

CENTRAL LOCAL HEALTH INTEGRATION NETWORK
BOARD OF DIRECTORS
MARCH 27 2007
4:00-6:30 P.M.

REENA, 927 CLARK AVENUE WEST, THORNHILL

MINUTES OF MEETING

Board Members Present:

Mr. Kenneth Morrison, Chairman
Ms. Sandra Keshen, Board Secretary
Mr. Colin Benjamin, Board Member
Ms. Raksha Bhayana, Board Member
Ms. Anne Marie Dalimonte, Board Member
Dr. Monique Moreau, Board Member
Mr. Arthur Walker, Vice-Chairman

Regrets:

Mr. Eugene Cawthray, Board Member
Ms. Elaine Walsh, Board Member

Staff:

Mr. Hy Eliasoph, CEO
Ms. Anna Themelis, Recording Secretary
Mr. Paul Barker, Senior Director, Performance, Contracts & Allocations
Ms. Lynne Lawrie, Senior Director, Planning, Integration & Community Engagement

Guests:

Ms. Sandi Pelly, Senior Community Engagement Consultant
Mr. Naj, Hassam, Senior Consultant, Funding and Allocations

1.0 MEETING CALLED TO ORDER

The meeting was called to order at 4:05 p.m.

2.0 NOTICE OF MEETING/QUORUM

This Board meeting was formally constituted with Board members receiving adequate notice in accordance to the guidelines. The notice, agenda and materials were posted on the Central LHIN website.

A quorum for the Central LHIN Board of Directors, comprised of nine members is five directors. A quorum was present at the meeting.

3.0 APPROVAL OF AGENDA

“ON MOTION from Ms. Sandy Keshen and seconded by Dr. Monique Moreau, **IT WAS RESOLVED THAT,”**

“The revised agenda be approved as circulated.”

CARRIED
Mar-27-07-12

Mr. Morrison reminded the public that the agenda does not include deputations.

4.0 DECLARATION OF CONFLICT OF INTEREST

There were no conflicts declared at this meeting.

5.0 REVIEW OF MINUTES

“ON MOTION from Ms. Anne Marie Dalimonte and seconded by Mr. Colin Benjamin, **IT WAS RESOLVED THAT,”**

“The minutes of February 27, 2007 be approved as circulated.”

CARRIED
Mar-27-07-13

The Board approved minutes will be posted on the Central LHIN website at: www.centrallhin.on.ca.

6.0 BUSINESS ARISING

None beyond items addressed on the agenda.

7.0 CHAIRMAN’S REPORT

7.1 Wait Times Meeting – Dr. Alan Hudson – March 6, 2007

Mr. Morrison provided an update on two sessions Central LHIN hosted on March 6th at North York General Hospital with Dr. Alan Hudson, Lead, Wait Times Strategy, Ministry of Health and Long-Term Care. The purpose was to provide an opportunity for Hospital Board Chairs, CEOs, Senior Executives and Medical Clinical Leaders to dialogue with Dr. Hudson on the Wait Times initiative.

7.2 10 Year Provincial Orientation Consultation Session

Mr. Mario Racco, MPP, Thornhill hosted a Regional Consultation Session in the Central LHIN on February 28, 2007 at the Garnett Williams Community Centre. The Board participated in breakout sessions with the public. A report summarizing the feedback from the session was included in the CEO Report.

7.3 LHIN-Wide Accountability Agreements Videoconference

On March 8, 2007 a LHIN-wide Education Session on the Accountability Agreements was held. The Central LHIN Board participated via videoconference.

7.4 LHIN Chairs/CEOs Readiness Assessment Briefing

As a component of the risk management strategy, the Deputy Minister requested a Readiness Assessment of both the Ministry and the LHINS to identify areas where mitigation strategies need to be developed. The Readiness Assessment exercise was led by the Health Audit Team from the Ministry of Finance and supported by the LHIN Coordination Team. On-site visits were held between February 12 and 23.

Central LHIN's Readiness Assessment was held on February 23, 2007. On March 2nd, Mr. Morrison provided the Board's perspective in a conference call with Ken Flynn, Director, Health Audit Services Team.

The LHIN Chairs/CEOs received a briefing of the results on March 8, 2007. To ensure that devolution is a smooth transition, the following areas require immediate attention:

- Knowledge transfer needs to be expedited to enable LHINS to understand content and develop associated business processes.
- Communications to LHINS must be more specific and timely.
- Increased communications to broader health sector are required to better inform them of their relationship to LHINS and of how the system will operate on and after April 1, 2007.

A concern about Issues Management was raised. An Issues Management rollout was planned for March 23rd. Consistency in communication about the LHIN transition was stressed. It was suggested that another Readiness Assessment be conducted in six months.

7.5 Central LHIN Working/Education Session of Directors

A Working/Education Session of Directors was held on March 13, 2007 regarding the Accountability Agreement/Schedules. An In Camera meeting is scheduled following today's open Board meeting regarding the Accountability Agreements.

7.6 Joint LHIN Chairs/CEOs – March 21-22, 2007.

A Joint LHIN Chairs/CEO meeting was held on March 22, 2007. An update was provided on the 2007 provincial budget process. Detailed allocations per LHIN would be available April 11-13.

An update on the Health Professionals Advisory Committees was provided. Changes are expected to the regulations but they have not yet been made public. Approval of the regulations is expected in April or May. A Working Group is being formed through the LHIN Shared Services Office to develop a framework.

7.7 Accountability Agreements – 2nd Phase

The second phase of the Accountability Agreements/Schedules is planned for April-June 2007. There is a joint working group for the next phase. Additional Working/Education Sessions will be organized in June.

7.8 Governance Councils – February 28-March 28, 2007

A series of Governance Council meetings have been organized by geographic region. Overall, the long-term care sector is not showing much interest. There was good attendance in the North York West region and less in the

Newmarket area. The draft terms of reference, integration decision-making process and best practice principles for governance are being discussed at the meetings.

7.9 LHIN Chairs – March 22, 2007

The LHIN Chairs discussed the LHIN Readiness Assessment, Accountability Agreements, Health Service Provider Accountability templates, Funding Framework and Board Evaluation at their meeting on March 22nd. Rotman developed the Board Evaluation Tool from input received at the Governance Sessions. Board members will be asked to complete the online survey using Survey Monkey. The results will be compiled and provided to the individual LHINS, and a report will be developed for review by the Governance Work Group.

A LHIN-wide Board Orientation will be held for new Board members later in the year.

Ms. Maureen Quigley, Consultant, Quigley and Associates will be invited to report on collaborative governance at a future meeting.

Based on Ms. Eileen Clarke's interpretation of the Legislation, there are no requirements for LHINs to hold Annual General Meetings. A new By-Law is being drafted.

Cross-Border issues were also discussed.

Minutes of the LHIN Chairs' meetings are distributed in the Central LHIN Update.

8.0 CEO REPORT

Mr. Eliasoph advised that a written CEO Report was included with the Board mailing. Highlights of the report were reviewed.

8.1 Budget

Included in the CEO Report are the financial results for the Central LHIN as at February 28, 2007. Delays in hiring led to significant savings in Salaries and Wages, which were offset by increased requirements for Consultants and Community Engagement. Overall, Central LHIN expects to spend its full MOH allocation of \$3,090,664 by year-end. The Ministry will recover a \$12.00 surplus.

8.2 Family Physician Think Tank

Central LHIN co-hosted a Family Physician Think Tank with the Central LHIN Family Physician Advisory Group on March 3, 2007. Thirty family doctors attended a half-day session where information about Central LHIN and an overview of the Integrated Health Service Plan was provided. The physicians had an opportunity to provide input into Central LHIN's planning priorities in small group sessions. A full report summarizing the think tank will be prepared and shared with participants. Overall, this was a successful event.

Mr. Morrison shared information from the session with the Minister who responded with positive feedback.

8.3 LHIN Career Day

The Central LHIN Human Resources Advisory Committee, in collaboration with Health Service Providers in Central LHIN, held a Career Fair on March 26, 2007. Over 300 job seekers attended. Twenty-five Health Service Providers set up booths.

8.4 LHIN Accountability Blueprint

In February, the Central LHIN Performance, Contract and Allocation group initiated the LHIN Accountability Blueprint. This Blueprint acts as a framework to capture and prioritize the issues and challenges that all LHINs need to address over the next six months. The blueprint is divided into three sections of *Performance, Contract and Allocation*. These are then further sub-divided into 14 other tasks including *Performance Monitoring, Negotiating and Transfer Payment Allocation Management, and Results Based Planning and Funding Proposals*. All 14 LHIN Senior Directors and staff met for a full day, embracing this blueprint. To date, the process has proven to be beneficial and is helping move all 14 LHINs towards success in these decisions. The document will need to be reconciled to the Accountability Agreement before it is brought forward to the Board for approval in April.

8.5 Business Plan

An updated Business Plan status report was included in the CEO Report. The Business Plan will be updated to reflect the accountabilities as set out in the new Accountability Agreement, once it is approved and signed by the Board.

8.6 Central LHIN's Communication Strategy

Ms. Sandi Pelly, presented highlights of the Central LHIN Communication Strategy. Strategic communications goes beyond generating publicity. Strategic communications is about identifying what is meaningful to our communities, telling them about it, and listening to how they respond to what they have heard. To be successful, you must understand what is meaningful to them. We must listen and demonstrate a commitment to understanding their needs through appropriate action. Communications is part of all of the Central LHIN's activities, and is most closely related and integrally linked with community engagement activities.

The purpose of the Central LHIN Communication Strategy is:

“To encourage the sharing of ideas and information as well as stimulating support for and participation in Central LHIN's Mission and Vision.”

Central LHIN has consulted with thousands of health service providers and members of the public during the development of the first Strategic Plan and Integrated Health Service Plan.

Goals:

- Listen respectfully to and communicate effectively with stakeholders
- LHIN a source of information, expertise, as a catalyst for change
- Manage stakeholder expectations and build trust
- Ongoing community engagement and collaboration among service providers
- Demonstrate value as contributor to the health care system
- Leveraging opportunities and tackle barriers for change

Principles:

- Transparent
- Timely
- Inclusive
- Appropriate
- Accessible
- Balanced
- Forthright
- Collaborative
- Responsive
- Accountable

Stakeholders:

- Public
- Health Service Providers
- LHIN Advisory Groups and Committees
- Health Care Professionals
- Aboriginal People
- Francophone population
- Government and LHINs
- Health Interest Groups
- Media

Recommended Strategies:

- Concentrate on critical few (ethnocultural, faith, education sector)
- Segment and build understanding of key audiences
- Promote the HIS and its implementation
- Use a variety of communication vehicles to reach stakeholders
- Implement a media relations strategy
- Establish a communications advisory Group
- Establish a system of internal communications

Evaluation:

- Media coverage (tracking scorecard)
- Stakeholder feedback
- Ministry polling
- IHSP Communicators survey
- Anecdotal monitoring through staff/board
- Website metrics

The Communications Strategy is a “living, breathing and evolving plan”. Action plans to support the strategy will need to be developed on an ongoing basis as part of the implementation. It was recommended that resources be put in place to support a dedicated Communications Lead, which will be essential to the successful execution of the strategy.

The plan is dependant upon the Board’s involvement in the community engagement, serving as ambassadors. Key messages and presentations would be prepared.

Mr. Morrison stressed that messages conveyed as Board members, are very important. Reference was made to the Notice of Proposed Regulation Under the Local Health System Integration Act, 2006 – Aboriginal Health Council which states:

“An individual who provides materials or comments and who indicates an affiliation with an organization will be considered to have submitted those comments or materials on behalf of the organization so identified.”

Discussion ensued regarding invitations being extended to Board members from the community. A request was made for some parameters. Q&As and key messages will be prepared for official responses.

BE IT RESOLVED THAT:

“ON MOTION from Ms. Sandy Keshen and seconded by Mr. Arthur Walker, **BE IT RESOLVED THAT,**

“The Board of Directors approves the Central LHIN Health Integration Network’s Communication Strategy dated March 7, 2007.”

CARRIED

Mar-27-07-14

8.7 Integration Decisions – Process & Criteria

Mr. Eliasoph reviewed the proposed Integration Decisions Process & Criteria. Effective April 1, 2007, LHINs will assume responsibility for working with our health service providers in implementing and monitoring the Accountability Agreements developed with the Ministry. As well, LHINs will assume responsibility for the funding associated with these Accountability Agreements.

As the implementation of the Integrated Health Service Plan proceeds, LHINs will be in a position to issue *Integration Decisions* and respond to requests to approve integration proposals from health service providers. The Central LHIN’s requires a process and criteria for the Board to make decisions in the future about changes in services/program plans, delivery or funding.

The three types of Integration Decisions were reviewed:

Decision arising from the source of the proposal

- Government – driven (workplace health and safety)
- MOH – driven (wait times strategy)
- LHIN-initiated (arising from the IHSP)
- Health Service Provider initiated (HSP)

Decisions arising from the focus of the proposal

- Directly impacting client service
- Impacting ancillary or support functions only
- Impacting both

Decisions arising from the timeline

- Urgent/crisis
- Short-term or interim steps
- Part of long-term plan

The guiding principles to be used through the decision making process includes:

- No surprises
- Ethical
- Equity & Diversity
- Accountability
- Consistency
- Cooperation & Coordination
- Evolutionary
- Public Interest

Mr. Morrison advised that a LHIN Chairs/CEOs working group and LHIN Legal Counsel are developing a LHIN-wide Integration Decision process. At the LHIN Chairs meeting of March 22nd, the definition of integration as defined in the Legislation was discussed:

“integration” includes (a) to co-ordinate services and interactions between different persons and entities; (b) to partner with another person or entity in providing services or in operating; (c) to transfer, merge or amalgamate services, operations, persons or entities; (d) to start or cease providing services; (e) to cease to operate or to dissolve or wind up the operations of a person or entity.

The process for issuing Integration Decisions and timelines was reviewed. Once the HSPs give notice, requesting integration of funded services, Central LHIN has 60 days to respond. If the LHIN requires integration of services, HSP has 30 days after receiving an Integration Decision notice to respond. Throughout the integration process, the Board of Directors must maintain their objectivity. Criteria against which integration proposals will be assessed include four system goals: access, coordination, quality and efficiency.

The objectives and outcomes need to be clear and the participants need to know how each step is carried out. Templates and other guides will be developed once the Board approves the process and criteria. Providers initiating a proposal may need assistance from the LHIN. Responsibility for each process step needs to be clear. The process and decisions need to be formal, documented and monitored. There needs to be a process for revisiting decisions, if conditions change or implementation problems develop.

The next steps are to finalize the Principles, Process and Criteria, develop guides, templates and communicate decision process and criteria to stakeholders.

“ON MOTION from Mr. Colin Benjamin and seconded by Ms. Anne Marie Dalimonte, BE IT RESOLVED THAT,”

“The Board of Directors approves in principle, the interim Central LHIN Integration Decision Process and Criteria dated March 21, 2007.”

CARRIED
Mar-27-07-15

8.8 Principles of Engagement for Successor Groups

The draft Principles of Engagement for Successor Groups, were reviewed. They provide parameters or guidelines for performing the work of the Successor Groups. Principles will inform or shape all subsequent decision-making. The Successor Groups will use the Principles of Engagement to develop their terms of reference.

Ms. Raksha Bahyana suggested that in all deliberations, the primary focus should be the benefit to the community and individuals.

“ON MOTION from Ms. Sandy Keshen and seconded by Ms. Anne Marie Dalimonte BE IT RESOLVED THAT,”

“The Board of Directors approves the Principles of Engagement for IHSP Successor Groups dated March 27, 2007, to be incorporated into the IHSP Successor Groups’ Terms of Reference.”

CARRIED
Mar-27-07-16

The Successor Group Terms of Reference will be brought back to the Board on April 24, 2007 for approval.

8.9 Finance Update

Mr. Paul Barker advised that a slide deck titled *Central LHIN Finance Update on Transfer Payments Funding Process Post April 1, 2007* was distributed with the Board mailing. There have been recent developments at the Ministry of Health and Long-Term Care since the Board mailing which requires the Board to pass a resolution.

8.10 Ministry of Health and Long-Term Care Requesting Sign Back Agreement Signing Payment Processing Authority

On March 22, 2007, a letter was received from the Ministry of Health and Long-Term Care advising that LHINS will assume funding authority for the 2007/08 allocations in April. The Ministry was required to initiate a transactional process ahead of time, in order for LHIN HSPs to receive their initial 2007/08 cash allocation effective April 1, 2007. Central LHIN was requested to verify the initial funding allocations for 2007/08 (\$1.35B) for HSPs and to complete an approval document to be signed by the CEO and Board Chair identifying individuals that will provide funding direction to the Ministry of Health and Long-Term Care. The signed documents are due to the Ministry on March 30, 2007.

In a memo dated March 26, 2007, Mr. Eliasoph recommended that the Board pass an interim resolution allowing for the initial allocation and approval of the funding direction document.

Mr. Naj Hassam presented the updated slide deck.

Transfer Payment Approvals:

- Board Chair or delegate – Approval to sign legal agreements with HSPs
- CEO or Delegate – Approvals to sign HSP funding letters following Board approval of investments
- Senior Director, PCA, Senior Consultant, Funding and Allocation – approvals to provide payment direction to the Ministry and to input data in Ministry financial system

A review of the Decision Making Structure followed. It was noted that the structure mirrors Ministry policy and practice:

Role of the Board in Transfer Payments:

- Board approves the agreement with HSP
- Approval of financial policies
- Approve signing authorizations and any changes thereof
- Approves new investment in initiative level
- Receive monthly financial report on Transfer Payment Activity
- Receive quarterly forecast and risk management strategy
- Approve annual service plan and annual submission to Ministry as part of Results Based Plan process
- Approve (or delegate approval of) integration Decisions

Role of CEO in Transfer Payments:

- Approve funding letters to HSPs
- Includes base, new investment, one time, and reallocation at the level of individual HSPs once approved by the Board
- Approval of annual HSP settlement

The draft policy on *Signing Authorizations for Transfer Payment Activity* and the *Financial Reporting Schedules for 2007/08* will be taken to the Audit Committee on April 19, 2007 and then the Board for approval on April 24, 2007.

“ON MOTION from Mr. Arthur Walker and seconded by Mr. Colin Benjamin, **BE IT RESOLVED THAT,”**

WHEREAS the Ministry of Health and Long-Term Care (MOHLTC) has sent the attached request late last week and requested that the Central Local Health Integration Network (LHIN) approve:

1. a ‘Sign Back Agreement’ to establish the Initial 2007/08 cash allocations for Transfer Payments to Health Service Providers (HSPs);
2. Table 2: Signing Authorities and Approver Authorities for the Allocation Payment Tracking System (APTS);
3. Table 3: Data Entry Authorities for the Allocation Payment Tracking System (APTS);

WHEREAS this request from the Ministry only deals with portion of signing approvals for Transfer Payments as it relates to directions to the Ministry, and the Audit Committee and the Board need to review the full policy including signing of Legal Agreements with HSPs and Funding Letters;

WHEREAS the Ministry is asking the Board to sign off on the amounts of cash flow to be set up for each HSP, Central LHIN is not in a position to verify these numbers on an individual HSP provider basis since the prior records are maintained by the Ministry and Central LHIN has not yet received individual Legal Agreements with HSPs to validate these numbers. However, in total, the amount adds to \$ 1,364,519,343, which is within the amounts Central LHIN has been expecting.

WHEREAS Section 6 of the Draft Accountability Agreement, Part B, Performance Obligations, item 1 (a) states “The MOHLTC will, for 2007-08, on behalf of LHIN, establish (i) a payment schedule for payments to health service providers...”, there is no reference in the Accountability Agreement for LHINs to “sign back” or expectations thereof. Rather, the Accountability Agreement states that the Ministry was to establish initial 2007-08 cash flow on “behalf of LHIN”.

WHEREAS some of the staff in Central LHIN’s Performance, Contract and Allocation Unit are to perform these functions are in the process of being recruited;

BE IT RESOLVED THAT:

- a) **The Sign Back, Table 1, and Table 2, as attached hereto, be approved as an interim measure to allow for continuity in the flow of funds to the Transfer Payment Agencies.**
- b) **These requirements be included in the full policy to be considered by the Board by April 24, 2007;**

- c) The Ministry be advised of the need to allow for a reasonable turnaround time of approximately one month for future requests since the board meetings are scheduled monthly.**

CARRIED
Mar-27-07-17

A request was made to provide Board members with a list of Ministry “Protected Programs”.

8.11 Community Issues Update

On March 7, 2007, York Central Hospital announced that its Board of Directors approved the development of a new Health Care Centre in Vaughan. The new Health Care Centre will be located on the northeast corner of Rutherford Road and Melville Avenue. York Central Hospital is exploring a number of services that could be located at the proposed Health Care Centre. A copy of the news release was included in the CEO Report.

Copies of letters between Michael DeGasperis, Vice President and Acting Chairman of the Board of Vaughan Health Campus of Care and Mr. David Weldon, Chair, Board of Trustees, York Central Hospital were also included in the CEO Report.

9.0 COMMITTEE REPORTS

9.1 Audit Committee

Mr. Arthur Walker reported that the Audit Committee minutes of January 11, 2007 were included in the Board mailing. A special purpose meeting was held on March 5, 2007 to discuss the audit engagement letter and work plan with the auditors. The Central LHIN audit is scheduled on May 2, 2007. Mr. Eliasoph was asked to follow-up with Legal Counsel regarding the need to sign both the audit agreement and the audit engagement letter and make a recommendation at the next Audit Committee meeting in April 19, 2007.

10.0 OTHER BUSINESS

None.

11.0 BOARD DEVELOPMENT & EDUCATION

11.1 Board Development & Education Calendar

The Board Development & Education Calendar was included in the Board mailing. The Community Health Centre has been added to the list.

12.0 FUTURE MEETINGS

12.1 Board Calendar

The Board calendar for April-May 2007 was included in the Board mailing. Board members were reminded of the Celebrations Innovations Health Care Expo scheduled on May 23-24, 2007.

12.2 Board Meetings

Future meetings are as follows:

- April 24, 2007 @ 4:00-6:00 p.m. – Reena (Cafeteria), 927 Clark Avenue West, Thornhill
- May 22, 2007 @ 4:00-6:00 p.m. – Reena (Cafeteria), 927 Clark Avenue West, Thornhill
- June 26, 2007 @ 4:00-6:00 p.m. – Location to be determined

13.0 MOTION TO GO IN CAMERA

“ON MOTION from Ms. Raksha Bahyana and seconded by Mr. Arthur Walker, **BE IT RESOLVED THAT,**”

“The members attending this meeting move into a Closed Session pursuant to the following exceptions of LHINS set out in s.9(5) of the Local Health Integration Act, 2006:”

- Personal or public interest
- Public security
- Security of the LHIN and its directors
- Personal health information
- Prejudice to legal proceedings
- Safety
- Personnel matters
- Labour relations
- Matters subject to solicitor client privilege
- Matters prescribed by regulation
- Deliberations on whether to move into a closed session

to consider agreements that the Ministry has requested, and LHIN’s Legal Counsel advised should be treated as confidential at this time;

and further that the following persons be permitted to attend:

Ms. Anna Themelis
Mr. Paul Barker
Ms. Lynne Lawrie
Mr. Hy Eliasoph
Mr. Naj Hassam

CARRIED
Mar-27-07-18

14.0 MOTION OF TERMINATION

“ON MOTION from Mr. Colin Benjamin and seconded by Ms. Anne Marie Dalimonte, **BE IT RESOLVED THAT,**”

“The meeting be terminated at 6:10 p.m.”

CARRIED
Mar-27-07-19

15.0 RECESS/PUBLIC DIALOGUE

A brief recess was held between 6:10-6:30 p.m. to allow the Board to dialogue with the public.

Kenneth A. Morrison, Chairman

Anna Themelis, Recording Secretary