South East Local Health Integration Network

Board of Directors Meeting No. 120

Monday, August 25, 2014

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

M I N U T E S

Present: Donna Segal (Chair); Andreas von Cramon (Vice Chair); Lois Burrows; Janet Cosier; Dave Sansom (quorum); and Paul Huras (CEO)
Recorder: Patricia Reynolds
Regrets:
Guests: Sherry Kennedy (COO); Cynthia Martineau (Director, Health System Planning); Caitlin denBoer (Communications Lead); Michael Spinks (Director, Knowledge Management); Larry Hofmeister (Director, HSP Funding); and Paula Heinemann (Director Corporate Services); Jennifer Payton, Planning & Integration Consultant. Rick Giajnorio, Senior Consultant; Darryl Tooley; Tracey Stevenson; Members of the public by teleconference and in person. (18) in total.

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1. **Call to Order, Chair's Remarks and welcome of guests.**
   The Chair welcomed guests and members to the meeting at 9:32 am.

2. **Selection of Timer and Observer:**
   a. Timer = A. von Cramon
   b. Observer = L. Burrows

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

4. **Approval of the Agenda**
   That the Agenda be approved as amended.

Moved by: D. Sansom
Seconded by: L. Burrows
Carried – 2014-120-01

5. **In Camera Session: - 9:40 pm – 11:40 am**

   That the board consider matters of public interest regarding Approval of In Camera Session Minutes; Addictions and Mental Health (AMH) Estimated Financial Implications; Behavioural Support Office (BSO) – Performance Improvement Plan; Q1 Report – Risk Summary; pursuant to ss 9(5) of the Local Health Systems Integration Act 2006 s.9 (5). Including staff and guests.

Moved by: J. Cosier
Seconded by: D. Sansom
Carried – 2014-120–02

(Lunch Break 11:40 am -12:20 pm)

That the Chair rise and provide a verbal report from Approval of In Camera Session Minutes; Addictions and Mental Health (AMH) – Estimated Financial Implications; Behavioural Support Services (BSO) – Performance Improvement Plan (PIP); Q1 Risk Summary Report.

Moved by: D. Sansom
Seconded by: J. Cosier
Carried – 2014-120–03

6. Consent Agenda:

a. Monthly CEO Reports
b. Board Correspondence
c. Chairs Declaration
d. Chairs Report
e. Committee Summaries
f. Q1 Report

That the Consent Agenda be accepted as circulated.

Moved by: A. von Cramon
Seconded by: J. Cosier
Carried – 2014-120-04

7. Approval of Minutes

a. Minutes of Monday June 23, 2014 Board Meeting #119 (attached)

That the Minutes of Monday June 23, 2014 Board Meeting #119 be approved as amended.

Moved by: D. Sansom
Seconded by: L. Burrows
Carried – 2014-120-05

8. Business Arising:

a. Addictions and Mental Health (AMH) Direction to Proceed to Facilitated Integration– 12:20 pm

- P. Huras outlined the reasons this important issue of AMH redesign is before the board and the journey which brings us to the recommendation provided in the information package. It was noted that this is the 120th board meeting of the South East LHIN;
- D. Segal thanked the agencies, staff and volunteers involved for the many hours it has taken to get to this point in the redesign process, while emphasizing the importance of their involvement;
- Senior staff provided the following information based on questions and comments: Budget for the planning project process is currently $660,000 plus an additional $200,000 being allotted; cross-LHIN issues have been considered; design as defined by future state teams is viable and economically feasible – however process going forward requires the commitment of everyone in these organizations to make this happen in an effective and efficient manner; decision will be made by September however if ready the board may decide earlier; communication process – will include a means to supporting the engagement of the service groups and provider groups along with supporting their respective client and general community, to be able to explain the overall quality of the patient experience; Part A – three entities and amalgamation of HSPs; summary of process on how the SE LHIN arrived at this recommendation; Future State Planning process utilized the redesign information to form their recommendations: human resources, governance; clinical, operations, client/caregiver; financial; governance team refined the governance model based on a straw dog example; there was an extensive amount of work involved and a phased-in approach was conducted; operational team – reviewed the implications and risks associated with client services to ensure staff were supported during the process for all operational components; clinical team developed ten assumptions and philosophies which would be applied throughout the region

based on a common basket of services; human resources developed critical functions and what should be incorporated during transition, reflective of employment contracts; each team had representation from governance, staff, and caregivers; legal advice was obtained throughout the process to respect the privacy of individuals involved; change in deliverables accordingly and estimates went forward to an in-camera working group; communciations occurred on a weekly basis to all teams to inform them on the process; weekly tests were conducted with client and caregiver to ensure client perspective was included; each team also tested themselves at the end of each meeting to ensure the focus was continuously on the client; recommendation is a phased in approach – Part A with LHIN support and one-time external support be included; $200,000 allotted for planning purposes specific to implementation; governance team will identify most appropriate form of implementation for them; planning groups were tasked with considering what would make sense for continued planning; next phase is preparation for implementation; teams have reflected that based on this model it would be an effective implementation; a referendum to determine support was not conducted by the LHIN; among the agencies, implementation is possible and there are leaders ready to move forward; some need more information, which will be acquired in the next phase of planning; committed to review the project status chart again - no teams asked for changes in the colour status. It was noted that there were no red areas identified; next phase of planning was outlined: framing of recommendation was prepared with legal consultation; at the time where the next phase moves to the agencies for further action; agencies will now develop a governance transition team made up of leaders with equal representation, supported by LHIN staff and the transitional alliance team; legal advice should be obtained through the transition alliance for consistency, which would review and recommend what form of transition makes the most sense; following this the next level of planning would occur; multiple cultures are coming together to form the new model; due diligence stage would follow with all the usual check lists being explored; development of a human resource plan would be critical; Communication Plan is critical along with a Change Management Plan; decision before the board is for completion of the planning toward the implementation in 60 days; not an integration decision before the board today; transitional alliance is a vehicle developed by the governance team with membership representative from each of the seven agencies as well as other key parties – peer support, MHSNSEO, Providence Care, two representatives from schedule 1 hospitals, two psychiatrists, representative from Queens University and a LHIN facilitator to support the alliance, and adhere to patient focus; similar templates used by teams, to fit local circumstances and needs, while maintaining a system perspective; Memorandum of Understanding would be signed by all members, which would include conflict resolution and performance monitoring; responsible for cohesion among members; a forum for discussion, to develop a strategy moving forward; communal support layer for overall strategy and performance monitoring capacity; will not be a regional alliance entity with costing; three corporate entities with accountability agreements funded by the LHIN to ensure regional adherence to the entire system; would manage external partners and standards with ability to support continuous improvement; leadership at the local level – look to members of agencies who participated as they have the deepest understanding of work undertaken to date; review of the entities reports and then to LHIN board along with the alliance; we all have a responsibility to manage the process and make it happen; propose that individuals come together and appoint a LHIN facilitator to assist the Governance Team in moving forward; IHSP was the impotence to this project, followed by ensuring a consistent approach and standardization among the three AMH entities. Not just a top down approach, identified where we want to go and view the alliance as a forum for the three sub-regions; one would inform the other; all three levels need to have a continuous dialogue; a structure which ensures we are progressing and informs the board along the way, however no 100 % guarantee; we will continue to support the process; will emphasize the need for clinical improvement through a clinical advisory committee; build in measurements of success; there will be quantitative and qualitative measures which will inform us on how well it

is working for the patient; continuous improvement of governance process is also vital and should be built in as well; report should include measurements of success for governance also - Item 4 iv - add at the entity level as well; cross border issues – one section has responsibility under two LHINs; important to engage with the Champlain LHIN; Central East, North East and Champlain LHINs all border the South East LHIN; Champlain is the most critical LHIN in regard to shared services; CEOs of these LHINs are aware; the Senior Director for planning of Champlain LHIN has also been consulted and no concerns were raised; Champlain LHIN Planning Consultant attended some of the sessions throughout the process to keep well informed on the cross-border client issues to ensure services are maintained in either LHIN; at the board level these discussions have not taken place, but will be arranged; D. Segal will initiate a discussion and have a joint board meeting if necessary; engagement needs to be more than keeping them up to date; suggest a working group session be held; the border is irrelevant to patients, they may seek care wherever they wish; regular engagements do plan for that; need to ensure our good relationships with other LHINs and partners, such as justice; there are no planned reductions in services; 60 days is a reasonable amount of time, but no so long as to impede care to clients and will maintain continuity; it was noted that the value of information does not necessarily increase with added time, however the anxiety with clients did increase with longer decision times; set 60 days as our goal and ask alliance team to identify a more appropriate concentrated quick response to the targeted time; committed to an early feedback time, whatever that number should be; date of final review by the LHIN staff not yet determined; $200,000 – made up of an estimate of the cost for hiring staff to support the change management initiatives over the 60 days; the funding has been reserved for this purpose under the IHSP, as a priority; concern expressed over how much higher the costs could go; the amount is not open-ended and do not expect it to exceed $2 million; Project and HR expert advice is included in the cost estimate; ownership will come from those who develop it; LHIN facilitator is not part of the estimate;

- The current decision before the board is to initiate the direction to proceed to facilitated integration.
- There was agreement that members have enough information to make the decision.

That the South East LHIN Board accepts recommendations one and two for AMH Redesign as outlined in the briefing note with the addition of the deliverable to develop a process for the ongoing evaluation of the efficacy of the AMH Redesign governance model into the future for each of the Governance Transition Teams. In addition, staff is directed to:

- **Develop a formal feedback mechanism for agencies during development of the integration plans;**
- **Arrange ongoing engagement with the Champlain LHIN to ensure mutual understanding and consideration of the implications for the shared population moving forward; and**
- **Provide notification to the Board in the event that the $200,000 allocated to support the Governance Transition Teams and the Transitional Alliance is insufficient to support development of integration plans as directed."**

That the Board agrees to accept recommendations one and two as outlined in the briefing note, with continued feedback from client/agencies on proposed governance models, ongoing engagement with our sister-LHIN, with additional information on costs of consulting, and with the addition of the expectation that the governance transition team reflect governance performance levels, continue planning and the board will reapprove any augmentations to the $200,000.

That the Board of the SE LHIN approves Recommendation #1 as follows:
Commending the years of dedicated effort, passion and excellent direct service provided by governors, clinicians, staff and volunteers of individual Addiction and Mental Health agencies to the many clients and caregivers served and supported over this time, the Board of the South East Local Health Integration Network recognizes and acknowledges the pressing need to further evolve addiction and mental health services into a regional system of integrated care across the continuum of care and across a person's life journey.

Accordingly, the Board of the South East Local Health Integration Network (the LHIN) hereby approves the direction to proceed to facilitated integration described below to:

- **Implement the Addictions and Mental Health (AMH) Redesign using the refined Future State Model (Figure 2, Part A), to enable and support the delivery of the Ideal Individual Experience (Figure 1) for the clients and caregivers, residents, direct addictions and mental health care clinicians and providers and related stakeholders in the South East LHIN; and**
- **Implement the Strategic Alliance.**

Note that Parts B and C of the AMH Future State Governance Model (Figure 2) will follow upon completion of this first phase of implementation.

The direction for the South East LHIN Addictions and Mental Health facilitated integration process is that:

1. Mental Health Services Hastings Prince Edward and Addictions Centre Hastings Prince Edward establish a Governance Transition Team with equal representation from both agencies to direct, perform and review the due diligence work to:

- **i. Determine the legal form of integration most appropriate for the creation of the HPE AMH Entity (e.g. merger, sale of assets, etc.);**
- **ii. Develop the details of the HPE AMH Entity governance, structures and processes in concert with the Transitional Alliance/Steering Committee's direction and guidance and consistent with the AMH Redesign and Future State Planning direction;**
- **iii. Articulate the desired vision, goals and culture of the HPE AMH Entity;**
- **iv. Oversee the completion and consider the results of the due diligence work in terms of implications for the integration (this includes developing a Human Resources Plan, Financial Plan, Communication Plan, Client Transition Support Plan, and Change Management Plan with related timelines. Note that the LHIN anticipates substantial completion of the integration within six months of approval of the plan);**
- **v. Determine the requirements for the initial CEO of the AMH Entity and develop a selection process;**
- **vi. In preparing all of the above, interact with and support the other AMH Entity Governance Transition Teams directly and through the Transitional Alliance/Steering Committee to enable mutual learning and enhance consistency and alignment with the AMH Redesign and Future State Planning direction;**
- **vii. Prepare a report to the South East LHIN Board with respect to the final form of integration for the HPE AMH Entity for approval within 60 days of the direction to proceed with the facilitated integration process.**

2. Lennox and Addington Addiction and Community Mental Health Services and Frontenac Community Mental Health and Addiction Services establish a Governance Transition Team with equal representation from both agencies to direct, perform and review the due diligence work to:

i. Determine the legal form of integration most appropriate for the creation of the KFLA AMH Entity (e.g. merger, sale of assets, etc.);

ii. Develop the details of the KFLA AMH Entity governance, structures and processes in concert with the Transitional Alliance/Steering Committee's direction and guidance and consistent with the AMH Redesign and Future State Planning direction;

iii. Articulate the desired vision, goals and culture of the KFLA AMH Entity;

iv. Oversee the completion and consider the results of the due diligence work in terms of implications for the integration (this includes developing a Human Resources Plan, Financial Plan, Communication Plan, Client Transition Support Plan, and Change Management Plan with related timelines. Note that the LHIN anticipates substantial completion of the integration within six months of approval of the plan);

v. Determine the requirements for the initial CEO of the KFLA AMH Entity and develop a selection process;

vi. In preparing all of the above, interact with and support the other AMH Entity Governance Transition Teams directly and through the Transitional Alliance/Steering Committee to enable mutual learning and enhance consistency and alignment with the AMH Redesign and Future State Planning direction;

vii. Prepare a report to the South East LHIN Board with respect to the final form of integration for the KFLA AMH Entity for approval within 60 days of the direction to proceed with the facilitated integration process.

3. Tri County Addiction Services, Leeds Grenville Mental Health Services and Brock Cottage/Tennant House establish a Governance Transition Team with equal representation from each agency to direct, perform and review the due diligence work to:

i. Determine the legal form of integration most appropriate for the creation of the LLG AMH Entity (e.g. merger, sale of assets, etc.);

ii. Develop the details of the LLG AMH Entity governance, structures and processes in concert with the Transitional Alliance/Steering Committee's direction and guidance and consistent with the AMH Redesign and Future State Planning direction;

iii. Articulate the desired vision, goals and culture of the KFLA AMH Entity;

iv. Oversee the completion and consider the results of the due diligence work in terms of implications for the integration (this includes developing a Human Resources Plan, Financial Plan, Communication Plan, Client Transition Support Plan, and Change Management Plan with related timelines. Note that the LHIN anticipates substantial completion of the integration within six months of approval of the plan);

v. Determine the requirements for the initial CEO of the LLG AMH Entity and develop a selection process;

vi. In preparing all of the above, interact with and support the other AMH Entity Governance Transition Teams directly and through the Transitional Alliance/Steering Committee to enable mutual learning and enhance consistency and alignment with the AMH Redesign and Future State Planning direction;

vii. Prepare a report to the South East LHIN Board with respect to the final form of integration for the LLG AMH Entity for approval within 60 days of the direction to proceed with the facilitated integration process.

4. Above named agencies will also establish an overarching Transitional Alliance or Steering Committee with equal governor representation from each of the integrating agencies, as well as a governor (1) from each of the Mental Health Support Network of South Eastern Ontario and Providence Care, two governance (2) representatives from Schedule 1 hospitals in the South East, a client/caregiver representative from each of the three regions to be served, (2) psychiatrists, a representative from Queen's University and a LHIN facilitator. For knowledge translation and to support the adherence to the design of the Governance FSP team, overlap of membership between that team and the Transitional Alliance would be beneficial. The responsibilities of this group will include:

- **i. Engage common project management support and a common legal firm to advise each Governance Transition Team as well as the Transitional Alliance/Steering Committee;**
- **ii. Develop a checklist/template to guide the due diligence work and ensure all necessary aspects are considered by each Governance Transition Team;**
- **iii. Develop the details of the refined governance model as (see Figure 2, Part A and the Future State Planning Summary Report) including: Board structure, committees, by-laws, policies, etc.as advice to the Governance Transition Teams. The Governance Transition Teams may adjust these somewhat to fit local circumstances and needs, however it is expected that the Entities will be substantively the same in this regard once implemented;**
- **iv. Develop the details of the South East AMH Alliance including structure, membership, and a Memorandum of Understanding which will specify responsibilities and accountabilities with particular attention to: strategic planning, performance monitoring, evaluation and improvement, conflict resolution (among Entities), monitoring of adherence to AMH Redesign and evaluation of the efficacy of AMH Redesign in the future (as per the Future State Planning Summary Report);**
- **v. Review the work developed by the Governance Transition Teams and ensure substantive adherence to the AMH Redesign and Future State Planning Report and consistency across the region. This includes considering and approving proposed variations;**
- **vi. Prepare a report to the South East LHIN Board with respect to the final form of the South East AMH Alliance for approval within 60 days of the direction to proceed with the facilitated integration process;**
- **vii. Prepare a report to the South East LHIN Board with respect to an assessment of the level to which the Alliance and each of the AMH Entity integration plans deliver on the AMH Redesign (including the Ideal Individual Experience) and reflect the Refined Governance Model and the advice of the AMH Future State Planning within 75 days.**

Moved by: J. Cosier
Seconded by: D. Sansom
Carried – 2014-120-06

That the Board of the SE LHIN approves Recommendation #2

That the South East LHIN Board approve an initial allocation of up to $200,000 to support a project management resource to ensure deliverables and timelines are adhered to as well as to support the legal and due diligence work of the three Transition Teams and the Transitional Alliance/Steering Committee associated with the above direction to proceed with the facilitated integration process.

Moved by: J. Cosier
Seconded by: D. Sansom
Carried – 2014-120-07

b. Revised Ministry LHIN Performance Agreement (MLPA) Estimates for Hips and Knees- 2:10 pm

- P. Huras reviewed the briefing note with members which included original and revised performance target estimates for Q2-Q4, 2013/14. Have not met with the MOHLTC to negotiate the new targets as yet. This information is provided for clarification as requested at the last meeting; senior staff provided the following information based on questions and comments: SE LHIN is substantially different than other LHINs in its coding of priority #4; bulk of procedures are coded priority #3; MOHLTC has now placed a focus on priority 4s; if surgeons did code 4s as others do it would be bringing our performance more in line with other LHINs; need to have discussions with the surgeons related to coding; unless the coding is standardized the numbers are meaningless; definition for hips and knees is quite subjective; target is 90% SELHIN is at 78% for both knees and hips; attempts to resolve the disparity are underway; the implication to the SE LHIN is not related to loss of funding; there are several venues available where this could be addressed - SECHEF being one; the commitment is only to priority 4s at this time; all five of our hospitals are reporting in this manner; LHIN staff will continue to work with the surgeons to achieve the appropriate method of reporting

c. Personal Support Workers (PSWs) Adjustment Update – 2:30 pm

- P. Huras reviewed the briefing note with members including a background summary; funding information and timelines for information purposes.
- Senior staff provided the following information based on questions and comments: there were nine organizations involved; two of the nine agencies have refused to sign; a provincial group is meeting to resolve the issues; staff will continue to inform the board; SE LHIN continues to participate in the resolution.

d. Rideau Tay Collaborative Governance Update – 2:35pm

- J. Cosier provided a verbal summary of the Rideau Tay Health Link board to board meeting she attended in June in Smiths Falls; a subsequent meeting was also held. J. Cosier will continue to attend these collaborative sessions. It was noted that an evaluation process is built into Health Links and will provide useful information.

e. Chair's Update – 2:40 pm

- D. Segal noted for members that Hospital Sustainability discussions with governors is underway; the South East LHIN Board is drafting a Work Plan along with a Development Plan for members; an Orientation Plan is also under development; D. Segal reported on her meeting with the Hospital/CCAC Chairs' Forum and KPMG to discuss Hospital Sustainability. Expect members to continue the process of engagement with their boards and take ownership. Members of the forum indicated that they were all aware of the project. Consistent messaging going forward was discussed. First task will be to confirm the financial impact and review individual organizations to determine how they will deal with efficiencies. It may be desirable to have hospital to hospital discussions. It was noted this is where the Clinical Services Roadmap originated.
- D. Segal is chairing a LHIN-wide working group on collaborative governance to emphasize the importance of collaboration with Health Service Provider (HSP) boards. Governance Centre for Excellence hosts workshops on behalf of the OHA and is interested in conducting regional sessions in partnership with the LHIN Board Chairs Council in the form of five or six sessions in the spring of 2015.

- A von Cramon briefed members on progress to date with the work plan, member development plan and orientation plan with the preference being to use existing education tools where available. It will include a check list by member for completion. Timeframe is related to the new appointments of board members, expected in November. Hope is members will complete the orientation plan within three months of commencement of their term. Copies of the Work Plan, Development Plan and Orientation Plan will be circulated to members for feedback and approval at the September board meeting. Some of the orientation components could be open to external service providers as well. Baseline standard for board members would require that all existing board members complete the process as well. Consistency among the LHINs, especially related to Ontario Public Service information is important. An overview on the LHIN Collaborative or LHINC would be helpful. D. Segal will raise at the next LHIN Chairs' Council. Access to the MOHLTC should be through a standardized approach.

f. CEO Discussion Report – 3:05 pm

- P. Huras reviewed the report provided to members which included an update on Clinical Services Roadmap; Health Links Update; Sustainability Update; Community Support Services (CSS) Prioritization Strategy; SE CCAC Sustainability Planning Update; SE LHIN Website Update; Minister-Ministry Strategic Communications Document; MOHLTC Working Funds Initiative Q1 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 – no comments or questions at this time.
  b) Health Links Update – no comments or questions at this time.
  c) Sustainability Update – no comments or questions at this time.
  d) Community Support Services (CSS) Prioritization/Strategy – Request from board members for a copy of the presentation from March 2014 – entitled Draft Prioritization Framework for CSS. The South East LHIN is not redesigning CSS at this time. Suggest a communication which speaks to what we are doing and what we are not doing. D. Segal will draft a message.
  e) SE CCAC Sustainability Planning Update – no comments or questions at this time.
  f) SE LHIN Website Update – new visual identity has been released but is not yet in use. There are some issues with the proposed websites for LHINs and launch has been delayed.
  g) Minister-Ministry Strategic Communications Document –This is a working group of LHINC. No questions at this time.

That the CEO Discussion Report be accepted as circulated.

Moved by: A. von Cramon
Seconded by: D. Segal
Carried – 2014-120-08

9. *Timer – discussions concluded 30 minutes after the scheduled time allotted however the importance of the topic warranted this and were very productive overall.*
Observer – excellent, fulsome and detailed discussion especially in relation to AMH. There was a sense of achievement and progress with this meeting, being our 120th meeting.

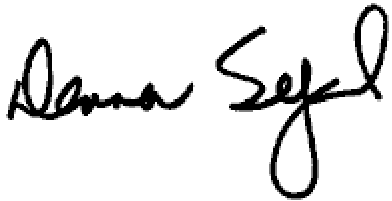
10. Date, time and location of next meeting:
Monday September 29, 2014 – SE LHIN Offices

Future meetings:
Monday October 27, 2014 – SE LHIN Offices
Monday December 15, 2014 – SE LHIN Offices
TBD – January 2015

11. Adjournment
That the meeting be adjourned at 3:30 pm.

Motioned: D. Sansom

Noted departures:



Meeting Chair: ______________________________
Donna Segal

Secretary: ______________________________
Paul Huras