

MINUTES OF THE JUNE 2, 2016 MEETING OF THE BOARD OF DIRECTORS

MEETING DATE: June 2, 2016

LOCATION: Mississauga Halton LHIN
700 Dorval Drive, Suite 503
Oakville, ON

ATTENDANCE:

BOARD:

- Graeme Goebelle, Chair
- Mary Davies – Vice Chair
- Ron Haines – Vice Chair
- Jackie Conant
- Shelagh Maloney
(teleconference)
- Gulzar Ladhani
- Kim Piller

STAFF:

- Bill MacLeod – CEO
- Angela Jacobs
- Liane Fernandes
- Judy Bowyer
- Greg Walker
- Mirella Semple
- Shannon Scollard -
recorder

REGRETS:

- Kimbalin Kelly
- Patrick Hop Hing

GUESTS: Karen Fisher – Bayshore Healthcare, Louis Girard, Rick Johnson

MINUTES TO BE APPROVED BY THE BOARD ON: July 13, 2016

1.0 Call to Order

Pursuant to public notice and a quorum being present, the meeting was called to order at 5:30 pm with Graeme Goebelle chairing the meeting.

2.0 Declaration of Conflict of Interest

The Chair called for any changes or declarations of conflict of interest in respect of any matters in the agenda as circulated, or with the consent agenda. No conflicts of interest were identified.

The Chair called for any agenda items to be withdrawn from the consent agenda for a more fulsome discussion. Item 3.2.2 CEO Report was removed from the Consent agenda to section 7 of the agenda.

The Chair called for a Motion to approve the agenda.

MOTION

It was moved by Ron Haines and seconded by Gulzar Ladhani that the meeting agenda be approved as presented.

CARRIED

[Resolution: 2016-0602-01]

3.0 Consent Agenda

The Chair requested a motion for approval of the consent agenda.

Consent Agenda items

FOR APPROVAL

- 3.1 Minutes of the May 4, 2016 board meeting
- 3.2 CEO Certificate of Compliance
- 3.3.1 Briefing Note: Delegation of Financial Authority Policy – Annual Review (resubmitted for approval)
- 3.3.2 Briefing Note: Bank Authorization and Security Policy – Bi-Annual Review (resubmitted for approval)
- 3.3.3 2015/16 Audited Financial Statements of the Mississauga Halton LHIN
- 3.3.4 LHIN Operating Results – April 2016
- 3.3.5 Audit & Finance Committee Terms of Reference
- 3.3.6 Agency Risk Assessment submission to MoHLTC – May 2016
- 3.4.1 Update – Trillium Health Partners Pre-Capital Submission: Proposed Expansion and Relocation of Renal Care Centre (Watline)
- 3.4.2 Annual Business Plan

MOTION

It was moved by Ron Haines and seconded by Mary Davies to approve the consent agenda.

CARRIED

[Resolution: 2016-0602-02]

4.0 Chair's Report

Graeme Goebelle addressed the group. The call from the Ministry came through last Thursday at 5pm to confirm Richard Johnson as a Board member.

Graeme is still waiting for approval for the Board's recruitment advertising and procedures. An update will follow as soon as more information is received.

5.0 Business Arising

No new business.

6.0 Generative Discussion: Vision for Integrated Care at the Sub-LHIN Level

Ron Haines opened the discussion. Liane Fernandes provided a presentation – see pre-read materials.

There were several common themes in the discussion. These included:

- Available help during non-office hours i.e. weekends, holidays, evenings
- Other options besides visiting the emergency department at the local hospital
- Access to the patient's unique records regardless of where that person receives help
- Local education i.e. people at the neighbourhood level should know what phone number to call to get the help they need
- One phone number to call to obtain specific localized access

- A live person to speak to, not an auto-attendant

Discussion took place regarding the sub-LHIN borders. It was noted that there have been issues regarding geographic divisions and not all LHINs have successfully identified their sub-regions.

The Board was asked to consider the additional complexities of the situation and consider how broader partners can function within those areas to provide better care for the individual. The LHIN needs to look at regional planning, identify gaps in service, populations and what makes the most sense from a primary care standpoint.

Bill suggested that the LHIN needs to start to plan around larger entities and give a sense of ownership and interest.

He mentioned that he was hearing that the Ministry is thinking of giving guidance to the LHINs on how to subdivide their regions. This would prevent a disparity i.e. one LHIN dividing into 100 subsections and another only dividing into three. It may be that divisions will be based by population level.

Bill discussed the evolution of primary care, current practices, engagement at the sub-LHIN levels and some challenges.

There was an agreement that the Board and the LHIN need to develop the future vision that it wants to create and concentrate on the areas that are open to change that will result in the highest positive results.

There was some discussion around the care coordinator role in the sub-LHIN areas and culturally sensitive services.

The LHIN needs to consider what types of services each sub-LHIN will need to access. There is an opportunity to standardize the level of care provided to the residents and offer the highest standard of care that is viable to the service providers. Size is a factor. If the service areas are too small then the providers will not be able to survive. The LHIN needs to establish certain sub-LHIN standards or areas in order for each provider to be able to survive. The LHIN needs balance between the patient/care giver family and the provider while still keeping an eye on the costs.

7.0 Strategic Discussion

Patients First

Bill gave an update regarding the CEO/Chair's briefing that took place on June 1st and indicated that the Patients First Act was introduced to the cabinet today by the minister of health. Most of what was in the consultation document was in the tabled legislation including:

- Effective integration of services
- Sub-regions used as focal points of service
- More consistent and accessible home and community care
- Integrating the responsibilities/services of the CCAC into the LHIN
- Official requirement of linkages between public health and LHIN

One change is that the LHIN will not be responsible for funding public health; there will be a special

department created to advise the ministry on funding and boundaries for public health and LHINs. It would be too complex to integrate everything right now.

Bill went through some more detail about the suggested board revisions, shared service entity and primary care changes.

Across the province there will be a staggered process for transferring the CCACs to LHINs. There are union agreements to consider and an integrated management structure will be established by the LHIN. The LHINs have been offered a full technical debriefing by their lawyers.

The auditor general has identified that not all LHINs are using the provided framework to make decisions: “LHIN priority Setting & Decision Making Framework Toolkit”. This will be a requirement going forward.

The Mississauga Halton LHIN will need to reprioritize the Annual Business Initiatives Plan in light of Patients First. Bill is looking for thoughts and ideas on how involved the Board wants to be in sorting the priorities of the current business plan. He will look at what the board agrees can be scaled back to free resources for Patients First. The Board agreed that Staff would go through the priority list and make recommendations for the Board to consider.

The legislation will not get to a second reading until the fall and then it will go to committee.

8.0 Items Removed from Consent Agenda

CEO Update – Patients first update from the Ministry. This was covered in section 7.0.

9.0 Closed Session

MOTION

It was moved by Mary Davies and seconded by Jackie Conant that pursuant to s9(5) of the Local Health Integration Act of 2006, the June 2, 2016 Mississauga Halton LHIN Board Meeting move into Closed Session to discuss items noted in the Closed Session List.

CARRIED

[Resolution: 2016-0602-03]

On motion the meeting was returned to Open Session.

10.0 Meeting Adjournment

MOTION

It was moved by Kim Piller and seconded by Mary Davies that the June 2, 2016 meeting of the Mississauga Halton LHIN Board of Directors be adjourned, with the next regularly scheduled meeting to be held on July 13, 2016 at the Mississauga Halton LHIN office at 700 Dorval Drive, Suite 503 in Oakville ON.

CARRIED

[Resolution: 2016-0602-08]

<original signed by>

Graeme Goebelle, Chair

<original signed by>

Bill MacLeod, Secretary