

South East Local Health Integration Network

Board of Directors Meeting No. 131

Monday September 28, 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; Jack Butt; Janet Cosier**;
Maribeth Madgett; Chris Salt; Dave Sansom; Brian Smith (quorum); and Paul Huras (CEO)

Recorder: Jacqui Prospero

Regrets:

Guests: Sherry Kennedy (COO); Caitlin den Boer (Communications Lead); Paula Heinemann (Director, Corporate Services / Controller); Rick Giajnorio ** (Project Advisor, Specialist); Nikolajev, Olga ** (Hospice, Palliative Care Planner); Jennifer Payton (Planning & Integration Consultant) and Renee Oortwyn (Board Coordinator)

**Phone

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 9:34 am.

2. Selection of Timer and Observer:

- a) Timer = B. Smith
- b) Observer = J. Butt

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 items be approved as circulated.

**Moved by: L. Burrows
Seconded by: J. Butt
Carried – 2015-131-01**

5. Approval of the Agenda

That the Board Agenda be approved as amended.

**Moved by: D. Sansom
Seconded by: A. von Cramon
Carried – 2015-131-02**

6. Approval of Minutes

- a) Minutes of Monday August 31, 2015 Board Meeting #130 (attached)

That the Minutes of Monday August 31, 2015 Board Meeting #130 be approved as amended.

Moved by: B. Smith

Seconded by: A. von Cramon

Carried – 2015-131-03

7. Business Arising:

a. Developing an Older Adult Strategy in the South East (Updated Title) – 9:42 am

- P. Huras provided a review of the briefing note which included an executive summary; risks and mitigation strategies; and a pictorial appendix.
- Senior staff provided the following information based on questions and comments:
 - IHSP3 has indicated that community support services would be considered and will continue to be addressed in this strategy; opportunities with the CCAC assisted living, rehabilitation, convalescent care and Long-Term Care (LTC) will all be addressed as part of this strategy; many areas will be reviewed to see what initiatives can be achieved via this new strategy.
 - In the past Elderly Person Centres (EPC) had programs similar to falls prevention, physiotherapy, etc. These programs will still be offered to the broader community, not necessarily via an EPC.
 - The LHIN continues to build their relationship with Public Health as their main focus is on preventative health care (population health) which will continue to further develop programs like Falls Prevention, etc.
 - Defining a patient path was helpful to the members to better understand this complex system as it develops, to ensure that it captures all of the opportunities.
 - Members expressed concern around the project scope and timelines, this should likely be another risk to be considered. Specific concern was expressed regarding sufficient resources to complete this work over the very compressed timelines. Members were assured that there is not likely a need to access external resources (unless targeted). The LHIN will take what has been gained in other projects by outside firms, along with specific staff internally that will be assigned. It was noted that there has already been significant work done in this area from which the LHIN can pull.
 - The LHIN will align our work with provincial initiatives and the local initiatives we have underway.
 - There is likely to be a need to show how this strategy relates to a quality framework or QBP, etc. Specifically in three ways, including quality of the profession that provides the care; quality of organization managing the care and the quality of the system. The LHIN's focus is typically on the quality of the system in particular from the patient's perspective of moving through it from one sector or organization to another.
 - The intent of the diagram was to show how the providers can support the client journey throughout the process.

b. Health Care Tomorrow – Hospital Project – Budget – 10:21 am

- P. Huras provided a review of the briefing note which included an executive summary; and next steps. P. Huras provided a handout to members that outlines the HCT-HP Phase II organizational structure.
 - Senior staff provided the following information based on questions and comments:
 - Business cases are likely to arrive for members' consideration in a waved fashion, rather than all at once; it is expected that the templates for the business cases will also include communications and governance functions.
 - Broader governance involvement will begin to be developed and encouraged as this initiatives takes shape.
 - Members requested updates on the costs of the project.

- Accountability for the spending of this project lies with SECHEF CEOs Committee (the body that oversees), the ultimate accountability is at the LHIN level; the LHIN CEO has already spoken to the MOHLTC about some seed funding in order to help drive the change in the system in our region; should MOHTLC not be able to provide funds to help with this initiative the SECHEF members will need to consider how to fund the needed changes from existing resources; current surplus funds from the hospitals are being utilized in this fiscal year to fund the HCT-HP initiative; in kind resources are not easily calculated / identified by member organizations; in kind resource expenses are born by the member organization directly; those in secondment are being funded by the monies already set aside for the initiative; in kind involvement is being tracked differently at each organization and is managed individually.
- PSGs report was clearly showing that the impact to the system of remaining in status quo was in the realm of \$120 Million by 2023.
- Being informed is different than being responsible for the oversight of the project, however it doesn't need to be a burden to progress; member organizations are accountable for the success of the initiative; there is a narrative in this initiative that the members are making decisions for the improvement of the overall system, however we need metrics that will help to capture the changes in the system that are happening as a result of the needed changes.
- Board members of the SECHEF member organizations need to consider that they are part of the ongoing management of the overall system, not just their own organizations.
- There are funds available for hospitals (via MOHLTC) due to the cost structure reallocations and P. Huras has already indicated a need for supportive funds due to the scope of these changes; funds are likely to be required over the coming years rather than all at once; member hospitals have been very straightforward that an investment from MOHLTC would be helpful, however if required the members will determine how best to move forward without it.

c. Health Care Tomorrow – Addictions and Mental Health Redesign – 11:02 am

- P. Huras provided a review of the briefing note which included a background summary; update on strategic alliance, project support process – Optimus SBR work stream development, Part C contract development, the non-hospital agency portion of Part B, regional psychiatry plan – process, risks and mitigation strategies, results to date; and next steps.
- Senior staff provided the following information based on questions and comments:
 - Although there is an ambitious time schedule, we have been able to maintain the commitments from the majority of the involved agencies; as required, the LHIN is working with the agencies to ensure that any challenges can be addressed in a timely fashion.
 - Community programs that are currently being housed by hospitals (the hospitals' portion of Part B) will be the last phasing of the initiative to move forward.
 - In designing the contracting relationship between the community agencies and the Schedule 1 Hospital facilities, the accountability/funding model for Cancer Care Ontario provides important lessons. The contract for Schedule 1 Hospital Services will be held by the corresponding AMH agency, including funding provisions, programs, and quality requirements. Specialty agencies (including hospitals with specialty programs) will also follow a contracting relationship with the Addictions and Mental Health community agencies. Thus, it is the intent that the AMH agency will hold the entire accountability for the continuum of addictions and mental health care;
 - Once arrangement regarding Part A and Part C are fully signed off and operational then the AMH agencies, with the LHINs support, will move to addressing Part B as previously outlined.

d. Community & Primary Health Care (CPHC) & Country Roads Community Health Centre (CRCHC) Voluntary Integration – 11:16 am

- P. Huras provided a review of the briefing note which included a background summary; and recommendation for the members consideration.
 - Senior staff provided the following information based on questions and comments:
 - the LHIN has not taken specific community engagement activities in this case as both organizations have been working with the municipality and Mayor on this integration which clearly meets the community's needs; the FHT involved was a small piece of services in the Brockville area, however the new entity will be better equipped to provide services in the region for the residents.

That the South East LHIN Board does not object to the proposed transfer (voluntary integration) between: Community and Primary Health Care- Community Family Health Team (CPHC-CFHT) and Country Roads Community Health Centre (CRCHC) and that the South East LHIN Board will take no action to prevent the voluntary integration from proceeding.

**Moved by: L. Burrows
Seconded by: D. Sansom
Carried – 2015-131-04**

e. Governance / Nominating Committee – Recommendation of Board Committees Work Plans – 11:25 am

- A. von Cramon noted for the members that the way the board organizes its activities, its budgets, etc., will be captured in the new work plans. The role of the board is changing, one of the items of consideration is to develop a comprehensive work plans that integrate all of the committee work plans and can thus provide a better understanding of where we are using our time and resources.
- Each Committee Chair is being asked to work with their committee members to create their Committee's individual work plan and budgets for 2015-16, with a prioritization of work items so that it can help drive consideration by the broader board. Submission in late November early December to the Governance committee for consideration will be helpful.
- Members discussed the likelihood of a Board retreat in January / February to discuss the items.
- Although the CGCE Committee is undergoing changes they will endeavour to put together a budget, however it may require adjustment due to Committee changes / new workshop orientation, etc.
- Members were encouraged to consider items that the board might want to delegate to a committee to work on with management (rather than management alone), thus having the board be more engaged at the community level and thus utilizing more funds; special activities that include community engagement initiatives are considered.

f. Chair's Update – 11:36 am

- D. Segal noted for members that she recently met with the PAN LHIN Chairs and CEOs in Toronto discussing new initiatives, including primary care, community & home services, etc.
- D. Segal Chaired a recent meeting with Chairs of the CCAC / Hospital group to provide an update on HCT-HP and the plans for the next phase, including accountability that will provide them with the opportunity to be more involved; including discussions around HSFR, etc.

g. Community Engagement – Board Member Updates – 11:40 am

- D. Sansom noted his attendance at an event held in Prince Edward County around integration / collaboration, led by M. Werkhoven, Chair of PEC Community Support Services for Seniors.
- J. Butt noted his attendance at the SEO Cancer Program – Strategic Planning Committee events and their soon to announce a new website with public access that will include Q&A's, etc.
- B. Smith noted for members that recently Quinte Broadcasting provided a radio program that included up to date information for the region on local issues / challenges / opportunities as they relate to regional health care.

h. CEO Discussion Report – 11:47 am

a) Health Care Tomorrow

- Hospital Project** – no questions or comments at this time.
 - PHC – Reform** – P. Huras provided a verbal update and there were no questions or comments at this time.
 - SHiiP** – no questions or comments at this time.
- b) IHSP 4 –Timelines Update** – no questions or comments at this time.
- c) Hospital Funding (HSFR) Update** – P. Huras provided a verbal update; there are over 150 hospitals in the province, however 30+ are having financial challenges due to the new HSFR.
- d) Hospice Palliative Care Integration Update** – no questions or comments at this time.

That the CEO Discussion Report be accepted as provided today to members.

Moved by: A. von Cramon

Seconded by: D. Sansom

Carried – 2015-131-05

Lunch – 12:00 pm – 12:25 pm

That the board consider matters of public interest regarding Acceptance of Consent Agenda – Finance / Audit Committee – Agency Risk Summary Report; Approval of In Cameral Minutes; Organizations Under Performance Improvement Plans (PIP) / Review – Quinte Health Care and Kingston CHC; Health care Tomorrow – Hospital Project – Phase 1 Project Costs; LHIN Leadership Council Update – LHIN Renewal (Primary Health Care, Health Links and Home & Community Care); Primary Health Care Reform and Community Care access Centre (CCAC) Funding Request pursuant to ss 9(5) of the Local Health Systems Integration Act 2006 s.9 (5).

Moved by: J. Butt

Seconded by: C. Salt

Carried – 2015-131-06

8. In-Camera Session – 12:23 pm

That the Chair rise and provide a verbal report from the In Camera Session which included Acceptance of Consent Agenda – Finance / Audit Committee – Agency Risk Summary Report; Approval of In Cameral Minutes; Organizations Under Performance Improvement Plans (PIP) / Review – Quinte Health Care and Kingston CHC; Health care Tomorrow – Hospital Project – Phase 1 Project Costs; LHIN Leadership Council Update – LHIN Renewal (Primary Health Care, Health Links and Home & Community Care); Primary Health Care Reform and Community Care access Centre (CCAC) Funding Request.

Moved by: C. Salt

Seconded by: J. Butt

Carried – 2015-131-10

- 9. **Timer** – meeting ended within pre-established time frame
Observer – discussions detailed, comprehensive

- 10. **Date, time and location of next meeting:**
Monday October 26, 2015 – SE LHIN Offices

Future meetings:
Monday December 14, 2015 – SE LHIN Offices
January 2016 – TBD
February 2016 – TBD
March 2016 - TBD

- 11. **Adjournment**
That the meeting be adjourned.

Moved by: Lois Burrows

NOTED DEPARTURES:



Meeting Chair: _____
Donna Segal



Secretary: _____
Paul Huras