

Waterloo Wellington Local Health Integration Network

Board of Directors Meeting

MINUTES

Item 7.0 A
Consent Agenda

Thursday, May 29, 2014

The following are the minutes of the Board Meeting held at 12:17 p.m. on Thursday, May 29, 2014 at the Waterloo Wellington LHIN office, 50 Sportsworld Crossing Road, Suite 220, Kitchener, ON.

Members Present: J. Fisk (Chair), D. Small (Vice-Chair), M Basi, B. Dinwoody, J. Nesbitt & M. O'Brien

Regrets:

Staff Present: B. Lauckner, T. Lemon, J. Tam, M. Little

Recording Secretary: D. Ruprecht

1.0 Call to Order & Recognition of Quorum

J. Fisk called the meeting to order at 12:17 p.m. and welcomed members to the meeting.

2.0 Approval of the Agenda

Motion No. 01-14-15 Moved by M. Basi, seconded and unanimously approved:

THAT the agenda be approved as circulated.

3.0 Declaration of Conflict of Interest

All Board members stated that there were no declarations of conflict of interest made in relation to the matters to be dealt with.

4.0 Closed Session

Motion No. 02-14/15 Moved by D. Small, seconded and unanimously approved:

THAT the meeting adjourn and move into a closed session for the purpose of a discussion about matters of such a nature that the desirability of avoiding public disclosure of them outweighs the desirability of adhering to the principle that Board meetings be open to the public under *section 9(5) (a) of the Local Health System Integration Act, 2006*.

Note: The open session adjourned at 12:18 p.m. to move into closed session

Note: The closed session adjourned at 1:55 p.m. and a break was taken at that time.

WELCOME

J. Fisk welcomed Board members and guests to the meeting at 2:05 p.m.

5.0 Reconvening the Open Session

Motion No. 06-14/15 Moved by B. Dinwoody, seconded and unanimously approved:

THAT the open session reconvene.

Note: The open meeting reconvened at 2:05 p.m.

6.0 Report of the Closed Session

J. Fisk reported that the Board met in a closed session from 12:17 p.m. to 1:55 p.m. for the purpose of discussions about matters of such a nature that the desirability of avoiding public disclosure of them outweighs the desirability of adhering to the principle that Board meetings be open to the public under *section 9(5) (a) of the Local Health System Integration Act, 2006*.

Motion No. 07 -14/15 Moved by B. Dinwoody, seconded and unanimously approved:

THAT the Board receive the Chair's report of the closed session for information.

8.0 Consent Agenda

The following items were on the Consent Agenda for May 29, 2014.

- A. Minutes:
THAT the minutes of the previous meeting held on March 27, 2014 be approved as circulated.
- B. Chair's Report – May 2014:
THAT the Chair's Report for May 29, 2014 be received for information.
- C. CEO's Report – May 2014:
THAT the CEO Report for May 29, 2014 be received for information.
- D. Governance Report – April 2014
THAT the Governance Committee Report for May 29, 2014 be received for information.
- E. BPSAA Attestation – Q4 (2013-2014)
THAT the Board of THAT the Board recommend the Board Chair accept the CEO Certificate of Compliance for Q4 (2013/2014) to support that Board Chair sign (1) the Declaration of Compliance and (2) the Attestation of Compliance to the Broader Public Sector Accountability Act (BPSAA) for submission of both to the Ministry of Health & Long-Term Care.

- F. CMH Working Funds Approval:
THAT the Waterloo Wellington Local Health Integration Network Board of Directors direct the CEO and Board Chair to sign the Cambridge Memorial Hospital – Q4 2013/14 Hospital Working Funds Initiative Report for submission to the Ministry of Health and Long-Term Care.

Motion No. 08 -14/15 Moved by B. Dinwoody, seconded and unanimously approved:

THAT the items on the consent agenda for May 29, 2014 be accepted and approved.

STRATEGIC AGENDA

8.0 Public Participation

Mr. David Williams presented an outline of the attributes of home care in Waterloo Wellington before divestment of therapy services and the attributes of home care post-divestment, barriers to effective communication, structural obstacles impacting home care delivery, and issues related to transparency and accountability.

The Chair thanked Mr. Williams for his participation and reminded the public that the opportunity to present is available at each of our regular Board meetings.

9.0 Chair's Remarks

J. Fisk updated the Board on education sessions that she had the privilege of attending: The Governance Centre of Excellence (GCE) held a session on strategic risk oversight focused on the bigger picture – how to identify risks to the organization far ahead of when they would normally appear on our radar; The Ontario Hospital Association (OHA) hosted an education session on effective governance collaboration to advance integration. Both education sessions underscored the need for collaborative governance. J Fisk also highlighted that the board members and staff will be attending several Annual General Meetings for Health Service Providers over the next few months.

10.0 CEO's Remarks

B. Lauckner gave an update on the continued progress towards our vision of creating better health and a better future for the 775,000 residents of the communities served by the LHIN. This can only be achieved by organizations from all sectors and systems working together in an all of community approach. Lauckner gave many examples of successes ranging from the progress in each of our four Health Links, to new hubs created by police in Cambridge and downtown Kitchener to health service provider Boards stepping up to help lead specific

governance initiatives. These collaborations are leading to better care for those most in need, reduced duplication and better value for taxpayer dollars.

11.0 Community Hub Presentation

In January 2013, the Waterloo Region Police Service (WRPS), Crime Prevention Council and the Waterloo Wellington Local Health Integration Network (WWLHIN) jointly hosted a one-day workshop on the Community Mobilization Initiative currently underway in Prince Albert, Saskatchewan – known as “the hub” model. More recently, funding was provided by the Ministry of Community Safety and Correctional Services to establish several hub models in the province. Bill Davidson, Executive Director from Lang’s Community Health Centre and Deputy Chief of Police, Kevin Chalk from Waterloo Region Police Service presented the Board on the *Connectivity* hub that was created in Cambridge and North Dumfries. The hub has mobilized health and social services in partnership with the WRPS in order to address risk factors, develop protective factors and reduce the incident of crime. Many of these factors are also those that impact an individual’s health (the social determinants).

The Board asked questions of the presenters and thanked all the organizations involved for their focus and hard work on behalf of some of our most vulnerable residents.

12.0 Health System Annual Plan and Risk Report

Annual Plan - Staff presented the Board with a copy of the 2014/15 Annual Plan summary. The Plan summarizes the initiatives developed by the various councils, networks and health service providers to achieve specific outcomes related to our Integrated Health Service Plan. The summary will be shared with Health Service providers and other stakeholders so they can see all of the plans associated with each of the three priority areas. The related dashboard to monitor plan outcomes is being updated and will be available on the LHIN website.

Risk Report - Staff highlighted a number of key milestones that have been reached since the last report including the 10,000th referral through the Diabetes Central Intake Program and the launch of Here 24/7- a collaboration of 12 local mental health and addictions service providers. Staff also updated the board on a range of risks including one associated with the volume of requests for Here 24/7 and provincial delays in rolling out Hospital Report Manager locally.

13.0 Pre-Capital Submission - Groves Integrated Health Facility

In March 2014, the WWLHIN Board endorsed Stage 2 of the hospital portion of the Groves Integrated Health Facility. Staff provided the Board with an overview of the pre-capital submission for second portion of the project - suitable space for the hospital’s other service provider partners in as close proximity to the hospital as possible. Space will be available to support the deployment of programs associated with Health Link initiatives, including wrap-around patient-centred plans delivered through co-located providers.

Motion No. 09 -14/15 Moved by M. Basi, seconded and unanimously approved:

THAT the WWLHIN Board of Directors endorse the Pre-Capital submission for the Groves Integrated Health Facility with the expectation the GMCH continues to align all services with future IHSPs and LHIN-supported rural care delivery models.

14.0 Increase in Behavior Supports Service Base Funding

Staff provided the Board with an update on the Behavioral Supports Ontario (BSO) Initiative which was created in 2011 to enhance services for older adults with complex and predictable responsive behaviors associated with cognitive impairments such as dementia, or other neurological conditions, mental health and addictions, wherever they live – at home, in long-term care, or elsewhere. Staff provided a resident story to illustrate the positive experience that the BSO Initiative is having in the community.

In order to provide BSO service to the additional long term care beds which have opened in Waterloo Wellington over the last year, additional funding was recommended.

Motion No. 10 -14/15 Moved by M. O'Brien, seconded and unanimously approved:

THAT, the WWLHIN provide an additional \$39,000 in annualized base funding to St. Joseph's Health Centre, Guelph, for the Behavior Supports Ontario (BSO) program beginning in the 2014/2015 fiscal year, pending confirmation from the Ministry of Health and Long Term Care regarding funding availability.

15.0 Voluntary Integration: Guelph General Hospital Diabetes Transitional Plan

Staff provided the Board with an overview of the proposed voluntary integration involving the move of Gestational diabetes mellitus (GDM) services from Guelph General Hospital to The Guelph Family Health Team.

The GDM transfer would allow the Guelph Family Health Team to support a centralized, standardized model of care for women with GDM who require collaborative care, follow up, and a convenient community-based solution.

Staff provided an overview of the community engagement feedback that was received and the risks and opportunities associated with the proposed integration.

Motion No. 11 -14/15 Moved by J. Nesbitt, seconded and unanimously approved:

THAT having received notice under Section 27 of LHSIA from Guelph General Hospital and the Guelph Family Health Team of the intended transfer of Gestational Diabetes Mellitus services from Guelph General Hospital to the Guelph Family Health Team, the WWLHIN Board of Directors is satisfied with the information provided and will

not take any action under Section 27 to stop the proposed integration.

16.0 Next Meeting

Thursday June 26, 2014
12:00-5 p.m. (WW LHIN Office)

17.0 Adjourn

Motion No. 12 -14/15 Moved by J. Nesbitt, seconded and unanimously approved:

On a motion by J. Nesbitt, seconded and there being no further business, the meeting adjourned at 4:00 p.m.

J. Fisk
Chair

M. O'Brien
Secretary

D. Ruprecht
Recording Secretary