Clark

Seconded: Dr. Makhija

Motion carried. (2025-010)

15. Motions from In-Camera Session

MOTION:

That the Board of Health for the Haliburton Kawartha Northumberland Peterborough Health Unit appoint the following Deputy Medical Officers of Health:

- Dr. Natalie Bocking
- Dr. Thomas Piggott

Moved: Dr. Stelzer

Seconded: Dr. Makhija

Motion carried. (2025-011)

MOTION:

That the Board of Health for the Haliburton Kawartha Northumberland Peterborough Health Unit approve the following Acting Medical Officer of Health Rotation Schedule:

- January 2, 2025, 12:00 a.m. – January 12, 2025, 11:59 p.m. - Dr. Thomas Piggott
- January 13, 2025, 12:00 a.m. – January 19, 2025, 11:59 p.m. – Dr. Natalie Bocking
- January 20, 2025, 12:00 a.m. – January 26, 2025, 11:59 p.m. – Dr. Thomas Piggott

- January 27, 2025, 12:00 a.m. – February 2, 2025, 11:59 p.m. – Dr. Natalie Bocking
 - February 3, 2025, 12:00 a.m. – February 9, 2025, 11:59 p.m. – Dr. Thomas Piggott
 - February 10, 2025, 12:00 a.m. – February 16, 2025, 11:59 p.m.– Dr. Natalie Bocking
- Moved: Warden Clark
Seconded: Deputy Mayor Ryall
Motion carried. (2025-012)

MOTION:

That the Board of Health for the Haliburton Kawartha Northumberland Peterborough Health Unit supports the recommendations as outlined for In Camera item 6.3.

Moved: Warden Clark
Seconded: Deputy Mayor Ryall
Motion carried. (2025-013)

16. Date, Time and Place of Next Meeting

Thursday, January 16, 2025, 2:00 p.m.
HKNP Offices, 108 Angeline Street South, Lindsay, ON

17. Adjournment

MOTION:

That the meeting be adjourned at 1:10 p.m.
Moved: Warden Clark
Seconded: Deputy Mayor Ryall
Motion carried. (2025-014)

Chair

Recorder

**HALIBURTON KAWARTHA NORTHUMBERLAND PETERBOROUGH HEALTH UNIT
BOARD OF HEALTH**

TITLE:	Approval of Board Meeting Schedule
DATE:	January 16, 2025

PROPOSED RECOMMENDATIONS

That the Board of Health for the Haliburton Kawartha Northumberland Peterborough Health Unit approve the following meeting schedule for 2025:

- Wednesday, February 19 – 5pm (Peterborough Office)
- Thursday, March 20 – 1pm (Port Hope Office)
- Wednesday, April 16 – 5pm (TBD)
- Thursday, May 15 – 1pm (TBD)
- Wednesday, June 18 – 5pm (TBD)
- Thursday, September 17 – 1pm (TBD)
- Wednesday, October 15 – 5pm (TBD)
- Thursday, November 20 – 1pm (TBD)
- Wednesday, December 17 – 5pm (TBD)

BACKGROUND

In consideration of poll results and feedback received from Board Members at the last meeting, a schedule has been proposed which offers an alternating afternoon and evening option. Poll results were as follows (in order of preference):

- 3rd Thursday of the Month (afternoons);
- 3rd Wednesday of the month (evenings); and,
- 2nd Thursday of the month (evenings)

With respect to agenda preparation, it is ideal to have meetings occur within the same period (i.e., 3rd week of the month) so that timelines can be consistent, which helped inform the proposed schedule above.

Location sites will continue to be determined. Historically, meetings have also occurred within Curve Lake First Nation and Hiawatha First Nation for PPH, and at the Haliburton Office for HKPR. Staff will continue to pursue these additional meeting locations, alternate sites may need to be explored (i.e., Haliburton) as previous spaces may not be large enough to accommodate the expanded Board.

**HALIBURTON KAWARTHA NORTHUMBERLAND PETERBOROUGH HEALTH UNIT
BOARD OF HEALTH**

TITLE:	Approval of Board Remuneration Policy and Rate
DATE:	January 16, 2025

PROPOSED RECOMMENDATIONS

1. That the Board of Health for the Haliburton Kawartha Northumberland Peterborough Health Unit approve Board of Health Policy 02-01 – Remuneration of Board Members.
2. That the Board of Health for the Haliburton Kawartha Northumberland Peterborough Health Unit approve a remuneration amount of \$100 per meeting for Board of Health Members for 2025.

BACKGROUND

Legacy health unit policies related to board member remuneration were provided to legal counsel for review. Both were longstanding policies used by respective staff in order to determine honourarium rates and process reimbursement. Counsel flagged a pertinent section within the Health Protection and Promotion Act (HPPA) which was absent from both policies, namely:

Rate of remuneration

(6) 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).

All applicable HPPA sections have now been added as an appendix to ensure this is included in policy moving forward.

With respect to honourarium rate, based on the excerpt above and upon reviewing current funder honourarium practices (Table A), it is recommended that the payment rate be set at \$100 per meeting. For extended and/or consecutive meetings over four hours, entitlement will be similar to the County of Peterborough, this has been noted within the policy (item 7).

Table A: Current Funder Honourarium Details

Funder	Honourarium Payment Details	Mileage Payment Details
City of Kawartha Lakes	Annual stipend paid by municipality	Paid by municipality
City of Peterborough	Annual stipend paid by municipality	Paid by municipality

Funder	Honourarium Payment Details	Mileage Payment Details
County of Haliburton	\$80 per meeting	Paid by HKNP based on staff rate
County of Northumberland	\$101.95 per meeting (\$100 + 1.95% Employer Health Tax)	Paid by HKNP based on staff rate
County of Peterborough	Paid by municipality: Meetings under 4 hours \$100; over 4 hours \$200.	Paid by HKNP based on staff rate
Curve Lake First Nation	Paid by HKNP based on approved HKNP Board member remuneration rate	Paid by HKNP based on staff rate
Hiawatha First Nation	Paid by HKNP based on approved HKNP Board member remuneration rate	Paid by HKNP based on staff rate

ATTACHMENTS

- a. [Draft Policy 02-01 – Remuneration of Board Members](#)

Policy	DRAFT Remuneration of Board Members
Section	Board of Health
Number	02-01
Policy Lead	Board of Health
Approval Level	Board of Health
Original Approval	YYYY-MMM-DD
Reviewed/Revised	YYYY-MMM-DD
Next Review	YYYY-MMM-DD
Associated HKNP Procedures and Forms	Procedure – Remuneration of Members

POLICY

PURPOSE

The purpose of this policy is to provide guidance for the compensation of Haliburton Kawartha Northumberland Peterborough (HKNP) Board of Health members.

DEFINITIONS

"Board" means the Board of Health for Haliburton Kawartha Northumberland Peterborough Health Unit;

"Council" means the Municipal and First Nations Councils within the health unit catchment area;

“Committee” means an assembly of two or more members appointed by the Board of Health;

"Meeting" means an official gathering of members of the Board or its committees in one place to transact business; and

“Member” means a member of the Board who is appointed by a Council (inclusive of First Nation Councils where Section 50 agreements are in place) or the Lieutenant Governor-in-Council or a person who is appointed to a Committee by the Board.

POLICY STATEMENT

This policy establishes the framework for the remuneration and reimbursement of Board members to ensure fairness, transparency, and accountability. It recognizes the time, effort, and financial costs incurred by members in fulfilling their responsibilities and

provides clear guidelines for compensation, honourariums, and reimbursement of reasonable expenses.

POLICY DETAILS

1. At its first regular meeting, the Board shall confirm which members shall be remunerated for attending meetings and shall determine the amount of the remuneration.
2. The Board shall reimburse each member for all reasonable expenses incurred as a result of acting in their capacity as a member in accordance with the policies of the Board. This includes mileage which will be calculated based on HKNP staff rates for members eligible to receive this reimbursement as determined by their appointing municipal councils.
3. An honorarium will be paid to each member of the Board of Health who is eligible for compensation in accordance with the *Health Promotion and Protection Act* (HPPA) (refer to Appendix A for applicable sections). Eligible members are Provincial Appointees, First Nations Representatives, Chair of the Board of Health, and those Municipal Appointees who do not receive annual remuneration from their appointing municipal councils.
4. As noted within the HPPA, the rate set must align with municipal remuneration rates, specifically, it “shall not exceed the highest rate of remuneration of a member of a standing committee of a municipality within the health unit”.
5. The honorarium will be paid to each eligible Board member who attends:
 - a. a regular meeting of the Board;
 - b. a committee meeting;
 - c. a conference or convention; or
 - d. a business meeting on behalf of the Board.
6. Board members wishing to attend a Committee meeting as an observer can do so however they will not be remunerated for their time or mileage. A Board member wishing to attend a Committee meeting for the purposes of orientation will receive a standard honourarium (as outlined in item 5) to a maximum of one meeting per Committee.
7. A Board member who attends one meeting (or consecutive meetings) that extend over four hours, will receive two times the regular honorarium.

8. A Board member will be paid one half of the regular honorarium when required to attend to Board business not covered under item 5.
9. The Board Chair will be paid one half of the regular honourarium for Board business not covered under item 5, such as scheduled briefing meetings between the Board Chair and Medical Officer of Health. The Vice Chair is welcome to participate, however, they would not be entitled to an honourarium, unless their attendance is requested.
10. Board members will not be compensated for attendance at community events unless representing the Chair of the Board of Health.
11. The quarterly financial report presented to the Board of Health will provide details of all expenses related to the activities of the Board of Health.

PROCEDURE – REMUNERATION OF MEMBERS

PROCEDURE DETAIL

1. The Executive Assistant (EA) to the BOH will keep a record of all meetings attended by Board of Health members.
2. On a quarterly basis, the EA will issue a statement to each member for verification by the member.
3. Once verified, the EA will forward the statement to Accounting for processing and payment.
4. Reimbursement for expenses related to attendance at conventions, conferences, seminars, etc. will be prepared by the EA for the applicable member, in accordance with organizational policy.
5. At the end of each calendar year, the EA will verify rates of obligated municipalities to inform the rate for the subsequent year.

ADDITIONAL INFORMATION

APPENDICES

Appendix A: HPPA Excerpts – Board Member Remuneration

VERSION HISTORY

DATE	LEAD	DESCRIPTION
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**APPENDIX A:
HEALTH PROTECTION AND PROMOTION ACT
Excerpts related to Board Member Remuneration**

Remuneration

(4) A board of health shall pay remuneration to each member of the board of health on a daily basis and all members shall be paid at the same rate. R.S.O. 1990, c. H.7, s. 49 (4).

Expenses

(5) A board of health shall pay the reasonable and actual expenses of each member of the board of health. R.S.O. 1990, c. H.7, s. 49 (5).

Rate of remuneration

(6) 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).

Member of municipal council

(11) Subsections (4) and (5) do not authorize payment of remuneration or expenses to a member of a board of health, other than the chair, who is a member of the council of a municipality and is paid annual remuneration or expenses, as the case requires, by the municipality. R.S.O. 1990, c. H.7, s. 49 (11).

**HALIBURTON KAWARTHA NORTHUMBERLAND PETERBOROUGH HEALTH UNIT
BOARD OF HEALTH**

TITLE:	Presentation: HKNP Merger Briefing – Journey Towards Full Integration - Q1 2025
DATE:	January 16, 2025

PROPOSED RECOMMENDATIONS

That the Board of Health for the Haliburton Kawartha Northumberland Peterborough Health Unit receive the following presentation for information:

- Title: HKNP Merger Briefing – Journey Towards Full Integration - Q1 2025
- Presenter: Tony Yu, Principal, Sense & Nous

ATTACHMENTS

- a. [Presentation](#)



HKNP Merger Briefing – Journey Towards Full Integration - Q1 2025

Prepared for: Board of Health of HKNP

Jan 16, 2025

Successes So Far – Accomplishments



Governance

- ✓ Board of Health Established
- ✓ Governance Bylaws and Policies
- ✓ Committees, ToRs, Remuneration

Legal

- ✓ Transition Corporate Insurance
- ✓ Legal notices
- ✓ Legal due diligence

Human Resources

- ✓ Issue New Employment Letters
- ✓ HRIS Harmonization Initiated

Finance & Facilities

- ✓ Finalize New Accounting Structure
- ✓ Build New Financial Database
- ✓ Pay off mortgage (approx. \$2.6M)

IT

- ✓ Cross-Tenant Access

Change Management

- ✓ Training and Coaching

Program Harmonization

- ✓ Early Discovery (harmonization planning)
- ✓ Project Charter for program harmonization

Branding and Comms

- ✓ All-Staff - Virtual
- ✓ Branding development initiated

Successes So Far – Accomplishments

Merger Vision by the Senior Leadership Team

- **Not a Merger in Name Only**
 - Will be one organization with common values and strategic priorities
 - Will align our ways of working and operating model
 - Will serve the entire geography and Whole of Treaty territory (almost)
 - Will take a regional approach to Indigenous Allyship and Sovereignty, Health Equity/Justice and rural access to services
- **Fresh opportunity** to build/create infrastructure for better organization, enhanced leadership and impact.
- Locally, this journey is about **creating improved public health capacity and services.**

Shared Values To Achieve Full Integration

- **Approach** this merger with **courage, curiosity and humility.**
- **Collaborate** and **consult** during the merger process with employees, partners and the broader community wherever possible (and otherwise inform).
- Put **community health needs and priorities at the centre** of our decision making.
- **Take this opportunity** to reflect on our services and **drive action** to address health inequity.
- **Take this opportunity to build a financially responsible organization** by finding efficiencies and reinvesting cost savings.
- **Demonstrate support** and **thoughtfulness towards each other** during the merger process.
- **Be open and transparent** and assume the best of each other.
- **Identify common values** and develop common strategic priorities.
- **Draw on the unique program strengths** and **innovations** of each legacy health unit.

Journey Towards Full Integration – Q1 2025



Legal/Compliance

Legal notices & COI to partners/vendors
Corporate Filing (Service Ontario, CRA)
Ministry of Labour Filing

Progress

Initiated
Progress Made
Initiated

Description

Issues follow-up legal notices and certificates of insurance to vendors/partners
Corporate information registration and/or update (including Charitable Status)
Occupation Health and Safety filing

Org Structure

Executive Leadership, Senior Leadership, Management structure

Initiated

Leadership selection and finalization of organizational structure

Human Resources

Non-Union Harmonization
HRIS Harmonization
Payroll, Pension, Benefits & WSIB Transition
PSLRTA union integration

Initiated
Progress Made
Initiated
Not Started

Non-Union compensation harmonization implementation
HRIS (ADP) implementation
Work with providers to integrate accounts; notify employees
Union integration

Branding and Comms

New Brand

Progress Made

New business name, visual identity, and website

Journey Towards Full Integration – Q1 2025



Finance & Facilities	Progress	Description
Test and Launch New Database	Near Complete	Go-live of integrated financial information system (SAGE)
Financial Services Integration (and authorization)	Progress Made	Unifying banking services and finalizing authorization
Regional Capital and Space Needs Assessment	Initiated	Determining needs of facilities and space utilization and determine a strategy forward
Finalize 2025 Q1 Merger Budget	Progress Made	Finalize Q1 merger expenditures to meet Ministry's merger budget update request
IT		
Target State Design	Progress Made	Design the integrated state of information systems, infrastructure, data, telephony, etc.
Infrastructure Migration and Integration	Not Started	Transition to the target state design
Program Harmonization		
Acquire Lean Support for process improvements	Progress Made	Acquire Lean Support to supplement program and corporate services harmonization work
Acquire Evaluation Support to demonstrate merger success	Initiated	Acquire Evaluation Support to design and demonstrate formative merger outcomes and to support Ministry reporting requirements
Design (For Discovery and Alignment)	Initiated	Determine the project plan for each program harmonization timing and approach
Policies and Procedures		
Harmonizing Policies and Procedures	Initiated	Harmonizing high-priority policies and procedures

Integration Considerations – Monitoring and Tracking

Considerations

Assessment

Control Strategy

Delay in leadership decision-making



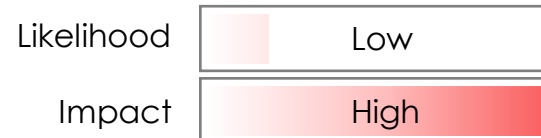
Board of Health Chair continues to manage the process for a comprehensive and timely decision.

Late provincial merger approval and shorter time to spend 2024-25 budget



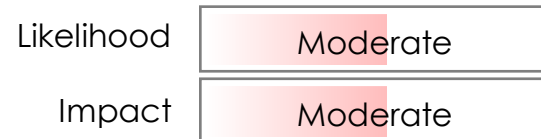
Confirming and finetuning 2024-2025 merger expenditures at the Senior Leadership level

Staff morale & wellbeing



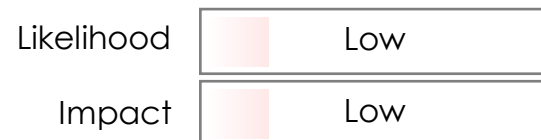
Close monitoring of staff morale through Communications and Change Management workstreams.

Vendor & stakeholder responsiveness to meet integration timeline



Providing early notification, integration timeline and expedited issue escalation process to allow integration to proceed promptly.

Collaborative decision-making approach prior to a formal organizational structure announced



Monitoring decision-making timelines to minimize process-related bottlenecks.

**HALIBURTON KAWARTHA NORTHUMBERLAND PETERBOROUGH HEALTH UNIT
BOARD OF HEALTH**

TITLE:	Presentation: Partnering to Enhance Merger Success
DATE:	January 16, 2025

PROPOSED RECOMMENDATIONS

That the Board of Health for the Haliburton Kawartha Northumberland Peterborough Health Unit receive the following presentation for information:

- Title: Partnering to Enhance Merger Success
- Presenter: Angela Burton, Principal Change Advisor, Prosci

ATTACHMENTS

- a. [Presentation](#)



PARTNERING TO ENHANCE MERGER SUCCESS

Angela Burton, Principal Change Advisor
January 16, 2025

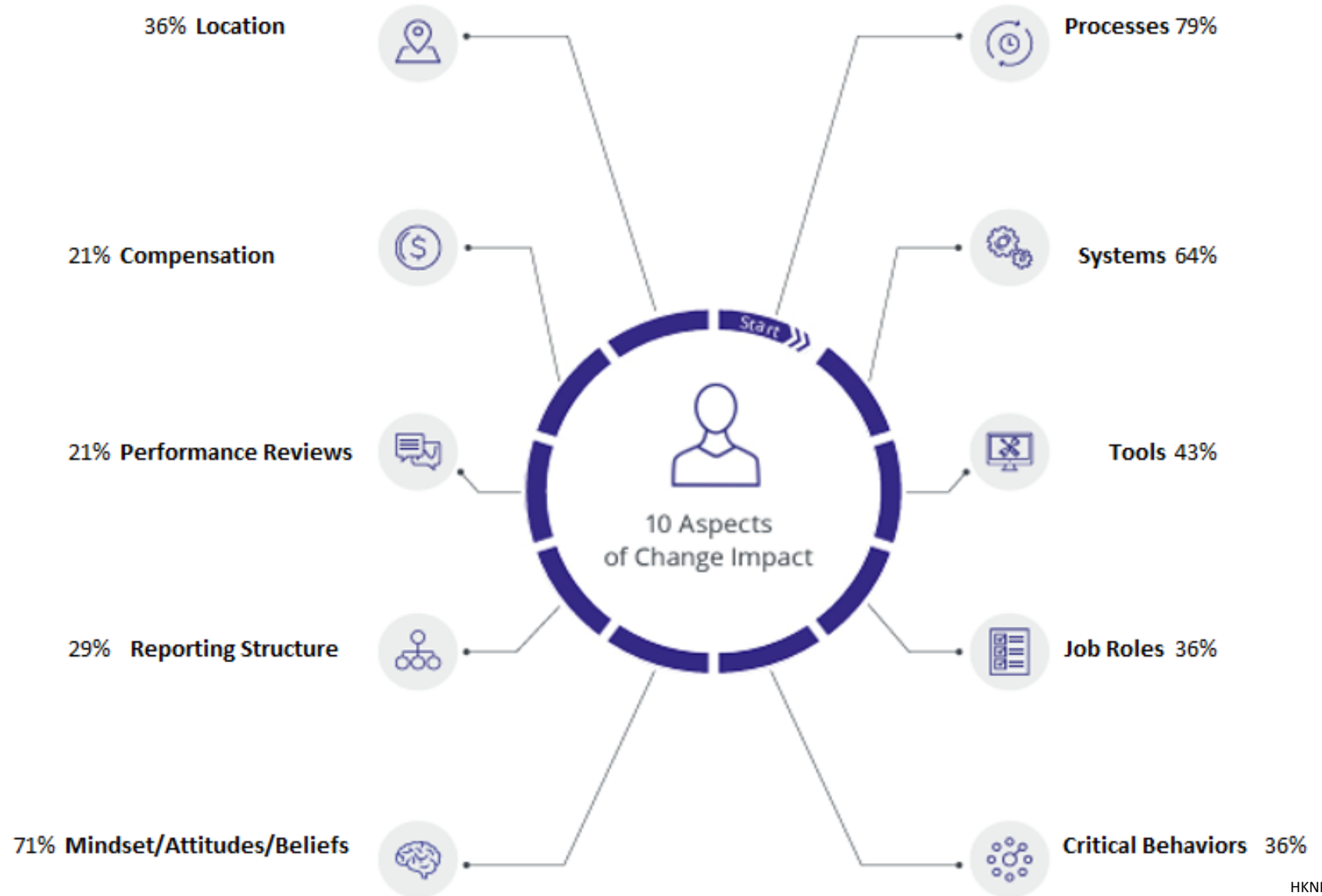
Why did HKPR & PPH Merge?

To create a PHU to better serve the combined region with:

- More capacity (people, processes, tool, technology, funding and programs) to respond to public health emergencies and community priorities.
- Operational model designed to maintain our existing level of service in a fiscally scarce environment.
- Organizational resilience (change capability) required to optimize capacity, stability, and sustainability in public health and deliver more equitable health outcomes across the region.

10 Aspects of Change Impact

View % of the Merger Initiatives impacting each aspect



Change Management

On a Project Level

Change management is the application of a structured process and set of tools for leading the people side of change **to achieve a desired outcome.**

On an Organizational Level

A leadership competency for enabling change within an organization.

A strategic capability designed to increase change capacity and responsiveness.

Who We Are

Founded: 1994
Global Headquarters: Fort Collins, Colorado, U.S.

Regional Offices:

Canada	Denmark	Italy
Mexico	Belgium	Luxembourg
Brazil	France	Netherlands
Colombia	Spain	Switzerland
Chile	Australia	
U.K.	Singapore	

At a Glance

25+
Years of
Research

12
Longitudinal
Studies

80%
of Fortune 100
Companies Partner
With Prosci

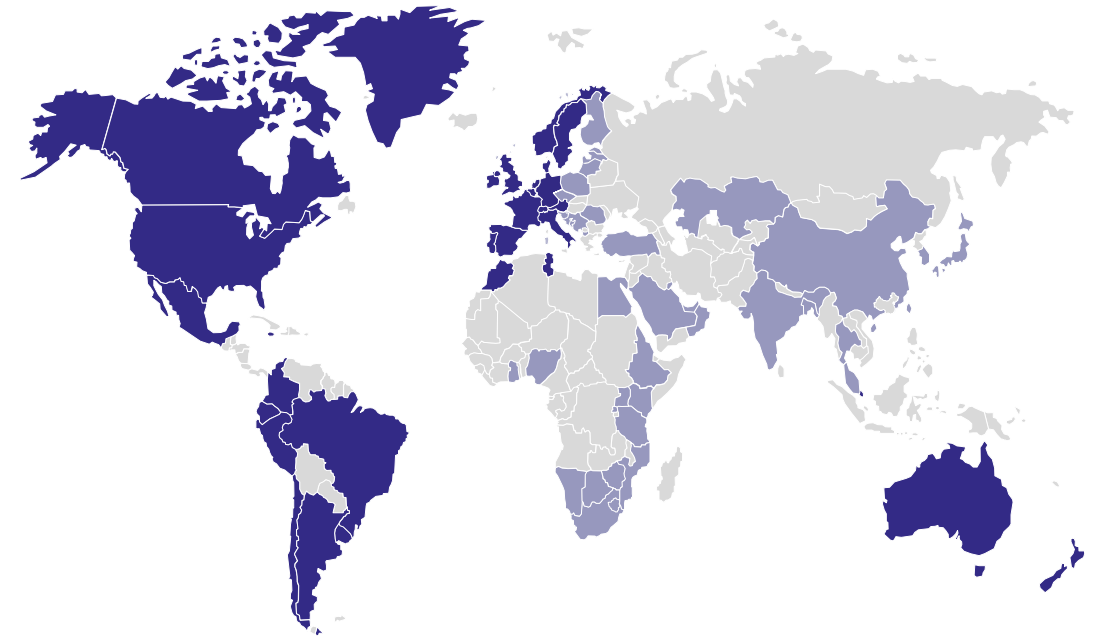
100,000+
People Trained and
Certified Worldwide

20
Authorized
Global Partners

11
Translated Languages
for Solutions

Global Presence

■ Prosci Direct Regions ■ Prosci GAN Partner Regions



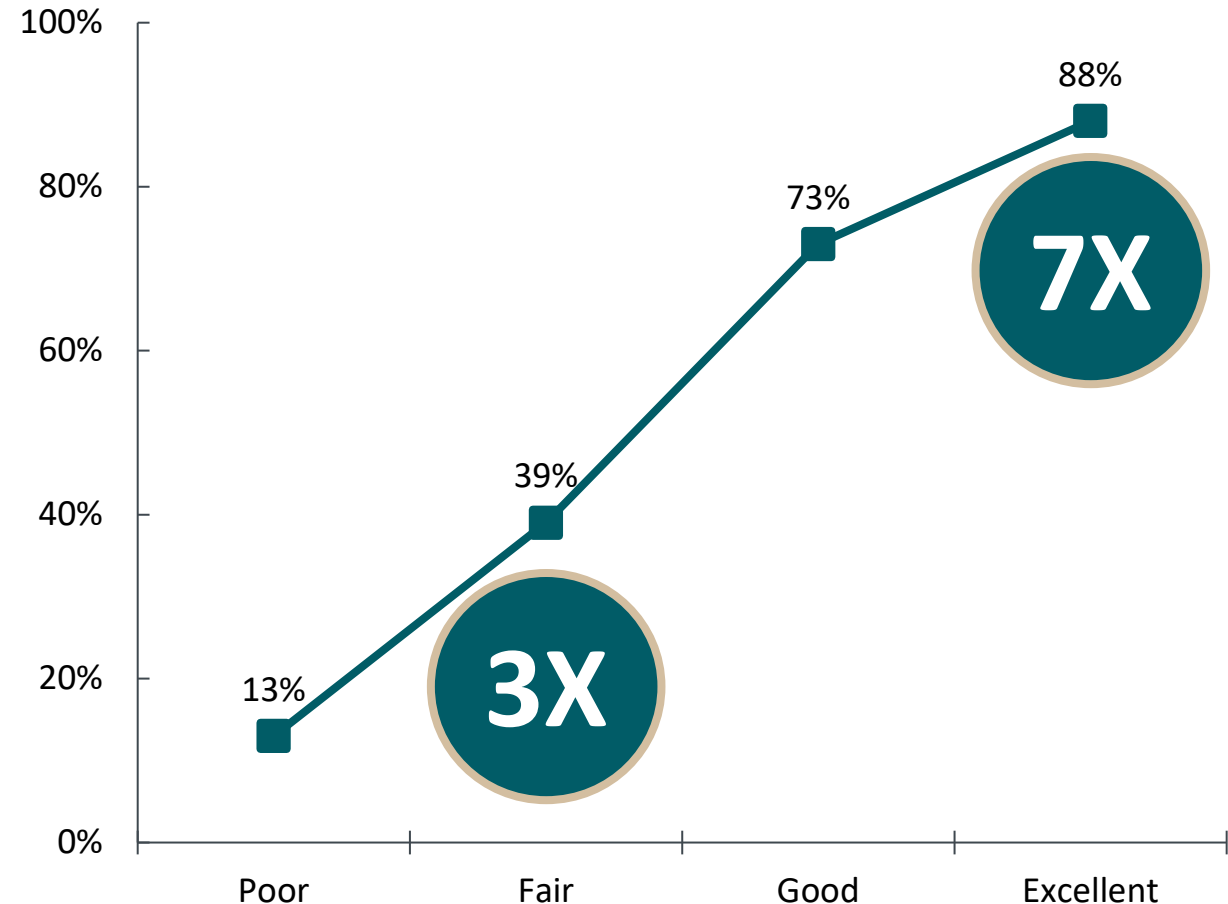
We provide solutions to clients in over 80 countries through a direct presence in the U.S., Canada, Iberia, LATAM, Europe, Singapore and Australia, and an active, integrated global partner network.



Managing the People Side of Change and Achieving Project Results

The ability to successfully deliver **project objectives** is directly impacted by how effectively we **manage the people side of change**

Percent of Respondents That Met or Exceeded Project Objectives



Why Prosci for Mergers?

- Mergers bring about substantial organizational shifts, affecting employees, processes, and systems.
- Without a structured approach to managing these changes, there is a high risk of decreased morale, productivity dips, and resistance, which can undermine the merger's success.
- The Prosci methodology is built on research and best practices, emphasizing the people side of change.
- Prosci provides a structured framework to help organizations navigate transitions smoothly, ensuring that those impacted by the change are supported and equipped to adapt to working in the new organization.

Benefits of Using Prosci for Mergers



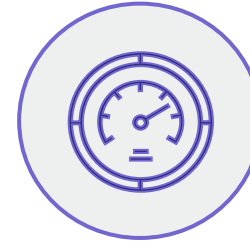
Minimized Resistance

By proactively managing change, we can reduce resistance and foster a culture of adaptability.



Increased Engagement

Employees feel more engaged and supported when there is a clear, structured approach to navigating changes.



Enhanced Adoption

A structured change management strategy ensures that new and enhanced processes and systems are adopted more quickly and effectively.



Improved Outcomes

Ultimately, a focus on change management leads to higher success rates for mergers, maximizing the intended benefits and return on investment.

THANK YOU

Prosci[®]



Your global partner for change success

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Prosci[®]
PEOPLE. CHANGE. RESULTS.™