

South East Local Health Integration Network

COLLABORATIVE GOVERNANCE AND COMMUNITY ENGAGEMENT COMMITTEE

**Tuesday, April 8, 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.

Teleconference Dial in Number 1-866-797-9099 Participant Code 1160447#

Time	Item	Responsibility /Lead	Desired Outcome
9:15 - 9:30 AM	Coffee		
9:30 – 9:35	Welcome, Agenda discussion, Approval of March minutes <i>(Attached)</i>	D. Sansom	Changes/ Approval
9:35 – 9:50	Governance Excellence Framework <i>(Attached)</i>	A. Ronald	Information/ Feedback
9:50 - 10:15	Draft Communication to Workshop Invitees <i>(To Follow)</i>	D. Sansom	Discussion/ Revision
10:15 – 10:35	Draft Work Plan 2014/15 <i>(To follow)</i>	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**

March 11, 2014

71 Adam Street, Belleville, ON

Cardinal Room

Draft Meeting Minutes

9:30 AM to 11:00 AM

Present:

Dave Sansom Co- Chair, SE LHIN (by teleconference); Pamela Blackstock, Community Health Centres (by teleconference); Carol Wannamaker, Mental Health; Janet Cosier, SE LHIN (by teleconference); Deanna Dulmage, SE CCAC; Arthur Ronald, SE LHIN; Ruth Boyce, Addiction Services; Joan Cameron, Community Support Services; Dr. Elizabeth Christie, Primary Care, Donna Segal, Chair (ex-officio) (by teleconference); Caitlin den Boer, SE LHIN Communications (portion of meeting)

Regrets: Marg Werkhoven, Community; Charlotte Patterson, Hospitals; Paul Huras, CEO, SE LHIN (ex-officio)

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 minutes of the January 29, 2014 meeting be approved as circulated.

2. Follow-up Governance Excellence 2013 Workshop

The Rideau/Tay Health Link Planning Session:

Rideau Tay Health Link planning session information was previously shared with members. With reference to the Draft Work Plan document enclosed in meeting pre-reading, the initiative taken by the Rideau/Tay HSPs was a result of the Table Discussions at the Nov. 2013 Governance Excellence Workshop, and provides an excellent example of collaboration at the local level which can be communicated as feedback to attendees, and provide an example for other Health Link HSP areas to emulate.

There was discussion about whether CGCEC members are supportive of an initiative that would encourage all other Health Link HSP Board representatives to have similar workshops and how we might develop that encouragement. Perhaps organize the key individuals as champions within the Health Links governance to encourage workshops in the spring, and the CGCEC design our next set of workshops for the fall for continuing collaboration discussion as suggested in the draft Work Plan.

The Rideau/Tay HSP Governance workshop had no intent of implying that a separate HL governance structure was being considered; but it allowed all governance representatives an understanding of the HL business plan, and how their agency could assist in making the initiative a success. Discussion was more related to the patient experience, as each agency already has a governance structure.

Some rural health links are moving at a different rate and are not at the same level.

This committee should be supporting collaboration and integration at the current governance level of the organizations participating in Health Links.

It was noted that the Primary Care Forum does meet with all the Health Links as a communication link. Communication among the groups would be helpful.

Success needs to be uniform across the agencies in order for the system to be a success.

Governance Excellence Framework:

One letter of support for the Governance Excellence Framework has been received. The letter from Providence Care needs a reply related to their concern relating to the term “Partner Agencies” in the framework – suggest using “system agencies.” Cannot suggest that agencies are responsible for other agencies and the language needs to reflect this.

ACTION -Arthur Ronald was asked to develop a revision that addresses the concern.....by end of March.

The next step is to hear how agencies/organizations adapted the framework among their own agencies. Determine how to communicate the results of our workshop which manifests the success we had and plan for the next level.

Goal is to celebrate successes of collaboration in terms of working together.

Remind agencies to provide their feedback on the Governance Excellence Framework as part of the Feedback Communications.

Feedback Communications to Nov. 2013 Governance Excellence Workshop:

Comments from Rideau/Tay and Providence Care could be included in a feedback communication to workshop attendees.

Input is welcome from attendees on suggestion for design and structure of our work plan for 2014-15.

ACTION -D. Sansom to draft a Feedback Communication for committee input.....By end of March.

3. CGCE Work Plan 2013/14 and 2014/15

The above discussion is part of the development of the work plan. Formal revisions to the document are deferred.

4. Committee Sector Feedback, Vacancies

Members were invited to provide their input on the current environment and any initiatives underway. Addictions Mental Health Redesign was identified.

CCAC Sector – Suggest a general meeting to seek champions. Keep the focus on the patient experience.

CHC Sector –

Community Engagement/Communications –

Primary Care /Health Links –

SE LHIN – Would like the plan to be a collective plan not one of the SE LHIN. Identify champions within the provider agencies who have a compatible direction to improve the efficiency and effectiveness of the sector. D. Segal indicated that champions have not been invited yet to step forward yet. This is to be part of the go forward process. Perhaps meet with CEOs and boards again and ask them to what degree they wish to be involved as a potential champion. Would like to move forward collectively and quickly to identify an inclusive planning process and identify some champions at the local and sector level. Bring to some closure the request for information so that we can move forward. Within individual boards there will be a diversity of opinions. Continue with a series of planning exercises in the next couple of months and provide an outline on the process going forward. Develop working groups and continue to provide feedback to the agencies and hospitals in the interim on the planning approach and invite champions. Think about who would be excellent champions/leaders and working group members both within the sector and without, who have experience with change. Please provide names to D. Sansom. C. Wannamaker submitted her name for consideration.

Mental Health –C. Wannamaker provided a summary on the current status of the redesign process. D. Segal advised the SE LHIN board is narrowing its focus but has not yet made a decision. SE LHIN staff has been advised to narrow their focus for continued planning. The press release contained an error in relation to oversight for option 2. The role of the regional body is not as yet well defined. There continues to be unrest, however agencies are pleased with the open engagement process. The SE LHIN is conscious of who should be involved in the planning process and may invite others. Would like to have a discussion about the planning process itself. Would like it to be a collective decision. Discussion at the end of this month is very important. Suggest the SELHIN take the lead in the planning process advising that we must move forward and start from the position of the patient experience. Agencies would like to get on with it.

Addictions – Uncertainty at addictions level. Impression that option 2 was on the table but would like to know more about how it looks and the impact on staff. Would help to know which option is favoured and then we could review accordingly. Agencies are interested in being engaged, but unsure whether that is the intent.

Community –

Community Support Sector – heard rumours about redesign in this sector. A. Ronald advised that he heard it was administrative changes rather than governance. Members were not aware of this. D. Segal advised that we have enough underway at the moment.

5. Next meeting – April 8, 2014 (Tuesday) in Belleville, from 9:30 AM to 11:00 AM.

Motion to adjourn by D. Sansom at 11:05 am.

David Sansom, Chair

Paul Huras, CEO/Secretary

EXCELLENCE IN GOVERNANCE
 A DRAFT FRAMEWORK FOR THE COLLABORATIVE GOVERNANCE OF THE HEALTH CARE SYSTEM
 IN SOUTH EASTERN ONTARIO

Principle	Expectation of Boards and Individual Board Members	Objectives	Examples
Relationship Building	<p>Understand and respect the roles and responsibilities of partner agencies within the community, the HealthLink, and the SE LHIN.</p> <p>Foster good working relationships with partner boards within the community the HealthLink, and the SE LHIN.</p>	<p>Development of effective working relationships based upon trust and respect both within and across individual health service provider boards and between the SE LHIN Board and health service provider Boards.</p>	<p>SECHEP; HealthLinks; CSS Network; Lennox & Addington Health and Social Services Coalition; Rural Health Sciences Network; Crossroads to Care; Residential Hospice Prince Edward</p>
Leadership and Stewardship	<p>Acceptance of a wider system role(s) which demonstrates as much concern for the success of the system as a whole as in the success of his or her own organization</p> <p>Acceptance of accountability for the stewardship of public funds.</p>	<p>Long-term strategic direction and vision for each organization congruent with the goals of the system.</p> <p>Meeting service obligations within allocated funds.</p>	<p>3SO; Back Office</p>
Continuous Growth and Learning	<p>Familiarity with emerging issues and trends and the importance of a high level of community engagement and relationship building.</p>	<p>All Board members aware of and committed to system-wide responsibilities.</p>	<p>SE LHIN Governance Excellence: Building Collaborative Governance Health Service Provider Workshop Nov 20, 2013.</p>

Principle	Expectation of Boards and Individual Board Members	Objectives	Examples
Empowerment and Accountability	<p>Governance of each organization focused upon the achievement of established provincial, regional and local goals and objectives.</p> <p>All Boards held accountable for discharge of assigned responsibilities.</p>	<p>A regional system of integrated health care across the care continuum.</p> <p>All Boards have a system of performance evaluation in place.</p>	<p>Clinical Services Roadmap (Horizontal)</p> <p>Health Links (Vertical)</p>
Communication and Transparency	<p>Information that is communicated is aligned with provincial and corporate purpose and priorities.</p> <p>The SELHIN Board and its Health Service Provider boards foster an atmosphere of cooperation and collaboration rather than competition among themselves.</p>	<p>All stakeholders understand the “One System Concept.”</p> <p>The SELHIN board and its HSP boards share best governance practices, policies and procedures with each other.</p>	<p>Clinical Services Roadmap (Horizontal)</p> <p>Health Links (Vertical)</p>
Service and Fairness	<p>A commitment to equitable access to service for all stakeholders.</p>	<p>Boards collaborate in the development of a system approach to care delivery.</p>	<p>Lennox and Addington Transportation Hub</p>
Accomplishment and Measurement	<p>A commitment to a process which values and rewards outcomes.</p>	<p>Best practices are valued and rewarded.</p>	<p>Front Avenue Resource Centre –Mental Health</p>

Arthur Ronald

Revised March 20th 2014