

South East Local Health Integration Network

Board of Directors Meeting No. 139

Monday June 27, 2016

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

MINUTES

Present: Donna Segal (Chair); Lois Burrows; Jack Butt; Maribeth Madgett; Chris Salt; Brian Smith (quorum); and Paul Huras (CEO)

Recorder: Jacqui Prospero

Regrets:

Guests: Sherry Kennedy (COO); Paula Heinemann (Director, Corporate Services / Controller); Cynthia Martineau (Director, Health System Design); Amber Gooding (Communications Coordinator); Elaine Johns (Project Manager – HCT – HP); Larry Hofmeister (Director, HSP & Funding Allocations); Steve Goetz (Director, Performance Optimization); Megan Jaquith (Health System Planner); Iman Sapru (Summer Intern); Melanie Lyman (Communications Associate); Mike McClelland (Senior Financial Analyst); Benedict Menachary (Planning & Integration Consultant); Angela Mask (Epidemiologist); Don McGuinness (Program Manager – Knowledge Management); Deb Goulden (Consultant, Design & Implementation); and Renee Oortwyn (Board Coordinator).

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 9:1 am.

2. Selection of Timer and Observer:

- a) Timer – B. Smith
- b) Observer – L. Burrows

3. Conflict of Interest Declaration

All members confirmed no conflicts.

4. Approval of the Agenda

That the Board Agenda be approved as circulated.

**Moved by: C. Salt
Seconded by: J. Butt
Carried – 2016-139-01**

That the board consider matters of public interest regarding Kingston General Hospital / Hotel Dieu Hospital – Strategic Alliance; Health Care Tomorrow – Hospital Services Project – Business Proposals Approval and Organizations Under Performance Improvement Plans (PIP) / Review – Providence Care, Kingston Community Health centre and Community Primary Health Care pursuant to ss 9(5) of the Local Health Systems Integration Act 2006 s.9 (5).

**Moved by: L. Burrows
Seconded by: C. Salt
Carried – 2016-139-02**

5. In-Camera Session – 9:36 am

RECESS – 11:20 am - 11:32 am

That the Chair rise and provide a verbal report from the In Camera Session including Kingston General Hospital / Hotel Dieu Hospital – Strategic Alliance; Health Care Tomorrow – Hospital Services Project – Business Proposals Approval and Organizations Under Performance Improvement Plans (PIP) / Review – Providence Care, Kingston Community Health centre and Community Primary Health Care.

**Moved by: B. Smith
Seconded by: C. Salt
Carried – 2016-139-04**

OPEN Session – 11:32 am

6. Consent Agenda:

- a. Monthly CEO Reports
- b. Board Correspondence
- c. Chairs Declaration
- d. Chairs Report
- e. Health Links Q2 Funding Approval Adjustment

That the Consent Agenda items be approved as amended, with item 6 B and 6 C being removed for discussion.

**Moved by: L. Burrows
Seconded by: J. Butt
Carried – 2016-139-05**

6 B - Board Correspondence – Item related to South Frontenac Capital funding project – the LHIN confirmed that they are not able to provide additional operating dollars for the organization prior to their purchase of an older building; however more capital funds could be requested for the same project.

6 C – Chairs Declaration – items listed previously were removed when the fiscal year changed; the LHIN has yet to receive legal advice / direction about placing any of the previous concerns back on this report.

7. Approval of Minutes May 30, 2016 Board Meeting #138 (attached)

That the Minutes of Monday May 30, 2016 Board Meeting #138 be approved as amended.

**Moved by: C. Salt
Seconded by: B. Smith
Carried – 2016-139-06**

8. Strategic Discussion:

- a. **Trenton Memorial Hospital – Implementation Task Force Report (TMH – ITF) – 11:39 am**
- P. Huras provided a review of the briefing note which included rationale; executive summary; next steps; attached appendices, including the task force report and a recommendation for the board members consideration.
 - Senior staff provided the following information based on questions and comments:
 - Property adjacent to the hospital was donated by a local resident to the TMH Foundation for potential future use; community engagement by the LHIN, Quinte Health Care and OUR TMH has been intense, thorough and involved; collocated services would include those currently offered by the Community Health Centre (CHC), some CCAC services referenced in the report, Victorian Order of Nurses (VON), Addictions and Mental Health (AMH), QHC and space for the Brighton Family Health Team; the LHIN has never received any indication from QHC or the Ministry of Health and Long-Term Care (MOHLTC) with regards to closing the Trenton site; QHC is moving forward with financial consistency and volume achievement for surgeries which will help to further benefit them from a financial perspective; the collocation project would be close to a \$20 M and would still require Ministry and capital divisions to be involved; discussions with capital branch have been positive and accommodating; capital, South East LHIN and Board of the CHC met to discuss how best to ensure that the CHCs current project is not significantly delayed in order to ensure this potential new project could move forward in a timely fashion; it was confirmed that funds are already committed for the CHC project; MOHLTC has not yet agreed to this proposal; they have been very supportive of the planning concept; there has been no suggested pause (or delay / deferral); this report has fulfilled the request from the Minister to create a task force and also allowing for discussion of the hub concept, which he has been very supportive of in more rural communities; the task force will now sunset.

That the South East LHIN Board accept the TMH Implementation Task Force report and propose that staff work with the community partners and the MOHLTC on the implementation approach for a Community Health Hub for Brighton and Quinte West.

**Moved by: C. Salt
Seconded by: B. Smith
Carried – 2016-139-07**

- b. **Quinte health Care – Proposed Surgery Consolidation – LHIN Staff Report – (discussed with above item)**
- P. Huras provided a review of the briefing note which included a background summary; attached appendices from Quinte Health Care and a recommendation for board members consideration.
 - Senior staff provided the following information based on questions and comments:
 - There is no compelling argument to maintain inpatient surgery at the TMH site. Not all surgeries would be removed from Trenton Memorial Hospital (TMH); cataracts, etc. would remain; any funding provided to QHC to keep surgeries at TMH would only continue to cause financial strain on the entity and healthcare services for the region; any financial support would be one time and need to continue indefinitely; community engagement by the LHIN, Quinte Health Care and OUR TMH has been intense, thorough and involved with survey results that clearly showed that access to primary health care, convenience of 24/7 access to an ER are priorities for the community; maintaining surgery at the Trenton site was not identified as a high priority; surgeons and the department of surgery at QHC have been consulted and support the change in location for surgical services; support today would help QHC move forward with an implementation date of January 01, 2017 (if the Minister lifts the pause); this change will have a positive impact on the funding formula for QHC; transportation is part of all community engagement and is always presented as an issue regardless of where

surgeries are provided; QHC would normally be able to make changes like this, without the LHINs support, however in this case the LHIN was asked to be involved by the MOHLTC; the LHIN would only be involved if there was a request for a reduction in services (i.e.: cancelling a program); the LHIN is not approving the proposal, the Minister will make the final decision once final submission from QHC has been made; a pause by the Minister also noted that any support for continuation should not come back to his attention before the report from the TMH – ITF; there is always consideration for where services at a corporation can be provided and there is no indication that the TMH site would not be considered for the potential of other program or service increases in the future;

That the Board of the South East LHIN support the proposed Quinte Health Care consolidation of acute surgical services at the Belleville site.

**Moved by: B. Smith
Seconded by: C. Salt
Carried – 2016-139-08**

c. Older Adult Strategy (OAS) – Approval – 12:14 pm

- P. Huras provided a review of the briefing note which included a purpose; executive summary; attached appendices and a recommendation for the members' consideration. Members viewed a video clip for consideration that involved first person caregiver input on how an older adult strategy is required / needed with commentary by Dr. David Walker (Chair of the expert panel);
- Senior staff provided the following information based on questions and comments:
 - Currently there is a three year cycle for implementation plans for consideration, which will include granularity appropriate to the needs of the region; as part of planning and engagement process it has identified a key set of areas in the first three years that include moving towards a common information system (SHiiP tool), enhanced and capacity for assisted living for high risk seniors, and care coordination; members expressed concern whether independent individuals attending items like congregate dining might ~~and how that could take away from~~ impede access by other clients (the numbers of those that are "independent" and those that are not "independent" are reported equally; in the event where access is limited, would "not independent" individuals be denied?), however social services in our region support all adults, regardless of challenges; currently these programs are not able to differentiate between participants and it would be an additional requirement to ask for the agencies to begin tracking this; however it could be achieved via potential adjustments to their Service Accountability Agreements (SAA); communications planning will need to ensure that those that will support the delivery of the strategy will also help deliver on the promise of change, which will impact almost every funded health service provider and include education for them; members asked for clarification on the social services policy as it relates to congregated dining via the Ministry; consideration of a case mix index approach for this type of service may be considered in the future; a three year review will provide information and statistics to the members on the progress of the overall system; three year timeframes allow for refreshing of the program and would include some elements that are beyond the three year time frame (going the whole length of the strategy); a refresh of the South East LHINs Integrated Health Services Plan (IHSP4) could be required should it be deemed necessary; the LHIN would adapt to requests from the Ministry for initiatives that come forward in the midst of the planning cycle; the ten year planning cycle for this strategy is linked to the Ministries 10 year strategy as it relates to addictions and mental health, which also includes incremental steps during that time; one of the components of this strategy is on what is required to navigate the ever changing health care system; next steps are identified in the briefing note which include a launch of implementation planning in the early fall, including patient groups; patient advisory groups will be consulted, perhaps in relation

to the LHIN as a whole, rather than just this one strategy; there is a need to ensure that ongoing change and progress be clearly communicated to the broader community as it relates to this strategy.

That the South East LHIN Board approve the Older Adult Strategy (OAS) and direct LHIN staff to initiate implementation planning.

**Moved by: J. Butt
Seconded by: C. Salt
Carried – 2016-139-09**

d. Patients First Act – Proposed Legislation / Implications for LHINs – 12:35 pm

- P. Huras provided a review of the briefing note which included a purpose; executive summary; and next steps.
- Senior staff provided the following information based on questions and comments:
 - The 2nd reading of the legislation will not take place until the fall when the government resumes sitting; 3rd reading and proclamation are likely to take place before the end of the fiscal year; slight changes to the proposed legislation, Bill 210, were made since it was first introduced; there is great interest provincially in how this legislation will continue to help the LHINs evolve; legislation has been introduced and not yet passed, therefore all discussions should reflect “should the legislation pass” and are not certain as to the outcome of the legislation ; planning begins once the legislation is introduced to ensure that should it pass, there will be very little downtime for required changes; the chair will provide further updates to the members on provincial working groups that will help drive required planning should the legislation pass; there is still a lot of interpretation / discussion on what could be allowed or intended by the proposed legislation; LHIN sub-Regions can still be developed even if the legislation does not direct the LHIN; engagement with physicians has allowed the LHIN to better develop relationships in an area that has a variety of opinions of what the legislation could mean for their individual practices, but also to get more involved in planning requirements as they relate to what a sub-Region might look like, etc.; the LHIN has been asked to do more engagement sessions in our region to ensure that physicians are part of a collaborative approach to potential direction from the legislation; cross sectorial discussions at the governance level are likely to happen in the future;; it was noted that Paul Huras, Cynthia Martineau and Paula Heinemann will all be taking on some form of provincial roles for Patients First Act planning discussions.

Lunch – 12:53 pm – 1:40 pm

That the board consider matters of public interest regarding Approval of In Camera Sessions Minutes for the CEO Evaluation Committee (x2); Approval of In Camera Session Minutes from Monday May 30, 2016 – Meeting # 138; Patients First Act – Proposed Legislation / Implications for LHINs; Proposed Governance Transition Committee and CEO Evaluation & Compensation / Board Evaluation Committee 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 – 2016-139-10**

In-Camera Session – 1:40 pm

That the Chair rise and provide a verbal report from the In Camera Session including Approval of In Camera Sessions Minutes for the CEO Evaluation Committee (x2); Approval of In Camera Session Minutes from Monday May 30, 2016 – Meeting # 138; Patients First Act – Proposed Legislation / Implications for LHINs; Proposed Governance Transition Committee and CEO Evaluation & Compensation / Board Evaluation Committee.

**Moved by: L. Burrows
Seconded by: C. Salt
Carried – 2016-139-14**

OPEN Session – 2:27 pm

12. Fiduciary Items (Tactical / Monitoring Reports):

a. Chair's Update – 2:29 pm

- D. Segal noted for members that provincial chairs have been discussing the need for governance transition meetings; chairs are meeting more regularly with the potential legislation coming forward; information will be shared as allowed; a lot of support from legal with frank discussions from the Deputy Ministers office; a couple of working groups are being established

b. Community Engagement – Board Member Updates –

- B. Smith and C. Salt recently attend the community care for seniors grand opening with over 100 in attendance;
- M. Madgett attended the AGM for the Kingston Frontenac Lennox & Addington Addictions and Mental Health agency.

c. Governance / Nominating Committee – Board Member Recruitment – 2:34 pm

- B. Smith noted for members that the LHIN has received expressions of interest from 16 candidates for consideration of membership with the LHIN board; the nominating committee will endeavour to move the process forward during the summer months with the intention of making recommendations to the Minster at the August 22, 2016 board meeting.

d. Addictions & Mental Health Services – Hastings Prince Edward – Funding Clinical Counseling Services – 2:35 pm

- P. Huras provided a review of the briefing note which included rationale; background summary; risk summary; appendices and a recommendation for the board members consideration.
- C. Martineau noted that there was a large gap in the Hastings Prince Edward (HPE) service areas; this is the first attempt at measuring the “gaps” in services and which became very evident in the provision of clinical counselling; this item is already supported by the budget brought forward earlier to the board; this request would include both management and clinical staff for the agency that currently are not part of their services, but are in other regions; at this current stage the burden for these services has been placed on the hospital.
- Senior staff provided the following information based on questions and comments:
 - The funding comes from the community sector funds available to the LHINs (i.e.: 4% community sector funding the LHIN receives this year); funding is prorated due to the timing in the year; members were surprised that these services were not yet available in this area; however history dictated how mental health was established in this region, so much of the funding that came into the area funneled through the hospital for management as grass root agencies / activities were not able to handle the complexities for such finances; funds are not being removed from the hospitals; they will continue to receive funding for their own mental health services; there is no strategy announcement as yet, however it is a good news story for the AMH redesign; HPE are currently doing promotion ads in the community that clearly indicate that funding for their programs are provided via the SE LHIN.

That the South East LHIN Board approve \$412,500 (pro-rated/one-time) funding for 2016/17 and \$550,000 (base) funding for 2017/18 to support clinical counselling in Addictions and Mental Health Services – Hastings and Prince Edward (AMHS-HPE).

Moved by: B. Smith
Seconded by: C. Salt
Carried – 2016-139-15

e. CEO Discussion Report – 2:41 pm

a. Health Care Tomorrow

- i. Addictions and Mental Health Redesign – hospitals have been focused on other priorities on their radar (i.e.: HCT – HP); however they are aware of the next steps; contracts are likely to be finalized by Fall 2016; CEO's from hospitals have been involved to date, however the Chairs of these organizations may not see the interest in these services as most of them are provided in the community (and not within their walls).
- iii. SHiIP – no questions or comments at this time.

That the CEO Discussion Report be accepted.

Moved by: L. Burrows
Seconded by: M. Madgett
Carried – 2016-139-16

13. Date, time and location of next meeting:

Monday August 22, 2016 – SE LHIN Offices

Future meetings:

Monday September 26, 2016 – SE LHIN Offices

Monday October 31, 2016 – SE LHIN Offices

Monday December 12, 2016 – SE LHIN Offices

January 2017 - TBD

The chair recognized the work and efforts of Renee Oortwyn and thanked her for her work supporting the LHIN board during her time at the LHIN.

14. Timer –finishing ahead of schedule

Observer – good discussion; discussion around QHC / Task Force went more smoothly than anticipated; having the Chairs of KGH / HDH in the room was well received;

15. Adjournment

That the meeting be adjourned at 2:55 pm

Moved by: L. Burrows

NOTED DEPARTURES:

Meeting Chair: 

Donna Segal

Secretary: 

Paul Huras