South East Local Health Integration Network

COLLABORATIVE GOVERNANCE AND COMMUNITY ENGAGEMENT COMMITTEE

Tuesday, February 10, 2015
Cardinal Room
71 Adam Street, Belleville, ON

DRAFT AGENDA

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

End time: 11:30 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 – 9:40	Welcome, Agenda discussion, Approval of January minutes *(Attached)*	D. Sansom	Changes/ Approval
9:40 – 11:15	a) Discussion of the Proposed New CGCE Committee structure and HSP Governance Forums concept *(Attached)*; b) Development of an Action Plan to further the design and implementation of the concept.	D. Sansom	Discussion Action Plan
11:15 – 11:25	Sector Representative Feedback on Current Issues	D. Sansom/All Members	Discussion
11:25 – 11:30	Wrap-Up	D. Sansom	Action Plan
11:30	Next Meeting	P. Reynolds	Information

"Our offices are scent sensitive. 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

January 13, 2015
71 Adam Street, Belleville, ON
Cardinal Room
Draft Meeting Minutes
9:30 AM to 11:30 AM

Present:
Dave Sansom Co- Chair, SE LHIN; Michael Piercy, Community Health Centres; Ruth Boyce, Addiction Services; Deanna Dulmage, SE CCAC; Carol Wannamaker, Mental Health; Janet Cosier, SE LHIN (via teleconference); Donna Segal, Board Chair (ex-officio, via teleconference); Paul Huras, CEO- SE LHIN (ex-officio) – portion of meeting;

Regrets: Stephanie MacLaren, Community Support Services; Caitlin den Boer, SE LHIN Communications (ex-officio)

Guests: Melanie Trottier, Communications

Recorder: Pat Reynolds (Board Coordinator)

1. **Welcome, Agenda/Minutes Discussion**

D. Sansom welcomed members and the meeting was called to order at approximately 9:32 A.M.

Moved by C. Wannamaker
Seconded by D. Dulmage
Carried
That the January 13, 2015 agenda be approved as amended.

Moved by M. Piercy
Seconded by R. Boyce
Carried
That the minutes of November 12, 2014 be approved as presented.

2. **Governance Workshops 2014 Review**

Members discussed the feedback from the workshops:

- Very positive feedback, averaging about 80% overall satisfaction rate;
- Effect of change is evident on those who have been part of the transformation process over the last few years, with participants being more engaged;
- Majority of attendees accept that change is necessary and are ready to get on with it;
- Feedback reflects that the LHIN is listening and adapting;
- Presentations were well received;
- Boards continue to seek more direction related to Governance and how to start the conversation with other agencies;
- Some agencies are still unsure of what their role in change is and how to get started;

- A Health Links Working Group, inclusive of paramedics as part of the team is one of the innovative approaches being taken;
- Big leap from collaboration to willingness to form new governance structures;
- Suggest focusing on the LHIN board priorities to be the most effective;
- Suggest adding some governance collaboration objectives to the M-SAA agreements as a means to define what is required of the agencies;
- D. Sansom updated members on some recent discussions by the LHIN board in relation to its own committee structures and how best to interact with Health Service Provider boards; the Board is revisiting the CGCE Committee in a view to encouraging systems thinking among the health service provider boards. Consideration is being given to developing forums of governance representatives covering all the sectors, to meet on a regular basis and develop collaborative governance initiatives; the three geographic areas (West, Central, and East) will design their own forum membership, based on all sectors including the community being represented; 3 LHIN board representatives will also be part of the respective forums and the CGCE Committee of the board to provide interaction; three forum representatives would also be members on the CGCE Committee of the Board; the current CGCE committee would be somewhat reduced in size; purpose is to move the increased collaborative governance initiative to the level of health service provider governance itself; capacity building by the LHIN is required to move forward by encouraging collaboration at the local level; will ensure it is differentiated from the Health Link level while being clear of the differences and building on those; Members discussed whether it was reasonable to assume this concept will be supported and lead to results?
- Current CGCEC members would be encouraged to become champions in the new structure;
- Questions were raised related to selection of forum members from the community; funding; metrics; evaluation process; timing; Health Links;
- It was noted that Health Links are operationally driven and directed at service delivery; this proposed structure is governance driven, and will be based on strategic planning.
- The LHIN will not be dictating membership on these forums, will leave it to the community itself to determine which agencies need to be at the table;
- Recommend quarterly meetings;
- LHIN will be financially supportive to some extent for a workshop and some meetings;
- One LHIN board member will be on each of the forums to provide a direct linkage to the LHIN Board;
- Community Engagement would also be a major component at each of these forums;
- Recommend developing draft terms of reference for the proposed new structure and forums;
- Members were encouraged to check with their sectors to determine what we should be conscious of as we continue to plan in this direction and how to go out and build this structure, if there is continued interest;

- Size of forums will very much determine meeting costs;
- It is not a Regional LHIN Forum, but rather a local forum involving the LHIN designed to move the focus away from sectors and into a health system in a particular area;
- Encourage existing CGCE committee members to provide feedback on this concept and consider being champions;
- Smaller service providers will be encouraged to get involved;
- Members expressed interest in moving in this direction with the three geographic forums and the revised CGCE Committee structure;
- A draft of the terms of reference and purpose will be prepared and circulated for your committee member feedback;

3. <u>Review of Workshop Video Presentation Material</u>

- Members viewed a sample of the quality of the video material available which links the presentation material to the speaker;
- A link to the workshop material, including the videos will be send to all HSP boards as well as all invitees and attendees;
- Will be a resource for HSP boards to use as a training tool in future;
- Summary of the feedback will be included with the online material;
- D. Sansom to draft the message for circulation to HSPs boards as a follow-up to the workshop.

4. <u>Committee Vacancies</u>

- Will hold on recruiting given the proposed structure changes to the committee.

5. <u>Committee Sector Feedback on Current Issues</u>

Members were invited to provide their input on the current environment and any initiatives underway.

CCAC Sector – Governance moving forward; CEO Evaluation underway; recruiting new board members; CCAC service delivery continues to grow; satisfaction surveys being conducted online; By-laws are being reviewed with a view to increasing the length of term for board members;
CHC Sector – Inter-CHC meeting proposed with partners later this month in Smiths Falls to discuss issues related to Health Links;
Community Engagement/Communications – no report.
Primary Care /Health Links – Vacant
SE LHIN – Plan to have an AMH kick-off celebration, perhaps in April with a keynote speaker. The event will include clients, and service delivery agencies. Healthcare Tomorrow previously referred to as Hospital Sustainability is currently underway. Patient Advisory Council membership has been developed and administrative issues are currently being discussed, such as back office services, laboratory and pharmacy services. Clinical component will follow.
Mental Health – AMH Redesign is well underway.

Addictions – Integration plans were accepted by the three agencies amalgamating; job descriptions have been drafted; recruitment will be underway for positions available; moving ahead quickly. Legal services are developing contracts.
Community – Vacant.
Community Support Sector – No report.
Hospital – Vacant
Public Health – Vacant

J. Cosier advised members that a Rideau Tay Board to Board meeting is being held for the end of January. The group tends to be large, approximately 60 people participate. Discussion related to the proposed new governance forums and how the Rideau Tay governance structure would fit. Boundaries are not a barrier as they have a representative from the Champlain LHIN involved. Various municipal representatives, health service provider agency representatives. J. Cosier will provide a copy of the membership list for information purposes. No restriction on the number of board members who attend. Conduct two meetings a year and advise members of the dates six months in advance. Action items resulting from the meetings are directly related to HSP board goals.

6. **Next meeting – February 10, 2015 (Tuesday) in Belleville, from 9:30 AM to 11:00 AM.**

Motion to adjourn by M. Piercy at 11:20 A.M.

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David Sansom, Chair Paul Huras, CEO/Secretary

South East LHIN
RLISS du Sud-Est

BRIEFING NOTE

Item # 7 F

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To	SE LHIN Board
From	David Sansom, Chair, Collaborative Governance and Community Engagement Committee
Date	Jan 18, 2015
Subject	Collaborative Governance and Community Engagement Committee redesign and Development of Local Health Service Provider Governance Forums
Recommendation	That the SE LHIIN Board endorses the concept of redesign of the Collaborative Governance and Community Engagement Committee based on the enclosed proposal and the development of local HSP Governance Forums. That the SE LHIN Board endorses the CGCEC development of an Action Plan to implement this Proposal.
Background	Since the formation of the SE LHIN there has been a high priority to foster the concept of Collaborative Governance within the Health Service Provider governance level for the development of a truly integrated system of health care. This has been manifested by the Collaborative Governance Development Team and more recently by the Collaborative Governance and Community Engagement Committee through conferences and workshops that brought HSP governors together to improve understanding of collaborative governance concepts, to understand the work and interconnectedness of health service agencies, and to create personal relationships that would develop improved collaboration between agencies. As part of an evolving process, we believe that HSP governance should now be encouraged to take an increased leadership position in pursuing collaboration initiatives at the local regional level.

Ontario
Local Health Integration Network
Réseau local d'intégration des services de santé

PROPOSAL:

A REVISED COLLABORATIVE GOVERNANCE AND COMMUNITY ENGAGEMENT COMMITTEE OF THE SOUTH EAST LHIN BOARD

Purpose:
To focus and strengthen the mission of the Board Committee to enable and encourage greater opportunities for collaborative governance at the Health Service Provider board level, by fostering the development of multi-sector local regional forums as a means to facilitate regional integrated patient care.

To engage HSP Boards directly in collaboration at the governance level with a view to encouraging collaboration at the operational level, in order to maximize the potential for HSPs to work together to improve and demystify access to the health system.

To build on the successes of past CG and CE Workshops and on feedback suggesting the desirability of greater opportunity to meet and interact with local health service leaders, i.e., to indicate that we are listening and following up on their interests.

To enable and encourage the local regions which comprise the South East LHIN area to develop and "own" mechanisms which will support collaborative governance.

To broaden the LHIN Board's reach, i.e., hear from and provide more Board insight to more providers and independent community members than could be heard from in the current Committee structure.

How?
Maintain a Collaborative Governance and Community Engagement Committee with a revised and focused mandate and changed membership reporting directly to the LHIN Board.

- Tasking specific Board members to follow, support and report back on the collaborative business occurring in their regions, and;
- Encouraging health service providers to take increased responsibility for developing opportunities for collaborative engagement.

Foster the development of three (3) multi-sector regional forums reporting to the Committee with a mandate to:

- Represent the interests of the health service related sectors and the community at large involved in the provision of care to local residents, the membership and leadership of the forum to be determined locally;

- Consider opportunities to promote, plan and implement sustainable integrated care locally;
- Provide to the LHIN Board insight on workable directions at the strategic level to achieve integrated care.

Suggested Structures:

LHIN Board Committee:
(1) LHIN Board member as Chair
(2) Other LHIN Board members, so that amongst the 3 LHIN Board members, each region is represented (each cross-appointed to one Regional Forum)
(3) Forum representatives, one from each forum
(1) Region-wide representative of academic interests
(1) or (2) Region-wide independent community representatives
LHIN Chair and CEO ex-officio

Three (3) (East, Central and West) Regional Forums, each with:
Undefined number of other Board members or CEOs representing health and health-related agencies and their communities, the number and makeup to be defined locally and include:
(1) Chair (to be determined locally)
(1) Forum representative to the CGCE
At least 1 independent community representative
(1) LHIN Board member

Program:
Forums (each):
- Determine local membership from across the LHIN-funded and other health sectors and other health impacted community service agencies, with the requirement that it also include one or more independent community member(s) at large;
- Meet as required. LHIN to support local travel to 3 to 4 local meetings per year;
- Organize and hold education workshops/retreats sponsored by and internal to the forum;
- Report/provide insight to LHIN CGCE Committee through their representative on the Board Committee

LHIN Board Committee:
- Meets 3 to 4 times per year, as a minimum;
- Follows Forum quarterly meetings and receives reports from forums;
- Provides input to the LHIN Board on conceptual or strategic improvements on integrated care;

- Plans and creates annual workshops to provide a means to educate, enable inter-forum sharing, development of indicators for integrated care and monitoring of trends;
- Monitors the indicators for integrated care. Monitors trends, gaps, challenges, successes and reports to the LHIN Board on above.

Appendix A:

Revised Collaborative Governance and Community Engagement Committee Terms of Reference

Role: To improve the health of Ontarians in the South-East Region by improving access to a high quality integrated health care system, through continuous improvement in regional health care governance and collaborative engagement of their HSP and resident communities.

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.

Specific Responsibilities of the Committee:

Reporting directly to the Board:

(1) To facilitate activities which promote excellence in governance with respect to all boards which have the responsibility for provision of health care services within the context of the Local Health Services Integration Act. In particular, to foster the capacity of governances to manage their agencies as one of many collaborative players in the planning and management of integrated health services in the LHIN area;

(2) To facilitate the initiatives undertaken by the South East LHIN Board in fulfilling its responsibilities for community engagement;

(3) To support the South East LHIN and local health service providers in accomplishing the following objectives:

3.1 the establishment of regional health care goals, which support continuous improvement in health care outcomes, improved access to care, and improved patient safety;

3.2 the coordination and integration of health care services to accomplish regional and local goals.

(4) To facilitate and enable the collaborative governance agenda of three multi-sector regional forum groups with each forum exploring the interests of health service providers and their communities in the eastern, central or the western region within the LHIN's area.

Measures of Success: The Committee will establish measures of success, and monitor performance on these measures. These will include measures of sustainable access, quality and client satisfaction.

Context: Governance is defined as the exercise of authority, direction and control of an organization to ensure its purpose is achieved. This purpose includes not only the management of corporate responsibilities, but also the contribution of each agency towards a sustainable system of local and regional integrated care. Collaboration is a mutually beneficial well defined relationship entered into by two or more organizations to achieve common goals. Collaborative governance for the purpose of this committee means that the LHIN will support and facilitate health service provider boards to work together to coordinate the development and implementation of strategies, objectives and joint actions which result in excellent, seamless and safe care to accomplish regional and local goals. Community Engagement is the intent, the content and the processes by which parties with common interests communicate, educate, share learning, and work together with common purpose. It is a vital and shared responsibility to ensure the common understanding of, and agreement to, regional and local goals.

Reporting Relationship: The Collaborative Governance and Community Engagement Committee (CGCE) reports to the Board of the South East LHIN through its Chair. The Regional Forums report to the CGCE committee through a locally selected forum representative and each Forum's LHIN Board member.

Conflict of Interest: In accordance with Section 5.7 of the Conflict of Interest Policy, members of the Collaborative Governance and Community Engagement Committee are required to disclose and address any/all conflicts of interest or perceived conflicts of interest.

CGCE Membership: The membership will consist of the following:

- Three members of the South East LHIN's Board of Directors, each representing one of the east, central and west regions of the LHIN area and one of whom who will serve as Chair of the Committee;
- One member from each of three multi-sector regional forums groups reporting directly to the Committee;
- A representative reflecting the needs of the academic health sector;

- One or two independent community representatives

Members with specific skills to be added where required for specific projects or sub-teams; and the Chair and the CEO of the SE LHIN will act as ex-officio members.

Forum Membership: An undefined number of other Board or CEOs representing health and health-related agencies and their communities, the number, makeup and term will be defined locally and include:

- 1 Chair (to be determined locally)
- 1 Forum representative to the CGCE
- At least 1 independent community representative
- 1 LHIN Board member

Term of Office: Each appointment to the Collaborative Governance and Community Engagement Committee by the LHIN Board is for a term of two years, renewable for a maximum of three (3) years with input from the East, Central and West forums. The term of each non-LHIN Board member of a Regional Forum will be determined locally.

Meetings and Quorum: The CGCE Committee will normally meet quarterly at a place, time and day mutually agreed upon by the members, including the annual workshop sponsored by the CGCE Committee. Attendance of 50% plus one of the members is required for a quorum. Members are expected to attend as many meetings as possible in order to develop team commitment and understanding of strategic issues. If team members cannot attend all meetings, they will be provided with summaries of proceedings in order to keep their sectors aware of developments. The Regional Forum meeting schedule and terms for quorum are to be determined locally.

Communication: Members of the CGCE Committee, like members of the LHIN Board itself, are expected to represent the interest of all residents of the South East area, not just their own area or sector. It is also expected that Committee members will perform a liaison function for their area and will share feedback to and from the forum on which they sit. In no case will a CGCE Committee member act, or represent himself/herself as acting for the SE LHIN. A summary record of each meeting will be prepared, shared first with Committee members and then made available publically to all by being posted on the LHIN's website by the LHIN staff**.**