South East Local Health Integration Network

Board of Directors Meeting No. 158

Monday June 25, 2018

Boardroom
South East LHIN Offices (south site)
470 Dundas Street East
Belleville, ON K8N 1G1

M I N U T E S

Present: Hersh Sehdev (Chair); Brian Smith (Vice Chair);Jo-Anne Brady; Lois Burrows; Jack Butt; Steve Gauthier; Jean Lord; Maribeth Madgett; Linda Murray; Marsha Stephen; David Vigar; (quorum); and Paul Huras (CEO).
Recorder: Jacqui Prospero
Regrets: Annette Bergeron;
Resources: Sherry Kennedy (VP, Operations); Joanne Billing (VP, Home and Community Care); Garth Cramer (Director, Communications and Engagement) – arrival 9:32 am; Cynthia Martineau (VP, Strategy, Planning and Integration); Paula Heinemann (VP, Human Resources and Organizational Development); Steve Goetz (Director, Finance, Contracts and Corporate Services) – arrival 10:25 am – departed 10:58 am); Phil Dudgeon (Senior Manager, Finance and Funding) – arrival 11:11 am – departed 11:20 am) and Janine DeVries (Board Coordinator).

*****PHONE***

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1. **Call to Order, Chair's Remarks and welcome of guests.**
   The Chair welcomed board members, guests and members of the public to the meeting and called for order at 9:28 am.

2. **Selection of Timer and Observer:**
   Timer – L. Burrows
   Observer – L. Burrows

3. **Conflict of Interest Declaration**
   All members confirmed no conflicts.

4. **Consent Agenda:**
   a. Board Correspondence
   b. Chairs Declaration
   c. Chairs Report
   d. Committee Minutes
   e. Update on development of South East LHIN Older Adult Strategy – Dementia Component
   f. Integrated Health Services Plan (IHSP5) – Progress Update
   g. 2018 – 19 Committee Membership / Committee Chair Appointment

   That the Consent Agenda items be approved as circulated.

   Moved by: L. Burrows
   Seconded by: B. Smith
   Carried – 2018-158-01

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

Moved by: D. Vigar
Seconded by: J. Butt
Carried – 2018-158-02

6. **Approval of Minutes**
Approval of Minutes May 28, 2018 Board Meeting #157 (attached)
That the Minutes of Monday May 28, 2018 Board Meeting #157 be approved as amended to reflect H. Sehdev Chaired the meeting; item 9 C - Chairs Report to reflect an adjustment to the correct status of the Board Chairs voting privileges with each LHIN committee; item 9 E iii – to reflect that the South East LHIN is developing an interim risk report pending finalization of the new ERM; and 9 F ii – to reflect that the policy surrounding governance per diems is in the process of revision.

Moved by: L. Burrows
Seconded by: J. Lord
Carried – 2018-158-03

7. **Generative Discussion:**
    a. **Collaborative Governance in Regional Systems of Integrated Care – 9:35 am**

- P. Huras provided an overview of the briefing material for the members' consideration which included a purpose; executive summary; and suggested questions to drive discussion.
- Board members and senior staff provided the following information based on questions and comments:
    - At recent governance forum events the Board Chair began to refer to collaborative governance as citizen governance in order to better broaden the discussions around changes for our health care system in our region;
    - Recent generative discussions at the Strengthening Collaborative Governance (SCG) Committee provided a wide range of ideas, but no conclusions related to regional systems of integrated care; there was a lot of interest and expression in "doing things differently"; members of the committee were also seeking clarification from the LHIN board on what their role really needs to be in order to effect change at the regional level; development of other boards and education was a major consideration;
    - The potential for a further development / smaller collaborative discussion at the sub region level may help to increase the dissemination of how to achieve regional systems of integrated care.
    - Provincially there is an opportunity to get to fewer service accountability agreements (SAA); ultimate goal might be to have five of those (one per sub region); in order to achieve this magnitude of change it will require full collaboration between providers;
    - Creating a framework of collaborative governance may provide for some guidance and structure for how to move to a regional system of integrated care; training for governors is an investment in the system that is likely to provide benefits to the overall system as we move towards more integrations; however there is a need to determine how our investment in education / training is being utilized for success (how do we track the leaders we train to encourage their involvement in projects).
    - There is the potential to begin having a similar education for governors that we have with the Advanced Leadership Program (with Rotman); approaching a local school to help develop that type of training would be valuable; there are several schools that could provide us with guidance on a potential program, including Rotman, Telfer, Schulich, etc.
    - The concept of integration ranges from sharing information to amalgamation;
    - Amalgamations best work when governors from separate organizations realize they share common mission statements.

- Working towards a common SAA can be seen as a non-threatening step towards integration; which will put the patient at the centre of the discussion;
- Lanark, Leeds and Grenville (LLG) is providing collaborative sessions; however they appear to be more informative / education rather than discussions on actual collaboration;
- There is a need to have a clear goal for collaborative governance, in order to drive the need for education / discussions; the LHIN board needs to have our own agency organized before we try to reach out to others and educate on something that we ourselves don't have a clear grasp; spreading the training out in smaller groups / agencies in order to allow for interest / uptake on a more organic basis would help to bolster success;
- The LHINs current mandate letter is very tactical in driving the work of the LHINs; strategy is a discussion that we need to be having in order to drive the changes required for regional systems of integrated care at the sub region level;
- Is there a need to ask / challenge the sub regions to bring forward to the LHINs ideas about how we can achieve less SAA agreements, resulting in better systems that provide better care;
- SAAs are legally binding agreements between one entity and the LHIN; currently there is no provincial initiative to move towards a standard SAA; when it comes to achieving a single contract (SAA) there will likely be a need to have one single board as individual boards have fiduciary responsibilities associated with their parent agency; corporate obligations to deliver against a SAA is what will drive change in the system;
- There is a mechanism for sub regions to provide input / guidance into what needs to be achieved (collaborative QIPs is an example); by September of this year there is likely to be an integration pathway developed that would consider opportunities as agencies change (i.e.: retirement / departure of an ED / CEO, etc.);
- Next steps – Paul will produce a document on the topic of regional systems of integrated care, including the role of collaborative governance, to be used for a strategic discussion.

8. Strategic Discussion:

a. Component Steps of a Regional System of Integrated Care – 10:23 am

- P. Huras provided an overview of the briefing material for the members' consideration which included a purpose; executive summary; and attached appendices.
- Board members and senior staff provided the following information based on questions and comments:
    - Paul clarified that as a follow up to the Generative discussion last Board meeting he attached detailed tactical type information about the many projects underway or about to be initiated for the purpose of indicating how they were seen as component steps towards regional systems of integrated care. The component steps we are currently pursuing are all interlinked to some extent and are aligned with our many strategic frameworks such as the Older Adult Strategy, Addictions and Mental Health, Dementia Strategy, etc. He stressed that purpose of the strategic discussion was not to focus on the detail component steps, but instead to use the component steps to understand what would be different with regional systems of integrated care. The discussion was intended to focus on the concept of region systems of care.
    - There is a need to ensure that there is a clear reference to the interconnectedness of the system rather than what appears to be a silo approach;
    - The LHIN's investment in Health Care Tomorrow has been significant; although we may not have achieved the original objectives, there have been benefits to the system and patient care, including a more integrated approach at both the administrative and clinical level (specifically for hospitals) approach to patient care;

- Members suggested some adjustments to the way in which the chart was presented to ensure that there is a direct correlation to strategic principles, progression of achievements, etc.
- There is a need to help health service providers (HSPs) understand where they fit into this complex strategic plan that will continue to increase their understanding of what the LHIN does and where they fit into the provision of care in our region;
- Members would like to see a more clear indication of how we get from mission / vision to regional systems of integrated care and then through sub regions down to these more finite items.
- By helping HSPs and others understand where healthcare needs to go we hope to encourage them to be actively involved in idea generation and ownership of how to achieve it.
- We have not received the SubRegion maturity model from the MOHLTC, which clearly identifies levels of success with a greater goal of a common SAA agreement.

9. Fiduciary & Oversight Discussion: 10:51 am

a. CEO Discussion Report – 10:51 am

- P. Huras provided an overview of the report which included:

a) **Health Care Tomorrow**

i. Enabling Technologies Update – CHRIS, the last data source that needs to be put into the SHiiP system is the LHINs; we are looking at a local option to make this a reality for the broader system (while continuing our discussions with HSSO); Digital Health Ontario appears to be viewing LHINs in a more regional and tactical role which puts pressure on the LHIN on how we move forward to achieve a centre of excellence; HIS is moving forward quickly and gaining speed over the past several months, including governance guidance / buy in; the South East LHIN is the only LHIN at this stage with this type of initiative.

b) **Home and Community Care Update** – Special Needs Strategy has been halted at the request of the MOHLTC; there are still limits on what the LHIN can provide via home care, however there is a need to help better educate and inform clients so that they can better understand the services available and how they can be accessed; levels of care are based on patient profiles (previously created in the Older Adult Strategy);

That the CEO Discussion Report be received.

Moved by: L. Murray
Seconded by: B. Smith
Carried – 2018-158–04

b. Chair's Update – 11:02 am

- H. Sehdev noted for members that the majority of updates are included in the consent item; Dr. Bob Bell has offically retired from the Ontario Public Service;

c. Community Engagement – Board Member Updates – 11:05 am

- J. Lord noted that in March he attended an event on compassionate care in Kingston where palliative care requirements were discussed in three work sessions; an update was provided to those in March and Laurie French (South East LHIN) is going to be keeping an eye on this item in order to consider how it might be considered at a regional level (likely over 2 years out);

d. CEO Performance / Board Evaluation Committee Report – 11:08 am

- J. Butt provided members with an overview of the report which included a summary from recent committee meetings.
- The boards evaluation at the local level has been on hiatus; the intention is that the LHIN will be subcontracting out in order to better address the needs of the agency; the agency has a Memorandum of Understanding (MOU) that clearly indicates that we must have an annual board evaluation (at this time the provincial Chairs have not yet discussed this item) which may require a note in our Chairs Attestation to reflect this non-compliance matter.

e. Finance, Audit, Risk and Resource (FARR) Committee – 11:11 am

i. 2017-18 Audited Financial Statements

- D. Vigar, on behalf of A. Bergeron provided an overview of the briefing note for members which included a purpose; executive summary; associated risks; appendices and a recommendation for consideration.
- Board Members and Senior staff provided the following information based on questions and comments:
    - The LHIN continues to ensure all funding allocated to the South East region is utilized as intended and reallocated as required to achieve maximum value for the investments, however as a result of our unusual year (moving from $5 M to $140 M budget) this year has proved to be a greater challenge than the past; some of the primary reasons relate to the difficulty in accessing health human resources in the field (PSW, Nursing, Therapies, etc.); hiring qualified people to professional positions is also a provincial issue with which all of our counterparts are dealing; our processes were not as succinct as we had hoped to address the larger volume of funds available in the last quarter for reallocation.
    - The LHIN has always tried to provide reallocations throughout the year whenever possible; now with $120 M of funding to manage (that is non-hospital) is providing for challenges in this first year;
    - The new constraint regarding hiring will provide for challenges in how we can provide services to residents (i.e.: if someone leaves we are not able to rehire, unless the position is one from the bargaining unit); this will result in more surplus funds that need to reallocated; any positions related to direct service can be hired / backfilled; there are many opportunities in our own organization that allow for growth and development (internal / lateral changes) which provides challenges around services gaps;
    - Direct delivery of care is not something that can be shifted quickly; historically the LHIN could make changes, however it's not that flexible now that we are providing direct patient care; wanting to ensure that we maximize the service to the footprint that we are able to provide is a key opportunity.
    - The LHIN is not able to run a deficit as our MOU does not allow for this; we must submit a balanced budget (as our HSPs must do with us); it puts a lot of pressure on the agency; any performance issues could be addressed at the LHIN level by the MOHLTC with an investigator (as the LHIN can with our agencies).

That the Board of Directors approve the recommendation from the Finance, Audit, Risk and Resource committee to accept the Audited Financial Statements to March 31, 2018 as provided by Deloitte.

Moved by: D. Vigar
Seconded by: J. Butt
Carried – 2018-158-05

ii. Audit Report from Deloitte – 11:19 am

- D. Vigar, on behalf of A. Bergeron provided an overview of the briefing note for members which included a purpose; executive summary; associated risks; attached appendices and a recommendation for consideration.

That the Board of Directors approve the recommendation from the Finance, Audit, Risk and Resource committee to accept the Audit Report provided by Deloitte on the financial statements to March 31, 2018.

Moved by: D. Vigar
Seconded by: B. Smith
Carried – 2018-158-06

f. Health Equity Task Group Report – 11:20 am

- M. Stephen provided an overview of the committee report which provided the members with an update on recent discussions.
- Board Members and Senior staff provided the following information based on questions and comments:
    - The final definition of health equity was not shown as it will be provided in the summary notes that will come forward to this entity at a future meeting; that definition includes references to Health Quality Ontario (HQO), World Health Organization, etc.

g. Strengthening Collaborative Governance – Committee Report – 11:22 am

- M. Madgett provided an overview of the committee report for members which included information on discussions at recent meetings.

LUNCH BREAK – 11:25 am – 12:00 pm

That the board consider matters of public interest regarding the approval of In Camera Board Minutes; the approval of In Cameral Committee Minutes; 2017-18 DRAFT Annual Report Update; Government Transition; CarePartners Privacy Breach; CEO Performance / Board Evaluation pursuant to Section 9 (5) of the Local Health Systems Integration Act 2006.

Moved by: B. Smith
Seconded by: J. Lord
Carried – 2018-158-07

10. In-Camera Session – 12:00 pm

That the Chair rise and provide a verbal report from the In Camera Session regarding the approval of In Camera Board Minutes; the approval of In Cameral Committee Minutes; 2017-18 DRAFT Annual Report Update; Government Transition; CarePartners Privacy Breach; CEO Performance / Board Evaluation pursuant to Section 9 (5) of the Local Health Systems Integration Act 2006.

Moved by: B. Smith
Seconded by: S. Gauthier
Carried – 2018-158–12

11. Date, time and location of next meeting:

12. Monday September 24, 2018 – 9:30 am – South East LHIN Offices – Belleville North Site

Future meetings:

Monday December 17, 2018 – 9:30 am – South East LHIN Offices – Belleville North Site
Monday March 25, 2018 – 9:30 am – South East LHIN Offices – Belleville North Site

13. **Timer *&* Observer**:

Timer / Observer – one time (30 mins early) with fulsome discussions; good work in generative / strategic sections; there appears to be a way forward after those discussions;

14. Adjournment

That the meeting be adjourned at 12:51 pm

Moved by: S. Gauthier

Chair: _____

Hersh Sehdev

Secretary: _____

Paul Huras