South East Local Health Integration Network

Board of Directors Meeting No. 133

Monday December 14, 2015

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; 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); Sara Brown (Financial Officer – for ABP); Emily Tubbs (Acting Communications Lead); Angela Mask (Epidemiologist); Carly Tuinman (Data Coordinator); Renee Oortwyn (Board Coordinator). Don McGuinness (Manager Knowledge Management); Benedict Menachery (Planning & Integration Consultant); Gina Johar (Program Manager - ET); and Larry Hofmeister (Director, HSP Funding & Allocations)

**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 9:32 am.

2. **Selection of Timer and Observer:**
   a) Timer – Brian Smith
   b) Observer – Dave Sansom
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
   That the Consent Agenda items be approved as circulated.

   Moved by: C. Salt
   Seconded by: J. Butt
   Carried – 2015-133-01

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

   Moved by: L. Burrows
   Seconded by: B. Smith
   Carried – 2015-133-02

6. Approval of Minutes

a) Minutes of Monday October 26, 2015 Board Meeting #132 (attached)

That the Minutes of Monday October 26, 2015 Board Meeting #132 be approved as amended.

Moved by: A. von Cramon
Seconded by: B. Smith
Carried – 2015-133-03

7. Business Arising:

ADDITION TO AGENDA:

Governance / Nominating Committee – recommendation for 2016 Board Meeting dates

- A. von Cramon provided members with a tentative list of dates for consideration of meetings of the SE LHIN Board for 2016.
- Members discussed the need to adjust meetings in March and April to address observed holidays.

That the 2016 Board meeting list as amended be approved for distribution to the public, board members and SE LHIN Staff.

Moved by: A. von Cramon
Seconded by: J. Butt
Carried – 2015-133-04

a. Integrated Health Services Plan (IHSP4) Final – 9:44 am

- P. Huras provided a review of the briefing note which included an executive summary; attached IHSP4 and recommendation for consideration.
- Senior staff provided the following information based on questions and comments:
  - P. Huras confirmed the definition of informal professionalism as it clearly references the tone and attitude of the LHIN that reflects our belief that the LHIN was developed to be a partner with Health Service Providers for the development of strategies and solutions for the benefit of our region and its residents rather than one of authority.
  - Goal number three seems to be very general, not broad; need to ensure that any documentation going forward clearly reflects the goals (i.e.: it is referencing the old ones in the Older Adult Strategy item before the board today).
  - Members discussed the need to adjust the goals to better reflect the term accountability; the goals need to clearly reflect a positive tone towards the challenges of change in our region, while at the same time ensuring we adequately address some of the specific areas as they relate to equality and access to services.
  - The goals are consistent with the MOHLTC framework and align with the Ministers' directives; details on achieving system performance will be identified in the LHIN's Annual Business Plan (ABP).
  - Members discussed the potential for an appendix to the plan that more clearly defines how measures will be used, tracked and reported for the benefit of the overall system improvement / monitoring.

That the South East LHIN Board approves:

1. **The Mission, Vision and Values for the South East LHIN as revised; and**
2. **The goals outlined in the Integrated Health Services Plan (IHSP) as revised and that**
3. **The content of the IHSP 4: *Health Care Tomorrow – Putting Patients First* as revised**

Moved by: A. von Cramon
Seconded by: C. Salt
Carried – 2015-133-05

b. SE LHIN Stocktake & Draft Dashboard – 10:07 am

- P. Huras provided a review of the briefing note which included a background summary; key highlights; next steps and a copy of the draft dashboard and Stocktake report.
- Senior staff provided the following information based on questions and comments:
    - Performance issues with HSPs are brought to the board as required, however there are many challenges surrounding the ability to measure and report on a wide variety of items including financial, clinical services, etc.; performance improvement plans with HSPs are a very successful and integrated way for the LHIN to work with their partners to better address challenges for the overall improvement in the system; reporting data is submitted to the MOHLTC and then they release the data to the LHINs; LHINs are not able to house / address personal health identifying information (data); MOHLTC will continue to help better address challenges in the quality of the data that is presented.
    - Measures may be specific to an organization like the CCAC, however the result and ability to achieve results for the measure involve other organizations including Long-Term Care, Hospital, community services, etc.; it will continue to require system leadership to better address the challenges the SE LHIN is facing as it relates to these indicators; our CCAC is a high performer when compared to the provincial partners, however there is still room for improvement; the partners involved are willing to have open discussion around opportunities for change that will improve the system; Wave 2 of the Personal Support Services (PSS) implementation will provide change over the coming quarter; regional care coordinators and the SMILE program will help to provide changes to the personal support sector for improvement in the overall system.
    - In the past the LHIN negotiated the region's targets the MOHLTC; these discussions have been collaborative in nature with an understanding that some LHINs have more challenges to achieve gains towards the targets (ourselves included).
    - Negotiations have been very collaborative in the past (among all our partners), however in light of the Auditor General's recent report, LHINs will need to be clear about the consequences of not meeting performance targets.
    - Meeting these targets is not totally dependent on additional funds (MRI is an example of how adding more access to services actually didn't help to resolve the backlog, it actually increased it).
    - Initiatives such as Health Care Tomorrow – Hospital Project will help to drive the change in culture, reporting, performance.
    - Working with the partners to achieve the targets has changed over the last 10 years (specifically at an agency level); we have come to realize that these targets truly require the partners to be more system oriented to drive the overall change that is sustainable (i.e.: addiction and mental health redesign is just one of them).
    - In a "2%" environment, resources may need to be reallocated to fund the transformation required to achieve these targets.
    - SE LHIN partners receive a copy of the Stocktake report via regional meetings such as SECHEF; quarterly meetings of the Ministry and LHIN occur as they relate to the Stocktake report in order to continue to drive the need for change in the overall system; new expectations of the LHINs, HSPs and the overall changes needed for healthcare in the province involve large changes in culture at each and every organization from the MOHLTC down to the front line providers.

c. Older Adult Strategy Update – 10:52 am

- P. Huras provided a review of the briefing note which outlined the proposed development of an older adult strategy; reference panel; stakeholder engagement; engagement with SE LHIN Governance; Healthcare and an Aging Population – A Perspective on Common Themes; high level data analysis; and attached appendices.
- D. McGuinness provided an overview of the presentation for members which included the "rising tide" – the impact of dementia on Canadian Society; LHIN population overall; growing older adult population; impact of the baby boomer generation; changes within the older adult population; where they live; socioeconomic status of older adults; health behaviours of older adults; health status older adults; chronic conditions among older adults; health links complex needs patients; overall health sector financial resources; growing demand as our population ages; forecasting future utilization – basic methodology; growing demands as our populations ages – CSS services, CCAC Services, acute inpatient, post-acute; destine / unique characteristic of health care utilization by older adults; alternate level of care and older adults; demand for long-term care; can we better utilize long-term care; growing demand as our population ages – hospice palliative care and end of life services; and analytic next steps;
- Senior staff provided the following information based on questions and comments:
    - The funding formula for hospitals (Health System Funding Reform – HSFR, including the Hospital Based Allocation Model – HBAM) account for age and other demographic and utilization opportunities; Long-Term Care (LTC) bed ratios are measured based on the population 75 +; there is a need to ensure that we don't continue with "status quo" as the system can't continue to grow and be funded in such an inefficient and non-effective manner for the residents of our area; there will be no increase in LTC beds in our region, a harsh reality that needs to be accepted so that we can begin to move forward with other strategies that better address the needs of this population; wait times are truly dependent on where the client is interested in being placed for TLC; there is no tracking to determine how long the wait for LTC home beds is if a client takes an "interim" bed while waiting for their first choice.
    - B. Menachery provided an overview of the Older Adult Strategy (OAS) project plan which included timelines for successful achievement of the strategy; the Panel will review and discuss forecasting and segmentation data and review and reflect on the envisioned OAS; the LHIN will use the information and feedback from the reference panel to present a more refined picture around the envisioned OAS journey.
    - End results will include priority areas that will be presented to the LHIN board for consideration as we move through the process / timeline; an example of a priority area could be one around creating more supports for care givers (implementation plan that goes with that priority would provide for the specifics related to the priority); Reference Panel membership has not yet been confirmed as we wait for direction from the LHIN Board, it will include membership from our HSPs, concerned stakeholders and older adults who can reflect on their care / need from the healthcare system.
    - Managing cost drivers should be more focused around needs not wants; audits need to be included as part of the process (service audits), including quality of the segmented populations and if we are achieving the needs of the clients; work in the Community Support Sector (CSS) will be clearly involved in the planning going forward for this strategy; and the LHIN will need to ensure that the scope of this initiative is clearly stated.
    - It will be ideal to have two Board Members engaged in building this OAS.

That the 2016 Board meeting support the Older Adult Strategy as presented to members.

Moved by: A. von Cramon
Seconded by: B. Smith
Carried – 2015-133-06

d. Quinte Health Care – Response to Community Report – 11:38 am

- P. Huras provided a review of the briefing note which included a status update; background summary; attached briefing note from various stakeholders and a copy of the Brighton/Quinte West Health Services Advisory Committee Report.
- Senior staff provided the following information based on questions and comments:
    - There is a need to ensure that any action moving forward would have a terms of reference that would clearly with the Health Care Tomorrow – Hospital Project; the recommendations that are before the members today are directed with objectivity to continue to move forward; three organizations have expressed an interest in the co-location concept and asked to be included in the task force, however there is still a need for QHC to be clearly involved in any recommendations; any cost implications would be borne by the participating members or their organizations; there will be some practical items that need to be addressed such as an existing organization may have to give up a lease in order to gain future benefits for clients; the governance of the concerned members have already provided support for trying to move to the next step; member organizations will need to clearly approve (via their boards) for any integration / colocation that may be recommended; LHIN board members were reassured that any governance issues would be addressed by the involved HSPs.
    - The task force would include a provider member as chair who reports to the LHIN CEO; the LHIN will provide dedicated staff to support the task force; the LHIN will act as an "honest broker" for the task force; the involvement of the LHIN on the task force will not prejudge any recommendations or outcomes from the task force; the task force will focus on how to implement the relevant recommendations contained in the report of the committee chaired by Glenn Rainbird; any recommendations would come back to the LHIN board for consideration, after the provider boards of the organization that could potentially co-locate, have sign off on the recommendations; the Rainbird committee did undertake significant engagement, but we will ensure that the broader community is engaged and informed throughout the process; any recommendation would need to take into account the potential for broader effects than the Quinte West area, i.e.: the broader LHIN; there is consideration that the new arrangement could potentially be considered as, what the MOHLTC is calling, a "Health Hub"; the LHIN board will have to ensure that the broader health care system is considered when any recommendation is brought forward; there is the anticipation that there will be no increase to services in the area, just a co-location that could provide for improved access and a clear long term role for the Trenton Memorial site.

That the South East LHIN Board approves the immediate striking of an Implementation Task Force to address the Trenton Memorial Hospital site of Quinte Health Care with parameters as outlined in the attached briefing note.

Moved by: C. Salt
Seconded by: B. Smith
Carried – 2015-133-07

RECESS – 12:01 pm – 12:16 pm

e. Chair's Update – 12:16 pm

- D. Segal noted for members
    i. Implementation of the Delegations Policy – there was agreement from the board to consider delegations for the board which included a draft policy at the governance committee, which needs to come to the LHIN board for consideration in order to better understand what is planned and contained as it will impact financial obligations for the governance members; there will be a need for the policy to clearly identify who could present a delegation (i.e.: funded HSPs, community partners, broader public) on what topics and the form of engagement with members, etc.

f. Gap Analysis – Committee Discussion Paper – 12:25 pm

- D. Segal provided a review of the discussion paper included in the package which covered the current composition of the SE LHIN Board committees; LHIN Board Member participation; gaps in historical board participation; aspects to consider carefully; proposed future LHIN committees for discussion; how to achieve the future state; potential impact on members participation and involvement.
- Board members and senior staff provided the following information based on questions and comments:
    - Any increases in the frequency of board committees may require the need for these meetings to utilize technology that we have available to us in order to maximize participation while keeping a keen eye on the expenditures to the governance budgets; the chair would be ex-officio on each committee of the board and would not be assigned responsibilities for the committee – i.e.: only 8 members truly for distribution to the committee structure.
    - A board member retreat would be able to provide the members a succinct timeframe to discuss how some of these committee could fit into our existing structures, which may help to address financial concerns; the delegations policy coming forward the board to consider may help to address the need of a member (i.e.: chair) or a committee who will manage that process.
    - There appears to be agreement around some of the parameters; what is system performance / CEO performance; terms of reference will need to be addressed by each committee in order to better address any of the challenges / changes that may be required.

g. Community Engagement – Board Member Updates – 12:50 pm

- D. Sansom noted for the members that the Collaborative Governance / Community Engagement (CGCE) Committee has been going through changes in the past several months in order to better address Collaborative Governance issues on a more regional basis that would include education sessions / knowledge sharing; there has been varying uptake across the region based on the new sub-region design; many leaders are finding it hard to ensure their participation in these new sub-regions due to other commitments in LHIN initiatives such as HCT – Addictions and Mental Health Redesign; the CGCE has noted that they are interested in hosting a collaborative event in the region prior to 2015-16 fiscal ending, it would include the introduction of the IHSP4, changes that are coming along to the SE LHIN region and provincially; planning has already begun for an event that would happening early March and likely be 4 hours in length with the anticipation of 200-250 attendees from a large variety of health service providers both funded and non-funded; an invitation will be sent to Minister Hoskins to encourage his participation in the event or another member of his Ministry that might be most effective for this type of event; the delays in some of the sub region development is one of the leading reasons for this.
- The western forum has already had their first planning meeting – the Eastern forum had a governance to governance discussion recently and have determined to take this on via the Rideau Tay Health Link group; the Central Region is not yet gaining ground, however there are a few interested parties that could provide for a viable start.

h. Finance / Audit Committee – Quarterly Funding Summary – 1:05 pm

- J. Cosier provided a review of the briefing note which included summary information and a copy of the SE LHIN 2015-2016 Board Funding Summary Report – 2nd Quarter and
- Preliminary 3rd Quarter report is for discussion only.

That the SE LHIN Board approve the recommendation by the Finance / Audit Committee to have this report continue to go to this committee as part of the regular course of business, with copies shared with the Board via the Consent Agenda as required.

Moved by: J. Cosier
Seconded by: L. Burrows
Carried – 2015-133-08

i. CEO Discussion Report – 1:06 pm

a) Health Care Tomorrow

i. **Hospital Project –** no questions or comments at this time.
ii. **Addictions and Mental Health Redesign** – no questions or comments at this time.
iii. **SHiiP** – no questions or comments at this time.

b) **cNeo Update** – no questions or comments at this time.
c) **Service Accountability Agreement (SAA) Process Update** – no questions or comments at this time.
d) **Ontario Palliative Care Network (OPCN) Update** – no questions or comments at this time.
e) **Long Term Care Home – 78 Beds Update** – funding for assisted living does not come from LTC funding, it is provided in our LHIN via urgent priority funds or via reallocations (which is harder to do), however there is no directed funds provided; redevelopment efforts may see changes in assisted living; there is a need to consider the hospital funding formula differently in order to better address community programs that include assisted living (as we can't keep the clients in the hospital); there is the expectation that LTC homes in the SE LHIN will drive towards redevelopment with these 78 beds spread out across the region based on need and ability of homes to redevelop; the LHIN is not losing any of these beds; and the LHIN is providing direction to the MOHLTC on where the beds in the region should be situated.
f) **Auditor General's Report** – the report provided for a robust overview of healthcare in the province for new board members; funds cannot be moved from community into hospitals, otherwise we are able to move funds between sectors; only the Minister can withdraw total funds from a provider (i.e.: closing them); the LHIN has taken funds from one provider and moved it to another in order to better provide for services to the client / patients in the system (i.e.: Tier III Divestment): performance of the LHIN is based on HSP performance, yet there is a need to help drive change in the system regionally in order to attain the performance targets; system performance is key to the success of the LHINs and the health care system in general; the need to revisit the LHIN boundaries are likely to be more of concern in the higher population areas – i.e.: GTA which may require that some boarders be redefined; communications regarding the audit is always a challenge, however the SE LHIN wanted to ensure that we communicated broadly and openly with our HSPs and public.

That the CEO Discussion Report be accepted.

Moved by: A. von Cramon
Seconded by: B. Smith
Carried – 2015-133-09

Lunch – 1:35 pm – 2:30 pm, included an Education Presentation on French Language Services

That the board consider matters of public interest regarding Approval of In Cameral Minutes; Organizations Under Performance Improvement Plans (PIP) / Review – Providence Care, Kingston Community Heath Centre, Community Primary Health Care; LHIN Renewal; CEO performance Committee and Quinte Health Care – Financial Pressures pursuant to ss 9(5) of the Local Health Systems Integration Act 2006 s.9 (5).

Moved by: L. Burrows
Seconded by: J. Cosier
Carried – 2015-133–10

8. In-Camera Session – 2:30 pm

That the Chair rise and provide a verbal report from the In Camera Session which included Approval of In Cameral Minutes; Organizations Under Performance Improvement Plans (PIP) / Review – Providence Care, Kingston Community Heath Centre, Community Primary Health Care; LHIN Renewal; CEO performance Committee and Quinte Health Care – Financial Pressures.

Moved by: L. Burrows
Seconded by: J. Butt
Carried – 2015-133–14

9. **Timer** – *Chair to provide*
Observer –Chair to provide

10. Date, time and location of next meeting:
Monday January 25th, 2016 – SE LHIN Offices

Future meetings:
January 2016 – TBD
February 2016 – TBD
March 2016 – TBD
April 2016 – TBD
May 2016 - TBD

11. Adjournment
That the meeting be adjourned at 4:30 pm

Moved by: J. Cosier

NOTED DEPARTURES:
Andreas von Cramon – 2:30 pm

Meeting Chair: Donna Segal

Secretary: Paul Huras