

South East Local Health Integration Network

Board of Directors Meeting No. 129

Monday June 22, 2015

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

MINUTES

Present: Donna Segal (Chair); Andreas von Cramon (Vice Chair); Lois Burrows; Janet Cosier; Maribeth Madgett; Chris Salt; Dave Sansom; Brian Smith (quorum); and Paul Huras (CEO)

Recorder: Jacqui Prospero

Regrets:

Guests: Sherry Kennedy (COO); Cynthia Martineau (Director, Health System Planning); Paula Heinemann (Director, Corporate Services / Controller); Melanie Trottier (Bilingual Writer); Joshua Cadman (Implementation Team Coordinator - Health Care Tomorrow, Hospital Project); Elaine Johns (HCT – Project Management Office); Larry Hofmeister (Director, HSP Funding) and Pat Reynolds (Board Coordinator).

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

The meeting Chair welcomed board members, guests and members of the public to the meeting and called for order at 9:30 am.

2. Selection of Timer and Observer:

- a. Timer = C. Salt
- b. Observer = J. Cosier

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

That the Consent Agenda be accepted as circulated.

Moved by: A. von Cramon
Seconded by: B. Smith
Carried – 2015-129-01

5. Approval of the Agenda

That the Board Agenda be approved as amended.

Moved by: L. Burrows
Seconded by: C. Salt
Carried – 2015-129-02

6. Approval of Minutes

- a. Minutes of Monday May 25, 2015 Board Meeting #128 (attached)

That the Minutes of Monday May 25, 2015 Board Meeting #128 be approved as circulated.

**Moved by: D. Sansom
Seconded by: L. Burrows
Carried – 2015-129-03**

7. Business Arising:

a. Health Care Tomorrow – Addictions and Mental Health (HCT-AMH) Redesign – Survey Results – 9:33 am

- P. Huras reviewed the briefing note for members which included a summary for the AMH Implementation survey results by question.
- Senior staff provided the following information based on questions and comments:
 - Responses were quite variable. There was substantial positive feedback on current processes and process improvement for the redesign of addictions and mental health services in our region; there appear to be opportunities to try and better engage the rural community as we discuss community engagement for other LHIN initiatives; there was recognition that the redesign has been a client centred and client driven; the perceived tight timeline (a two year process) was raised as a concern, however now the agencies have been relieved to see the changes confirmed which will allow them to move forward with change management in the provision of services.
 - There still appears to be questions in the community around basket of services for the region so now is the time to begin to clarify the scope of these services. Any perceived shortfalls during this process have been related to communications. There is a need to ensure that communications is continued on a more granular level at the agencies, not only to the governance level, but also to the front line workers and the general population via regular updates to the website.

b. Health Care Tomorrow – Addictions and Mental Health (HCT-AMH) Redesign – Next Phase Implementation Plan – 9:51 am

- P. Huras reviewed the briefing note for members which included an update (post April 1st) for Part A; implementation of Part C – contracting schedule 1 and specialized agency services;
- Senior staff provided the following information based on questions and comments:
 - A common training plan is in development, with regional opportunities for the training to ensure that a common basket of services is available regardless of the agency that is providing the service.
 - S. Kennedy provided a handout for the members to consider as it related to the overall metrics of the redesign (recently shared with the SECHEF group), including process metrics; integration and implementation (year one); experiential metrics (year one); performance and clinical / health outcome metrics.
 - Feedback from the interim CEO's on the new combined entities (i.e.: Addictions and mental health now being supported at one agency) is preliminary and the LHIN would likely be able to provided formal feedback in September to this board on any developments; there is a need to ensure that those engaged in the process are brought back for more input, shared information and dissemination of information on progress to date; currently there are two interim CEOs and one permanent, once permanent CEOs are secured the agencies will begin moving forward with broader communications and processes, in particular internal ones that will require strong leadership / communication skills; communications is a shared initiative as it is not solely the LHINs responsibility, it is that of the agency and the clients, as well.(i.e.: clients / public need to go to the website / agency for information rather than the LHIN emailing them, etc.); and the initial focus is to deliver on redesign as it applies to back

office requirements. This was always the intent, for it to be staged / iterative and involve other agencies.

c. Health Care Tomorrow – Addictions and Mental Health (HCT-AMH) Redesign – Follow up – 10:22 am

- D. Segal discussed the attachment (The Innovation Journal: The Public Sector Innovation Journal – Volume 12, 2009 – article 4 – Getting to Integration: Command and Control or Emergent Process) with members which included an abstract; introduction; C.D. Howe Institute commentary on Local government amalgamations; integrating Canada's dis – integrated health care system; health Canada papers on community based health care; health services restructuring commission; other health system reviews / articles; Ontario Hospital Association; corporate sector literature; implications; reflections; and references
- Board members and senior staff provided the following information based on questions and comments:
 - As a piece of academic literature it speaks to a wide variety of research, with no real linkage to outcomes / direction; no true description to determine success versus non-success; some of the dated research is a hindrance to a true connection of the report to where the LHIN is moving forward; there is a universal message here that the LHIN has been hearing from engagement activities and is not reflected in the literature provided.
 - Culture is the hardest item to change, regardless of amalgamation, takeover or integration; the need for the LHIN to mandate the integration was necessary and is clearly supported by the article and its discussion surrounding collaborative integrations.
 - There is a need to clearly understand the criticism that may be directed at the LHIN for the change in the AMH services in our region. The LHIN has set an expectation from the beginning, one that is based on the clients' perspective of services rather than governance or leadership expectations.
 - A follow up article from the LHIN will likely be developed in the coming year in order to help broaden the literature available on changes to mental health and addictions through this type of integration.

d. Health Care Tomorrow – Community Engagement Report – 10:38 am

- P. Huras reviewed the briefing note which included a background summary and current status update. C. Martineau provided a handout presentation which was reviewed and included an overview of community engagement activities; summary of web-based community engagement survey and a summary of open houses.
- Senior staff provided the following information based on questions and comments:
 - The response rate from the community members / patients clearly reflects their interest in Health Care Tomorrow and the potential for change in the region; demographics can help us to better understand the feedback as it relates to transportation (i.e.: those over 65 don't or won't have access to transportation); this report can be shared publically now; the communications teams are in the process of sharing this item more broadly at the health service provider level and focus groups; a timely communique to the broader public is likely in order and this report will be included as an appendix for the Integrated Health Services Plan (IHSP4).

e. Integrated Health Services Plan (IHSP4) Update – 10:59 am

- P. Huras reviewed the briefing note for members which included a status update.
- Senior staff provided the following information based on questions and comments:
 - Regional capacity data / environmental scans involve a large amount of data analysis (both internally at the LHIN and at the provincial level); this information is helping to drive the quantitative analysis / input for the IHSP and the community engagement is driving the qualitative analysis; the first draft of the document is likely available internally to staff at the end of July, with a more finalized version in October and then to the Board in November; MOHLTC will provide feedback on the draft report prior to the board's final approval; the schedule for IHSP4 is similar across the province (i.e.: the deadline is the same for all of us) and how we approach it is individual as the LHINs; the Ministers Action Plan will be considered as the LHIN moves through the IHSP4 process, ensuring alignment; the IHSP4 is part of the LHINs strategic goal #1; as part of IHSP4 the results / successes from IHSP3 are identified (there will not be an analysis); specifics around initiatives are captured each year in the annual report (versus the IHSP4); progressively each plan has become more focused and involved than in the past; and specifics around initiatives are captured in each annual report and the CEO Goals / Objectives.

RECESS – 11:16 am – 11:34 am

f. 2016-19 Long-Term Care Home Service Accountability Negotiations -

- P. Huras reviewed the briefing note with members which included a background summary; attachments and a recommendation for consideration.
- Senior staff provided the following information based on questions and comments:
 - Once a provincial template for the SAA agreement is developed the LHIN will begin to work with local HSPs in order to address local obligations (either regionally or by HSP); planning / schedules and other work groups at the senior director level for the LHIN continue to provide support and direction to the LHIN CEOs for provincial discussions on template requirements, etc.; and the SAA is an operational vehicle for accountability.

The South East LHIN Board of Directors hereby authorizes an LSAA Negotiating Team with representation from 3 LHIN CEOs (Central East, Hamilton Niagara Haldimand Brant and Waterloo Wellington LHINs) to act on behalf of the South East LHIN to coordinate and manage the consultation and negotiation process for the 2016-2019 LSAA.

Moved by: A. von Cramon

Seconded by: L. Burrows

Carried – 2015-129-04

g. Governance / Nominating Committee – Governance Working Group – Engagement Strategy for the Board of Directors – 11:42 am

- A. von Cramon reviewed the briefing note for members which included a summary of the purpose of the working group; board member engagement activities; delegations to the SE LHIN Board; and review of engagement policy.
- Board members and senior staff provided the following information based on questions and comments:
 - Delegations to the board could be limited to those that are interested in integration (versus any other type of discussion); any delegation would need to have information provided in advance and a very prescriptive application process that would determine if / when they would be permitted to present to the board of directors; there is likely to be a need for advertising to ensure HSPs and the general public are aware of the change in our policy when it is confirmed.

- Board Member engagement activities – there may be a need to parse out the responsibilities either by geography, sub region, Health Link, etc.; having members provide “specialized” direction in a specific sector is likely to cause more challenges than provide solutions; community engagement is typically about listening to issues / opportunities / challenges in the health care system, rather than telling the community what is planned; some members viewed being involved locally with their communities in activities that require or would likely warrant a LHIN board presence rather than a specialized member; there was identified a need for more involvement from the members at meetings where the LHIN chair is in attendance as it relates to training / mentoring, etc. and that it would be a value add opportunity; the potential for members to be more involved at the project level, versus the sector level is important; and achievement of a better sense of engagement with the communities is the key driver in adjusting the way the LHIN board is engaged with HSPs and the broader communities.

h. Governance / Nominating Committee – Work Plans for Committees – 12:25 pm

- A. von Cramon provided an overview of each of the committees’ work plans.
- Board members and senior staff provided the following information based on questions and comments:
 - The governance committee will now begin to incorporate these into a broader work plan for the Board to consider later this year.

i. Finance / Audit Committee – Approval – Adjustment to Terms of Reference – 12:27 pm

- J. Cosier reviewed the terms of reference for the members’ consideration.
- Board members and senior staff provided the following information based on questions and comments:
 - The change reflected in these terms is in the membership area that would allow the community member voting rights.

The South East LHIN Board of Directors accepts the recommendation from the Finance / Audit Committee for acceptance of the revised terms of reference.

**Moved by: J. Cosier
Seconded by: D. Sansom
Carried – 2015-129-05**

j. Chair’s Update – 12:30 pm

- D. Segal discussed with members
 - i. Ratification of Action from Board Retreat – deferred to August 31, 2015 meeting
 - ii. Health Care Sector Leaders – Discussion – D. Segal provided an overview of the Healthcare Sectors Leaders are Underwhelmed article recently posted by Ted Ball.
 - A thought provoking article that describes responses to the survey he circulates yearly, specifically around the perceived role of LHINs, role of ministry and lack of actions on the part of the current DM and ADM as it relates to major impacts to the health care system;

k. Community Engagement – Board Member Updates – 12:35 pm

- L. Burrows recently attended a board meeting with the Country Roads Community Health Centre.
- J. Cosier recently attended board to board discussions with the Rideau Tay Health Link.

I. CEO Evaluations & Compensation Committee – CEO 2015-16 Goals & Objectives – 12:47 pm

- L. Burrows reviewed the information provided to members.

The South East LHIN Board of Directors approves the CEO 2015-16 Goals and Objectives as presented.

**Moved by: L. Burrows
Seconded by: J. Cosier
Carried – 2015-129-06**

m. CEO Discussion Report – 12:51 pm

a) Health Care Tomorrow:

- Health Links – there is likely to be an ability to provide funding to Health Links this year based on reallocations, etc.; DM Dr. Bell will be providing a video for the Primary Health Care Forum this fall, along with attendance by an ADM (yet to be confirmed).
- SHiiP – no comments or questions at this time.
- Assisted Living – no comments or questions at this time.

That the CEO Discussion Report be accepted as circulated.

**Moved by: A. von Cramon
Seconded by: D. Sansom
Carried – 2015-129-07**

Lunch – 12:57 pm – 1:34 pm

That the board consider matters of public interest regarding Approval of In Cameral Minutes; Organizations Under Performance Improvement Plans (PIP) / Review; Health Care Tomorrow – Addictions and Mental Health (AMH) Redesign Process – Roll-out of Part B and C; Health Care Tomorrow Project Draft Report and Ministry LHIN Accountability Agreement (MLAA) – 2015-18 Approval and Finance / Audit Committee Discussion pursuant to ss 9(5) of the Local Health Systems Integration Act 2006 s.9 (5).

**Moved by: C. Salt
Seconded by: B. Smith
Carried – 2015-129-08**

8. In Camera Session: – 1:30 pm

That the Chair rise and provide a verbal report from Approval of In Cameral Minutes; Organizations Under Performance Improvement Plans (PIP) / Review; Health Care Tomorrow – Addictions and Mental Health (AMH) Redesign Process – Roll-out of Part B and C; Health Care Tomorrow Project Draft Report and Ministry LHIN Accountability Agreement (MLAA) – 2015 – 18 Approval and Finance / Audit Committee Discussion.

**Moved by: A. von Cramon
Seconded by: B. Smith
Carried – 2015-129-13**

9. Timer –over time;

Observer – good discussion on important items.

10. Date, time and location of next meeting:
Monday August 31, 2015 – SE LHIN Offices

Future meetings:

Monday September 29, 2015 - SE LHIN Offices
Monday October 26, 2015 – SE LHIN Offices
Monday December 14, 2015 – SE LHIN Offices

11. Adjournment

That the meeting be adjourned 4:00 pm

Motioned: A. von Cramon


NOTED DEPARTURES:



Meeting Chair:

Donna Segal

Secretary:



Paul Huras