South East Local Health Integration Network

COLLABORATIVE GOVERNANCE AND COMMUNITY ENGAGEMENT COMMITTEE

Wednesday, January 29, 2014
Cardinal Room
71 Adam Street, Belleville, ON

DRAFT AGENDA

Start time: 9:30 A.M. Chair: Dave Sansom

End time: 11:00 A.M.

Time	Item	Responsibility /Lead	Desired Outcome
9:15 - 9:30 AM	Coffee		
9:30 – 9:45	Welcome, Agenda discussion, Approval of December minutes *(Attached)*	D. Sansom	Changes/ Approval
9:35 – 10:20	Follow-up from Governance Excellence 2013 Workshop.	Working Group	Information/ Feedback
10:20 - 10:35	CGCE Work Plan 2013/14 and 2014/15 *(Attached)*	D. Sansom	Discussion/ Revision
10:35 – 10:55	Sector Representative Feedback on Current Issues, including CGCEC vacancies and Health Links	All Members	Discussion
10:55 – 11:00	Wrap-Up	D. Sansom	Action Plan
11:00	Next Meeting	P. Reynolds	Information

"Our offices are scent sensitive. Please help us to accommodate our co-workers and guests who are chemically sensitive to fragrances and other scented products by not wearing perfume, aftershave, and or similar products. Individuals with a disability requiring accommodation during the meeting should advise the meeting contact so arrangements can be made."

South East Local Health Integration Network

Collaborative Governance and Community Engagement Committee

December 10, 2013
71 Adam Street, Belleville, ON
Cardinal Room
Draft Meeting Minutes
9:30 AM to 11:00 AM

Present:
Dave Sansom Co- Chair, SE LHIN; Pamela Blackstock, Community Health Centres (via teleconference); Carol Wannamaker, Mental Health; Donna Segal, Chair (ex-officio); Janet Cosier, SE LHIN (via teleconference); Deanna Dulmage, SE CCAC; Arthur Ronald, SE LHIN; Joan Cameron, Community Support Services (via teleconference); Ruth Boyce, Addiction Services; Paul Huras, CEO, SE LHIN (ex-officio); Caitlin den Boer, SE LHIN Communications

Regrets: Dr. Elizabeth Christie, Primary Care; Marg Werkhoven, Community; Charlotte Patterson, Hospitals

Recorder: Pat Reynolds (Board Coordinator)

1. **Welcome, Agenda/Minutes Discussion**
   D. Sansom welcomed members and the meeting was called to order at approximately 9:35 A.M.

   Moved by A. Ronald
   Seconded by R. Boyce
   Carried

   That the Agenda for December 10, 2013 be approved as circulated.

   Moved by D. Segal
   Seconded by A. Ronald
   Carried

   That the minutes of the November 12, 2013 meeting be approved as circulated.

2. **<u>Governance Excellence Workshop with Regional HSPs</u>**
   - Overall satisfaction rate of 78% based on 53 responses out of a total of 140 attendees.
   - D. Sansom expressed his gratitude to the work team who developed the workshop, along with the staff who participated.
   - Feedback from CGCE committee members overall was that it was a good session.
   - Interactive workshops are important. There was enthusiasm among the participants during the table exercises and this should be maintained.
   - Discussion about how feedback will be provided to the participants related to the table exercises, and how to get to action beyond the event and the next steps? Provide HSP boards with their own feedback and inform them on the next steps, such as smaller groups. Participants seem to be supportive of collaborative governance overall.

- Can we identify the sectors, such as long term care, which were not represented at the event? Are there others who should be attending? Local community champions would be helpful to engage at the local level.
- Seems to be a lack of understanding of the responsibility of governors on the need to collaborate. Develop questions to assess CEO performance against governance goals.
- Need a bigger venue to accommodate the number of participants. Will need to budget accordingly for audiovisual aids.
- The South East LHIN in conjunction with The Rotman School of Management is developing an education program for system leadership at the HSP level.
- Discussion about repetition of content and the need to show some progression. Members agreed that a generic overview is necessary for those who are attending for the first time.
- Members were informed that Rideau-Tay Health Link participants agreed to meet as governors again in January 2014, inclusive of representatives from the Champlain LHIN.
- Framework endorsement- More time is necessary for Chairs to take back to their boards and discuss. This should be addressed in a follow-up communication and we welcome their feedback.
- Three days after this workshop Rideau Community Health Services had a board retreat in which Donna Segal participated.
- A next step could be to develop two or three priorities as a Health Link to further enhance governance collaboration.
- Suggest linking stats to key messages in future. Use geographic areas with local statistics to make them meaningful.
- It was noted that not all HSP boards understand Health Links. Chairs and CEOs/EDs to take the message back to all their board members.

Next Steps

- Working Group to convene in January to review feedback and develop key points.
- Summarize evaluations and opportunities for improvement.
- Governance Framework – prepare a report to go to all participants as well as original invitees. First draft to be developed by working group.
- Discussion about involvement of the LHIN communications writer in the final report writing process. C. denBoer to determine availability of the writer.
- Prepare a report of proceedings with key messages and how to design the next session.
- Recommend sending an email communication with a thank you and to advise that a report will follow, provide an explanation around intent of the framework, and to stay tuned for a report early in 2014.

Follow-up Workshop Development

- Discussion about HSP boards and the concept of the system approach.
- Example: Rideau Community Health Services approach to sharing the information. Perhaps bring groups of similar organizations together. P. Blackstock will speak further on the work of their board.

CGCE Work Plan 2013/14

- Review of progress to date.
- Goal #3 – first item not that successful with follow-up on WTBH2012.
- Consider smaller groups rather than WTBH geographic areas.
- Consider including other communities.
- Discussion about which way to proceed with future workshops.
- Consider bringing the two concepts together of WTBH and Health Links session.
- Update Work Plan as to what has been accomplished.
- Pull themes from WTBH and design smaller sessions with the overall design of the last session to offer continuous building of the health system concept.
- Next sessions should be more interactive with the participants speaking and participating. This will encourage local champions.
- The feedback shows that HSP boards need tools/resources to be more collaborative, such as contact lists and assistance setting up meetings. We have a role in providing those resources and assisting with meeting planning.
- Will continue to plan based on Health Links sub-LHIN geography. If the audience is board members it will be more focused on governance. Could invite Vice Chairs or Executive members of the board.
- Agenda will be around concept of system leadership.
- Start with a couple of questions for the agenda which encourage conversations about what HSPs are doing which impacts on other agencies, and then allow the boards to facilitate the meeting.
- Provide lots of notice for upcoming meetings/workshops. Recommend late afternoon.
- These will replace WTBH sessions; the total number is yet to be determined.
- Is the timing right to do the 7 geographic areas?
- Approach it as offering assistance to conduct a meet and greet to start the conversation and then leave it up to them how they proceed.
- A Work Plan for 2014/15 will need to be developed based on the fiscal year starting April 1, 2014.

3. Committee Sector Feedback, Vacancies

CCAC Sector – no report.
CHC Sector – no report.
Community Engagement/Communications – no report.
Primary Care /Health Links – no report.
SE LHIN – no report.

Mental Health – redesign board to board session held in December. Three options identified however still open for discussion and feedback. Decision by SE LHIN board in February.
Addictions – as above.
Community – no report.
Community Support Sector – no report.
Vacancies – Public Health, Long Term Care, Academia – members were invited to be considered for the position of Co-Chair and to make suggestions for vacant sector positions. It was noted that the Governance Committee of the board will be discussing appointment of community members to board committees at their December meeting.

4. **Next meeting – January 14, 2013 (Tuesday) in Belleville, from 9:30 AM to 11:00 AM.**

Motion to adjourn by D. Sansom at 11:20 am.

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David Sansom, Chair Paul Huras, CEO/Secretary

COLLABORATIVE GOVERNANCE AND COMMUNITY ENGAGEMENT COMMITTEE
2013-2014 WORK PLAN

A Summary of Objectives and Action Plans based on the specific responsibilities of the SE LHIN Collaborative Governance Committee's Terms of Reference, approved in April 2012.

Committee Role: To support continuous improvement in regional health care governance and community engagement in order to improve the health of Ontarians in the South East region by improving access to high quality integrated health care system.

Vision: A patient-centred health care system providing a continuity of care to individuals/public through a fully integrated seamless experience.

Mission: To engage the regional community of Health Service Providers (HSPs), and additional provider agencies and organizations, in a way that encourages development and implementation of governance-based integration initiatives, puts emphasis on integration of patient pathways, and strengthens communications and builds leadership within local communities.

Goal 1 – TO PROMOTE EXCELLENCE IN HEALTH SERVICE PROVIDER BOARD GOVERNANCE

The CGCE Committee would work in collaboration with the SE LHIN Governance/Finance Committee, recognizing the standards of governance practice expected from the Ministry of Health and Long Term Care supported by the LHIN Guide to Good Governance. Additional reference to the Accreditation Canada Standards for Sustainable Governance, and examples of best practices being used in the region would add value.

Objectives	Actions	Progress Reports
1. Facilitate improvement in governance practices through an ongoing orientation program for new HSP board members.	1. Define the needs of the target audience within the LHIN with respect to training, with an emphasis on promoting collaborative governance especially related to the LHIN environment. 2. Upgrade current training material to reflect defined training needs. 3. Implement a Governance Orientation Workshop that is independent of Working Together for Better Health Conferences. 4. Schedule one workshop for September/October 2013, duration one day. 5. Target, but no limit attendance to, new HSP board members.	

COLLABORATIVE GOVERNANCE AND COMMUNITY ENGAGEMENT COMMITTEE
2013-2014 WORK PLAN

Goal 2 – TO FACILITATE MUTUAL UNDERSTANDING AMONG BOARDS OF AGENCIES INCLUDED IN HEALTH LINKS With the vision of becoming fully integrated and patient-centred throughout the SE health system, it is critical that all HSP boards work collaboratively.		
Objectives	**Actions**	**Progress Reports**
1. Develop principles for working together that HSP boards will use to foster relationships with all stakeholders	1. Develop draft principles for review with HSP boards. 2. Develop feedback mechanism to test draft principles. 3. Confirm acceptance of principles of working together for incorporation into Governance Orientation Workshops *(see Goal 1)*	
2. Facilitate and support HSPs and Health Links to better understand each other	1. Investigate ways to improve information sharing and relationship building where appropriate. 2. Incorporate appropriate methodology in principles for working together and in community engagement conferences.	
3. Develop a position on the inclusion of organizations outside the HSP sectors, e.g. local government, education sectors, children's' services, etc. in governance level community engagement	1. Discuss at committee level which organizations might add value to HSP board planning and engagement; why their input is valued; and what kind engagement might be helpful to the improvement of health outcomes, etc., and develop a path forward.	

COLLABORATIVE GOVERNANCE AND COMMUNITY ENGAGEMENT COMMITTEE
2013-2014 WORK PLAN

Goal 3 – TO SUPPORT THE SE LHIN AND LOCAL HEALTH SERVICE PROVIDERS IN ESTABLISHING AND ACHIEVING REGIONAL HEALTH CARE GOALS		
Objectives	**Actions**	**Progress Reports**
1. Develop a follow-up process of communication with all HSP participants of WTBH 2012 to get feedback from their review with their boards on the substance of the conference, and any further concern or suggestions they may have	1. Prepare the communication for March 2013, and/or coincident with a draft of principles for working together.	
2. Design a Working Together for Better Health Conference for 2013	1. Develop working group to begin plans for WTBH Conference(s) based on the IHSP3 strategic directions. 2. Conference design should incorporate the timing, progress, and potential impact of Health Link development process. 3. Advance inclusivity of and participation by current HSP board member by communication links well ahead of conferences, ensuring agendas contain pertinent subject matter for all HSP boards, and employ direct solicitation of attendance for special cases. 4. Conference design should target October/November implementation timing, with latest timing in January/February 2014 period.	

Approved by CGCE March 12, 2013
Approved by SE LHIN Board March 25, 2013

COLLABORATIVE GOVERNANCE AND COMMUNITY ENGAGEMENT COMMITTEE
2014-2015 DRAFT WORK PLAN

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COLLABORATIVE GOVERNANCE AND COMMUNITY ENGAGEMENT COMMITTEE
2014-2015 DRAFT WORK PLAN

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2014-2015 DRAFT WORK PLAN

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