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CENTRAL LOCAL HEALTH INTEGRATION NETWORK

GOVERNANCE COUNCIL MEETINGS
NOVEMBER 20-28, 2007

SUMMARY OF DISCUSSIONS

Attachments:

- Agenda
- Attendance List
- Letter dated September 27, 2007
- Revised Terms of Reference – Updated November 13, 2007
- Central LHIN Health Service Providers by Geographic Sector
- Schedule of Meetings (List of Co-Chairs)
- Summary of Discussions – February 28-March 28, 2007
- Central LHIN Hospital Governance Council – November 15, 2007 (Presentation)
- Collaborative Governance (Presentation)

1.0 WELCOME AND INTRODUCTIONS

Mr. Morrison welcomed everyone to the meeting. Brief introductions followed.

2.0 TERMS OF REFERENCE

The revised Terms of Reference dated November 13, 2007 were reviewed.

Purpose/Mandate

To develop relationships between members of the Board leadership of Central LHIN and its health service providers (HSPs), to reflect and facilitate the "Board to Board" nature of their service and accountability agreements.

- To share information on the current activities of Central LHIN.
- To provide a venue for collective discussion on "governance level" priorities, challenges and issues of concern.
- To identify and consult on the need for, and development of governance tools and processes to achieve collaboration between Central LHIN and its HSPs.

The Governance Councils will function as consultation and advisory groups, and are not mandated to make decisions for, or on behalf of the organizations represented in the Councils.

Structure/Membership

There are four Governance Councils, including:

Three "cross-sectoral" Community Governance Councils which would encompass the HSPs in each of:

- *South Region* (Toronto, North York, Willowdale, Etobicoke)
- *Central Region* (Markham, Woodbridge, Richmond Hill, Vaughan, Maple, Thornhill, Stouffville, Unionville)
- *North Region* (Newmarket, Barrie, Glencairn, Alliston, Bradford, Keswick, King City, Beeton, Sutton West)
- *Hospital Chairs*

The Hospital Governance Council includes seven Chairs of the Public Hospital Boards (six community hospitals plus St. John's).

Representation – Community Governance Councils

Membership in the Community Governance Council shall include a Board designate from each HSP (including the community Hospital), to participate in the Governance Council meetings on a consistent and ongoing basis.

The preferred designate is the HSP Board Chair, but an alternate would also be acceptable, if the individual is designated by the HSP Board to speak on behalf of their Board.

In the case where the organization does not have a locally based Board, the individual responsible for signing the "accountability agreement" can participate as the HSP representative on the Governance Council.

LHIN Board representation (and chairing of the meeting) will include the LHIN Board chair or vice chair, and a LHIN Board member from the relevant community.

Representation – Hospital Governance Council

The Board Chair will represent the Hospital, without substitution.

LHIN Board representation (and chairing of the meeting) will include the LHIN Board chair and vice chair.

Frequency/Timing of Meetings

The Governance Councils will meet at least two times per year. Meetings will commence at 5:00-p.m. and run for two hours.

3.0 LHIN ACTIVITIES UPDATE

3.1 Central LHIN Today

Effective April 1, 2007, the Local Health System Integration Act (2006) went into effect, giving the LHINs their mandate to plan, integrate and fund health services. Central LHIN has responsibility for a $1.5 billion dollar healthcare service delivery budget. They can now make integration decisions under the legislation. LHINs achieved Crown Corporation status. The LHINs implemented a LHIN-wide Memorandum of Understanding and developed a multi-level Accountability Agreement with the Ministry of Health and Long-Term Care.

There has been an unprecedented level of community engagement undertaken across the province. In October 2006, LHINs submitted their Integrated Health Service Plans (IHSP), to transform the local health system over the next 3 years. LHINs were required to submit a preliminary Annual Service Plan (ASP) which outlines how the LHINs plan to implement their IHSP. The ASP is a tool to help both the LHINs and the Ministry with multi-year business planning.

To promote transparency, Central LHIN Board meetings are open to the public. The Board meetings are held on the fourth Tuesday from 4:00-6:00 p.m. at Reena, 927 Clark Avenue West, Thornhill. Board packages are posted on the Central LHIN website at www.centrallhin.on.ca.

3.2 IHSP

The Central LHIN's IHSP was submitted to the Ministry of Health and Long-Term Care in October 2006. The key components include planning priorities, system goals and enablers.

3.3 LHIN Funding Allocations

A list of new Ministry funding allocations for Central LHIN was reviewed. The following Capacity Building priorities:

- *Central LHIN Priorities Funding* – Make investments ($3.6M) in the local priorities identified in our Integrated Health Service Plan
- *Aging at Home Strategy* – Provide a range of support services over the next three years ($60M) to meet the needs of seniors living as independently and safely as possible in their own homes for as long as possible.
- *Substance Abuse Treatment* – Expand addiction capacity by investing ($1.1M) in new programs and services
- *Emergency Department Action Plan* - Relieve pressures in the emergency departments through investments ($0.6M) in the community and long-term care homes

- *Hospital High Growth* – Allocate new funding ($0.9M) to hospitals for additional services resulting from population growth pressures
- *New Hospital Services in Vaughan* - Planning is underway to identify and address gaps in hospital services and options to address service needs in the community of Vaughan.

3.4 Funding Formula -- Health Based Allocation Method (HBAM)

The Ministry of Health and Long-Term Care approved the direction of a new Health Based Allocation Model (HBAM) model in March 2006, to allocate incremental funding from the Ministry to the LHINs. HBAM will be used by the LHINs to monitor and oversee the financial and utilization management of the local health system. It will track the provision and utilization of services at the LHIN level, among LHINs and across the Province.

Intensive development began between April and December in 2006, under the auspices of the LHIN Funding Framework Steering Committee. In June 2007, the Treasury Board approved the HBAM in principle. Further development, sensitivity testing and refinement took place in July 2007, followed by consultations with key stakeholders. The HBAM formula was first used for the Aging at Home Strategy in August 2007.

3.5 Aging At Home Strategy

In August 2007, the Ontario's Minister of Health and Long-Term Care announced $700 million, 3-year Aging at Home provincial strategy to help streamline, promote integration and build community capacity of care and services for seniors. The aim of Aging at Home is to ensure seniors have access to supports and services that will help them maintain independent living in the comfort of their own home for as long as possible. Central LHIN will receive $106 million starting in April 2008.

Approved by the Central LHIN Board, the Directional Plan identifies three Strategy Streams:

1. Implement IHSP Aging at Home priorities (Seniors and Geriatric Services)
2. Build community capacity and enhance community-based care
3. Encourage innovative services/programs

A Direction Plan will be developed to include:

- identification of target populations
- number, level and mix of services and programs
- role and expectations of health service providers
- implications of new/expanded services on other health services
- funding allocations

3.6 LHIN-MOHLTC Accountability Agreements

The Ministry of Health and Long-Term Care and the LHINs began developing the Accountability

Agreement in the Fall 2006. Central LHIN's Vice-Chair is a member of the Accountability Agreement Development Team.

Further to the Local Health System Integration Act, 2006, the Ministry-LHIN Accountability Agreement supports the collaborative relationship between the Ministry and the LHIN to:

- carry out the "made in Ontario" solution to improve the health of Ontarians through better access to high quality health services
- coordinate health care in local health systems
- manage the health system at the local level effectively and efficiently

The Ministry-LHIN Accountability Agreement sets out the mutual understandings between the Minister and the LHIN of their respective performance obligations in a 3-year period (2007/08 to 2009/10).

Key requirements include:

- LHINs must be balanced
- HSPs in the LHIN must be balanced
- Regular reporting (annual, quarterly, etc.)
- Identification of risks and associated mitigation strategies
- LHINs required to negotiate new Service Accountability Agreements

Health Service Providers Negotiation Timetable:

Health Service Provider	Negotiation Year
Hospitals	2007-2008
Community Health Centres	2008-2009
Long-Term Care Homes	2008-2009
Community Mental Health and Addictions	2008-2009
Community Service Agencies	2008-2009
Community Care Access Centres	2009-2010

A new funding formula is being developed to allocate incremental funding from the Ministry to the LHINs and to be used as a tool for LHINs to monitor and oversee the financial and utilization management of the local health system. The new LHIN funding framework is referred to as the Health Based Allocation Methodology (HBAM).

3.7 Annual Service Plan 2008-2009

The Annual Service Plan (ASP) outlines how the LHIN plans to implement its Integrated Health Service Plan (IHSP). It is a tool to help both the LHINs and Ministry with multi-year business planning. It complies with Minister-LHIN Accountability Agreement and feeds into the Ministry's

results-based planning process and the government's annual budget process.

3.8 IHSP Implementation Update

There are seven priorities identified in the IHSP. Work Groups have been established to support the work of the IHSP.

Seniors and Specialized Geriatric Services
- Implement "Doorways to Care" model to enhance system navigation
- Enhance specialized geriatric services including specialized behavioural resources and units for LTC Home residents
- Implement "Senior Friendly" model of care in hospitals
- Develop & implement a caregiver support strategy

Mental Health and Addictions
- Implement centralized access model
- Implement cultural competency assessment tool & strategy
- Implement education strategy
- Develop partnerships with Family Health Teams

Neurological Health Services
- Develop web-based service inventory
- Implement system navigation models
- Develop & implement a caregiver support strategy

Chronic Disease Management and Prevention
- Develop web-based service inventory
- Initiate information management system pilot project
- Pilot dissemination strategy of revised clinical practice guidelines
- Develop self-management strategy for primary care

Emergency Services
- Identify barriers to access
- Assess patient and provider satisfaction
- Improve flow through procedures
- Identify alternatives to emergency services

Wait Times
- MOHLTC-driven initiative to reduce wait times in cancer surgery, cardiac by-pass, cataracts, hip/knee replacement and MRI/CT services

Cancer Care
- Improve timely access to cancer services
- Implement leading-edge innovative practices

4.0 COLLABORATIVE GOVERNANCE INITIATIVES

Ken Morrison provided an overview of the Collaborative Governance Toolkit project. The need for the Governance Toolkit was identified as a result of dialogue between the LHINs and Health Service Provider Boards during Governance Council meetings. Ken Morrison chairs the Project Steering Committee.

Project sponsors include:

- Central LHIN
- Erie St. Clair LHIN
- South East LHIN
- Central East LHIN
- Central West (subsequently added)
- Ontario Health Providers Alliance
- Ontario Association of Community Care Access Centres
- Ministry of Health and Long-Term Care

Consultants:

- Ms. Maureen Quigley
- Mr. Graham Scott
- Ms. Lydia Wakulowsky

Part 1 of the Toolkit will address the relationship and expectations between the LHINs and health service provider Boards in voluntary integration initiatives.

The sections will include:

- Changing relationships
- Legislative requirements for health service providers (HSPs)
- LHIN decision-making process for voluntary integration
- Joint LHIN-HSP strategic planning expectations
- Joint LHIN-HSP community engagement expectations
- LHIN-HSP Board collaboration forums (e.g., governance council)

Part 2 of the Toolkit will focus on the relationship between health service provider boards, in providing appropriate leadership to their organizations to achieve a broader health system approach toward the identification, development and implementation of joint voluntary integration initiatives.

5.0 ROUNDTABLE DISCUSSIONS – KEY ISSUES

The following is a summary of topics and issues raised during the November 2007 Governance Council meetings.

Issue	Summary of Discussion
Attendance	• The rationale for having Board representation at meetings was discussed • Other opportunities are available for administrators to dialogue with the Central LHIN CEO • The Governance Council meetings are intended to build relationships at the governance level • Administrators will continue to receive information regarding Governance Council meetings
Accountability Agreements	• HSP should understand what is in their accountability agreement
Strategic Level Issues	• Discussions should be strategically focused • HSP to focus operational issues using a systemic perspective
Integration Proposals	• HSP to identify initiatives and opportunities for integration • Examples of integration proposals were discussed • LHINs have the mandate to make integration decisions
LHIN Legislation	• HSP need to understand what is in the *Local Health System Integration Act, 2006* • LHINS have been significantly empowered
Collaborative Governance Toolkit	• Through discussions at the Governance Council meetings, the need for the Governance Toolkit was identified with respect to HSP boards, the changing relationships, and legislative requirements.
Strategic Plans	• HSPs to update their strategic plans to be aligned with the provincial strategic plan.
Community Engagement	• Community engagement expectations are set out in the *Local Health System Integration Act, 2006*
Corporate Structures	• There are tremendous variations in corporate structures
E-Health	• A provincial e-Health initiative is underway - $5 billion is needed • HSP have limited resources
Cross-ministry initiatives	• It would be worthwhile to explore partnerships across sectors and ministries
Capital	• LHINs have not been resourced to address capital • Central LHIN's responsibilities do not include capital for the infrastructure of HSPs • LHINs provides input regarding capital projects • It's hard to separate out operations when discussing capital infrastructure

Community Sector Surplus	• Surpluses in the Community Sector have traditionally been returned to the Ministry of Health and Long-Term Care • LHINs will explore opportunities to transfer surpluses between sectors
Aging at Home	• Central LHIN was allocated approximately $106 million as part of the $700 million Aging at Home funding announcement to help seniors in their homes • The Health-Based Allocation Formula was used for the first time with the Aging at Home Strategy • Aging at Home will be a test for the LHINs • The infrastructure may not be available in the community sector
Hospital Service Accountability Agreements	• Hospital Service Accountability Agreements are being developed • The template will be posted publicly • Development of multi-sectoral Service Accountability Agreement templates will follow
Governance	• HSP are struggling with what "governance" means in relation to integration proposals • The Governance Toolkit will help but may not be sufficient • Need structure/process regarding what governance looks like in the new environment
Role of HSP Boards	• There are huge implications for the Boards • It's hard to recruit and maintain voluntary board members • What are the fiduciary responsibilities of the Boards? • Need orientation/training around roles and expectations • It's important to start to think about "service delivery" and then begin to look at "joint accountability" • There is a high level of fear in the smaller agencies – they want to ensure their future
Disparities	• eliminate disparities from one sector to another
Frequency of Meetings	• These discussions are extremely helpful • Consider increasing the number of meetings from two per year
Notes of Meetings	• HSP Board Chairs were encouraged to share the discussion notes of the Governance Council meetings with their Boards
Growth	• Health Lifestyles Committee in Simcoe County may be on the leading edge with respect to planning health issues • The committee is currently reviewing growth projections to 2031 • Central LHIN should work with organizations responsible for planning • Long-range planning and data projections need to be considered • A variety of input should be considered for long-range planning e.g., education, municipalities, target stakeholder engagement etc. • Central LHIN needs to interface with York University • County of Simcoe has integrated services to be more efficient
Accessibility	• More needs to be done to address accessibility issues for disability groups (i.e., hearing impaired), particularly in Emergency Departments

	• Need to eliminate communication barriers • More needs to be done for people who are marginalized • Central LHIN Board underwent Diversity training and recognized the need for policies at the Board, operations and service levels • Reducing the disparity for the most marginalized populations was identified as a goal • Reaching out to diverse communities is a challenge with only two hearing counselors on staff to service all of York Region. A proposal is being developed to expand the program • Canadian Hearing Society Board offered to assist Central LHIN to improve accessibility in hospitals. Southlake Regional Health Centre was targeted as the first hospital • The goal is to improve accessibility for all patients in all hospitals • They would like an opportunity to share information with other Boards and create a resource regarding the wealth of information that is available • Central LHIN has established Access and Coordination and Diversity Advisory Groups
Cross LHIN Boundaries	• A LHIN-wide Work Group is addressing the Cross Boundaries issues • There has been limited progress reported at this time • Funding issues for HSP providing services in multiple LHINs was discussed
Central CCAC	• The Ministry is focusing the CCAC on the community • The CCAC and CHATS are exploring initiatives in the community • CCAC is launching a service-based database in February
Communications	• HSPs are impressed with communications out of Central LHIN
Integration Ambassadors	• Bayview Community Services has developed a role of "Integration Ambassadors" to identify opportunities for integration at the Board level • Board members were assigned to meet with agencies to begin discussions regarding integration opportunities • Three meetings are being planned for January 2008 • To begin discussions a series of questions were drafted: ➢ What exactly does your organization do? ➢ How do you go about doing what you do? ➢ What sorts of issues are you dealing with at the operating level and Board level? ➢ Are you addressing these issues or planning to address these issues?
Stereotyping of HSP	• The Jane Finch Community Health Centre is concerned about their community being stereotyped as being "violent" • It is difficult to eradicate this issue
Issues Management	• HSP are not clear on the process for issues management • Central LHIN keeps the Minister apprised of issues that may be raised in the legislature
Wait Times Initiative	• Private Hospitals want to participate in wait times initiatives • Shouldice is looking to establish an alignment with HSPs

6.0 TERMINATION OF MEETING

The meetings were terminated at 7:00 p.m.