

South East Local Health Integration Network

Board of Directors Meeting No. 117

Monday April 28, 2014

Cardinal Room
South East Local Health Integration Network
71 Adam Street
Belleville, Ontario

MINUTES

Present: Andreas von Cramon (Vice Chair); Lois Burrows; Arthur Ronald; Dave Sansom (quorum); and Paul Huras (CEO)

Recorder: Jacqui Prospero

Regrets: Donna Segal (Chair); Janet Cosier;

Guests: Sherry Kennedy (COO); Pat Reynolds (Board Coordinator); Caitlin denBoer (Communications Lead); Paula Heinemann (Director Corporate Services); Cynthia Martineau (Director, Health System Design); Florence Peretie (French Language Services Coordinator); and Jennifer Payton (Consultant, Planning and Integration).

1. Call to Order, Chair's Remarks and welcome of guests.

The Chair welcomed guests and members to the meeting at 9:31 am.

2. Selection of Timer and Observer:

- a. Timer = L. Burrows
- b. Observer = A. Ronald

3. Conflict of Interest Declaration

All members confirmed no conflicts.

4. Consent Agenda:

- a. Monthly CEO Reports
- b. Board Correspondence
- c. Chairs Declaration
- d. Chairs Report
- e. Committee Summaries
- f. 2013-14 Board Funding Summary
- g. 2013-14 Community Sector Investment Fund Summary Report
- h. 2013-14 Reallocations Summary Report

That the Consent Agenda be accepted as circulated.

Moved by: A. Ronald
Seconded by: D. Sansom
Carried – 2014-117-01

5. Approval of the Agenda
That the Agenda be approved as circulated.

Moved by: D. Sansom
Seconded by: A. Ronald
Carried – 2014-117-02

6. Approval of Minutes

- a. Minutes of Monday March 31, 2014 Special Board Meeting #116 (attached)

That the Minutes of Monday March 31, 2014 Special Board Meeting #116 be approved as amended.

Moved by: L. Burrows
Seconded by: D. Sansom
Carried – 2014-117-03

7. Business Arising:

- a. Addictions and Mental Health Redesign – 9:42 am
- P. Huras provided a brief update on the organisations activities over the past month.
 - S. Kennedy reviewed the documentation that was handed out that included a presentation with discussion points surrounding a focus on the client; LHIN Board Direction; Report on April Engagements; Report on Future State Planning Team Membership; Option #2 Working Model for Future State Planning; defining information requirements for Board Decision and a set of frequently asked questions.
 - Senior staff provided the following information to the board members based on their questions and comments: many board members felt that the governance webinar was well received and provided an opportunity for open discussion about being involved in the changes that will be coming in the addictions and mental health sectors; members discussed the concern about the lack of interest from board membership on working committees from the community sector, as many of the hospitals have expressed interest; some of the gaps for participation on a few committees will likely be filled through a second directed call for participation; many of the meetings for the committees will be held in the LHIN (likely Kingston) and trying to encourage a face to face discussion versus utilizing electronic means; logistics associated with each committee can / will be adjusted to ensure maximum participation (i.e.: location, start time, etc.); KPMG will continue to act as a facilitator for the committees in order to allow for maximum participation by health service providers and the LHIN will provide administrative support for all of the committees.
 - In scope information is to be developed through future state planning: any proposal that comes to the board should be coming to it for decision and supported by the majority of those involved in the redesign; wanting to “reaffirm” others suggestion is the preference rather than forcing a decision on them; there is a need to ensure that any direction the committees might take can be supported and is expected to improved services for the clients; there is anticipation that recommendations may come back to the LHIN that will require decisions to be made that may not be supported by everyone involved; direction to the team members will be clear in that their work will be to develop a working model (a starting point); through the teams discussions they may determine that other items will need to be considered based on the required achievement of an increase in access to services to all those in the region; dissension in the process needs to be clearly heard by the LHIN board and the LHIN board has been utilizing community engagement to try and ensure that all voices can be heard during this process; many organizations may initially support the proposed changes but when the implementation stage arrives some these organizations might become more internally interested rather than regionally focused; information exchange will continue throughout the committee process; dissenting voices are very good at bringing their concerns forward and making sure everyone hears them, unfortunately those that support the changes are much quieter; many clients appreciate that the LHIN has asked them to be engaged and that the LHIN has listened, but more importantly have seen their comments, concerns and

suggestions included in the documentation that has been flowing from the LHIN; it is important to ensure that any direction that begins to take shape can be validated by the clients; members were encouraged that the LHIN will ensure that during this important stage to keep in mind the culture and behaviours of those agencies involved as they are being asked to consider change in its highest form; high level Health Human Resources (HHR) discussions would involve what the new organizations might look like and the financial situations around certain roles; any planning would not make assumptions around which unions or employees might be involved; external advice will be sought when certain committees are addressing items like HHR, finances, legal, etc.

- b. Finance / Audit Committee – Process for Board Member / Chairs Expenses -
 - In J. Cosiers absence L. Burrows noted for members that a briefing note was provided to that included a brief summary and recommendation for consideration.

That the SE LHIN Board approves the recommendation from the Finance / Audit Committee to have the Chair of the Finance Audit Committee approve the expenses and per diems of the Board Chair.

Moved by: L. Burrows
Seconded by: A. Ronald
Carried – 2014-117-04

RECESS – 10:35 am – 10:50

- c. 2014-15 French Language Services Joint Action Plan (FLS JAAP) – 10:52 am
 - P. Huras provided an overview of the history of the FLS Act and its implications to the LHINs and specifically the SE LHIN.
 - F. Peretie reviewed the briefing note that included a purpose; context; evaluation of the JAAP 2013-14; the five common objective of the JAAP 2014-15; actions of the JAAP 2014-15; profess monitoring; next steps; a recommendation and attached proposed JAAP 2014-15, evaluation of the JAAP 2013-14 – for information and the outlines of the JAAP 2014-15 PowerPoint presentation.
 - Senior staff provided the following information to the board members based on their questions and comments: when looking at the results from last year members expressed concern about their significance as the numbers are very low, however some of the commitments that have been listed represent over 50% of the participant agencies; the FLS entity is pleased with the outcomes and the current status of the working relationship; the SE LHIN is quite a ways behind other LHINs, such as the Champlain LHIN, but the SE LHIN was the last LHIN to be designated and it has a smaller Francophone population (Kingston is our only designated area); members expressed the need for more details in the summary report that clearly show progress, deliverables and attainment of any goals; currently 13 service providers are working towards their official FLS designation and all reside in Kingston; the City of Kingston did not identify Public Health as an agency that required designation; the JAAP is not linked to the LHINs Integrated Health Services Plan (IHSP), although it is referenced; community engagement and a communications plan are part of the required future planning of the relationship between the RESEAU and the LHIN; clients in the francophone community have not yet been clearly approached about input to the redesign plan for addictions and mental health as there are a number of challenges in order to reach this community; and the data that the LHIN has available on the population that may require any health services in French is one of the initiatives that is being addressed this year.

That the SE LHIN Board approves in principle the proposed Joint Annual Action Plan 2014-15, and gives approval to the Chair and CEO to sign the plan.

**Moved by: L. Burrows
Seconded by: A. Ronald
Carried – 2014-117-05**

- d. Governance / Nominating Committee – Accreditation Recommendation – 11:20 am
- A. von Cramon asked P. Heinemann to provide background information to the membership around this process and some of the challenges that face the LHIN as it approaches accreditation.
 - P. Heinemann noted for members that the SE LHIN was the first LHIN to be accredited and have maintained our status through renewal fees. As the LHIN is approaching the recertification process the contract that has been presented to the LHIN includes a few items that the LHIN is not able to agree to include: indemnification, limited liability and no ceiling threshold on the value of the contract. We have been advised by our LHIN Legal Services Branch that we should not be renewing our contract with the Accreditation Canada agency as long as these clauses exist.
 - Board Members and senior staff discussed the following information based on questions and comments: within the contract there is an open ended piece around value, that could be related to environmental surveys or other items that would not require further discussion or consultation with the LHIN, but could result in an invoice that requires payment; in the past the Auditors General Review was explicit about limited liability and the ceiling limit on contractual obligations; currently there are no other LHINs that have been accredited, but two are currently in the process of considering the accreditation process; should the LHIN move ahead with accreditation a notation would need to be added to the Chair / CEO Declaration to publically note our non-compliance with the Ministry / LHIN Performance Agreement and pieces of legislation; if the board chooses to move forward with the accreditation renewal it would be for 4 years; hospitals are accredited, but are stand along agencies, whereas the LHIN is a crown agency of the government which limits our liability; a potential request to the government for dispensation would likely be a lengthy process and be an inappropriate use of LHIN / provincial resources; members expressed concern about being involved with a consultant that does not provide for flexibility for consideration in contractual negotiations; interim costs could be minimal, but without a ceiling there is no limit to what they could charge the LHIN; the accreditation tool that was utilized for the LHIN is not one that was specifically oriented for our sector (government), but was designed more for health services providers, like hospitals; the annual fee is based on the members operational budget, in the LHINs case about \$600 a year; members asked for more details on this item and have a further discussion at the next meeting for discussion.
- e. Chairs Update – 11:47 am
- A. von Cramon noted for members comments as they relate to the following topics:
 - i. Board Retreat – A. von Cramon noted for members that a more fulsome discussion will occur when D. Segal and other board members are in attendance.

- f. LHSIA Standing Committee – Report / Review Update – 11:48 am
- P. Huras reviewed the briefing note with members that included two attachments that were discussed at the April 17, 2014 Leadership Council Meeting. An update on the LHSIA Review and an update on the work of the Transformation Work Group.
 - Board Members and senior staff discussed the following information based on questions and comments: a final report on the LHSIA review is likely to take upwards of four months; overall there was not a lot of negative input about the LHINs; more of it was centred around the role of LHINs and their increased responsibilities; a potential election may adjust the timelines around a final report being delivered; LHINs have been clear that Health Links need to be accountable to them and not the MOHLTC; the involvement at the LHIN level has been varied across the province as to regional leadership.
- g. CEO Discussion Report – 12:00 pm
- P. Huras reviewed the report provided to members at the meeting that included an update on Clinical Services Roadmap; Health Links Update; Non Urgent Transportation Update; Capital Approvals Update and Sustainability / Role RfP Update.
 - Senior staff provided the following information to the board members based on their questions and comments as it related to:
 - a) Clinical Services Roadmap Dashboard Update – restorative care activity does relate to Home First which is a philosophy and not a program; iCART Team is one that provides tools in order to allow other programs to function; and senior friendly hospital principles have been provincially designed and range from communications and discharge practices to operational items.
 - b) Health Links Update – no comments or questions at this time.
 - c) Non Urgent Transportation update - no comments or questions at this time.
 - d) Capital Approvals Update - no comments or questions at this time.
 - e) Sustainability / Role RfP update – no comments or questions at this time.

That the CEO Discussion Report be accepted as circulated.

**Moved by: D. Sansom
Seconded by: A. Ronald
Carried – 2014-117-06**

LUNCH– 12:10 pm – 1:02 pm

That the board consider matters of public interest regarding Approval of In Camera Session Minutes; Approval of In Camera Session Minutes from CEO Evaluation and Compensation Committee (three sets); Organizations Under Performance Improvement Plans / Review; Behavioural Support Office – External Review Update; Acquired Brain Injury (ABI) Napanee and Nominating Committee Recommendation pursuant to ss 9(5) of the Local Health Systems Integration Act 2006 s.9 (5).

**Moved by: L. Burrows
Seconded by: A. Ronald
Carried – 2014-117-07**

8. In Camera Session: - 1:03 pm

That the Chair rise and provide a verbal report from Approval of In Camera Session Minutes; Approval of In Camera Session Minutes from CEO Evaluation and Compensation Committee (three sets); Organizations Under Performance Improvement Plans / Review; Behavioural Support Office – External Review Update; Acquired Brain Injury (ABI) Napanee and Nominating Committee Recommendation.

**Moved by: L. Burrows
Seconded by: D. Sansom
Carried – 2014-117-11**

9. *Timer – time was sufficient
Observer – updated on FLS and community mental health were fulsome and involved all members input.*

10. Date, time and location of next meeting:
Monday May 26, 2014 – SE LHIN Offices

Future meetings:

Monday June 23, 2014 – SE LHIN Offices
Monday August 25, 2014 – SE LHIN Offices
Monday September 29, 2014 – SE LHIN Offices
Monday October 27, 2014 – SE LHIN Offices

11. Adjournment
That the meeting be adjourned at 1:50 pm

Motioned: L. Burrows

Noted departures:

Meeting Chair:



Andreas von Cramon

Secretary:



Paul Huras