MISSISSAUGA HALTON LOCAL HEALTH INTEGRATION NETWORK BOARD OF DIRECTORS

December 1, 2016 5 p.m. – 8 p.m. Mississauga Halton LHIN, 700 Dorval Drive, Suite 500, Oakville, ON

Minutes of Meeting

Attendance

Board Members: Graeme Goebelle, Chair

Mary Davies, Vice Chair Shelagh Maloney, Member Patrick Hop Hing, Member Kimbalin Kelly, Member Gulzar Ladhani, Member Kim Piller, Member Louis Girard, Member Rick Johnson, Member

Staff: Bill MacLeod, CEO

Liane Fernandes, Sr. Director, Health System Development, Chief Strategy Officer Dale McGregor, CFO and Sr. Director. Health System Performance/Decision

Support and Information Management

Laura Salisbury, Acting Director, Health Systems Performance Maureen Buchanan, Executive Lead, Governance & Communication Susan Swartzack, Executive Lead, Health System Development

Dr. Mira Backo-Shannon, Primary Care Lead

Shannon Scollard, Executive Assistant, Recording Secretary

Minutes to be approved by the Board: February 2, 2017

1.0 Call to Order

Pursuant to public notice and a quorum being present, the meeting was called to order at 5:15 p.m. with Graeme Goebelle chairing the meeting.

2.0 Declaration of Conflict of Interest

The Chair called for any changes or declarations of conflict of interest in respect of any matters in the agenda, as circulated, or with the consent agenda. No changes or conflicts of interest were identified.



The Chair called for any agenda items to be withdrawn from the consent agenda for a more fulsome discussion. None were withdrawn.

The Chair called for a Motion to approve the agenda.

MOTION

It was moved by Louis Girard and seconded by Rick Johnson that the meeting agenda be approved as presented.

CARRIED [Resolution: 2016-1201-01]

3.0 Consent Agenda

The Chair requested a motion for approval of the consent agenda.

Consent Agenda items

FOR APPROVAL

- 3.1 November 3, 2016 Meeting Minutes
- 3.2.1 CEO Certificate of Compliance
- 3.2.2 BPSAA Attestation

MOTION

It was moved by Rick Johnson and seconded by Mary Davies to approve the consent agenda.

CARRIED [Resolution: 2016-1201-02]

4.0 Business Arising

4.1 Georgetown Hospital Pre-Capital Submission

Liane Fernandes and Susan Swartzack gave a report to the board regarding the Georgetown Hospital Pre-Capital Submission. There was a fulsome discussion where the Board was able to ask questions.

Key highlights:

- The pre-capital submission was originally submitted in October 2015
- In recognition of the new water pipe that is bringing water to Halton Hills there is an expectation that the town's population will increase
- The existing aging capital infrastructure needs to be addressed
- The hospital's emergency department is newly renovated however the rest of the hospital is circa 1961
- The LHIN is attempting an integrated approach for the community and sees an opportunity for future planning with this project

MOTION

It was moved by Rick Johnson and seconded by Gulzar Ladhani that the Mississauga Halton LHIN Board of Directors:

- a) Endorse with conditions the "Part A Program and Service" elements of the Pre-Capital submission from Halton Healthcare Services Corporation as follows:
- The LHIN acknowledges that the hospital has an urgent need for facility and infrastructure renewal at the Georgetown site;
- The LHIN acknowledges that the population growth anticipated in Halton Hills and West Brampton will increase demand for services over the next 10 to 20 years;
- Further planning is required for an integrated approach to program and service delivery that maximizes efficiencies and explores opportunities to streamline programs and services across the three sites of Halton Healthcare;
- Further planning for Georgetown Hospital needs to incorporate the potential impact of the planning for expanded services in Central West LHIN;
- Further planning is required in partnership with community stakeholders/providers and primary care to ensure alignment with the Patients First agenda on integrated care delivery within the community.

b) Authorize staff to continue to work with Halton Healthcare and the Ministry of Health and Long-Term Care to move this project forward.

CARRIED [Resolution: 2016-1201-03]

Trillium Health Partners redevelopment was raised. The hospital has received a planning grant and is awaiting government approval. A great deal of detailed review and oversight is conducted by the government prior to providing approval for capital projects. The LHIN is promoting urgency and the Chair is urging the Minister to move towards a quick approval.

MOTION

It was moved by Patrick Hop Hing and seconded by Louis Girard to approve the pursuit of the Trillium Hospital expansion project approval from the Ministry of Health and Long Term-Care.

CARRIED [Resolution: 2016-1201-04]

4.2 Chair Update

Graeme Goebelle gave his last Board update. He took time to thank Mary Davies for being vice-chair and acting chair during his absence.

Mr. Goebelle reported that he has completed exit interviews with Ron Haines and Jackie Conant and he has also completed the yearly one on one interviews with all board members with the exception of Ms. Maloney and Mr. Johnson.

4.3 CEO Update

Bill MacLeod gave an update on Bill 41, Patients First. It was noted that the Bill is going through the last two stages of legislation, third reading and royal assent. Although legislature is scheduled to adjourn on

December 8 for the holiday break it is still feasible for the Bill to pass prior to the break.

The next stage will involve serious planning efforts prior to transition/transformation.

There will be the equivalent of six full time employees involved with the transformation. It was noted that 20-25% of the LHIN's workforce will be focused on transition/transformation at its peak.

Mr. Goebelle noted that the LHINs are being pressured to add all additional board directors quickly. The LHIN's Board is committed to ensuring that proper fit and skill level is present for all new board members. The Board will take the time needed to ensure that the board fits well together.

4.4 Trillium A1 Status

Bill MacLeod gave an update on the A1 Status granted to Trillium Health Partners. It was noted that the status has not had the impact expected to assist in the placement of people waiting for long term care. An additional 39 beds came into effect at Trillium at the end of November and will assist with capacity issues. The hospital is still actively managing the capacity pressures and continues to look to other methods of reducing the pressure on the system as it is still high.

Mr. MacLeod offered to have a tour of the Trillium Health Partners Courtyard Redevelopment organized for any of the Board who are interested. It was noted that the majority of the people taking advantage of the new bed spaces were from Trillium's Mississauga Site.

Halton Healthcare has some more space to expand into. The LHIN continues to look at capacity issues across the entire hospital system.

Action: Board members who are interested in taking a tour of the new facility should express their interest to the executive assistant.

5.0 Strategic Discussion

5.1 Patient/Citizen Engagement – HQO

Bill MacLeod opened the strategic discussion with a comment on the importance of patient and citizen engagement. Bill 41, if passed, requires each LHIN to have a patient and family advisory committee active within their region to improve communication between patients, families, and the LHIN which is a strategic advantage to any health care system.

It was noted that many of the Mississauga Halton LHIN's health service providers already have patient advisory committees and the Mississauga Halton CCAC has a Shared Care Council.

Health Quality Ontario (HQO) is working hard to support the LHINs succeed and they are developing resources under the Patient Advisory Council.

A fulsome discussion was held with the following key points:

• A decision will need to be made regarding how the patient and family advisory committee will be

achieved and what it will look like

- It is desirable to use members of the existing patient advisories from HSPs
- It was agreed that the CCAC's Share Care Council should be continued for a frame of time to be determined
- A skill set for patient advisory participants will need to be developed similar to the skills matrix used for Board Members

Action: An outline of all of the Work Streams critical deliverables will be included at the next board meeting as requested by the Board.

5.2 Sub-Region Submission – Ministry Follow-Up

Bill MacLeod shared recent information from the Ministry regarding the creation of smaller geographies within each LHIN. We have submitted a plan that includes seven communities although the Ministry wishes the LHINs to restrict sub communities to six or less.

It was noted that the geographies were based on Health Links and that they will work with our LHIN. We have proposed to utilize the same budget for funding seven geographies as other LHINs would receive for six.

A detailed discussion took place that included looking at the benefits and disadvantages of having seven geographies.

MOTION

It was moved by Rick Johnson and seconded by Mary Davies to approve the continuation of the plan for seven local geographies and to aggregate some services LHIN wide to meet the primary and social demographic needs of the local communities within the budget allocation.

CARRIED [Resolution: 2016-1201-05]

6.0 Items Removed from Consent Agenda

None.

7.0 Closed Session

MOTION

It was moved by Rick Johnson and seconded by Kim Piller that pursuant to s9(5) of the Local Health Integration Act of 2006, the December 1, 2016 Mississauga Halton LHIN Board Meeting move into Closed Session to discuss items noted in the Closed Session List.

CARRIED [Resolution: 2016-1201-06]

On motion the meeting was returned to Open Session.

8.0 Meeting Adjournment

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It was moved by Gulzar Ladhani and seconded by Kimbalin Kelly that the December 1, 2016 meeting of

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Mary Davies, Acting Chair	Bill MacLeod, Secretary		