

Minutes

Board of Directors Meeting Toronto Central Local Health Integration Network

Friday, September 9, 2016, 9:00 am – 11:00 a.m.

Boardroom, Toronto Central LHIN
425 Bloor Street East, Suite 201, Toronto, Ontario

Directors Present	Staff Present
Maurice Hudon (Meeting Chair) Yasmin Meralli Carol Perry Christopher Hoffmann John Fraser (Acting Chair, by phone) Felix Wu	Susan Fitzpatrick, Chief Executive Officer Raj Krishnapillai, Senior Finance Director, and Corporate & Shared Services (CFO) Bill Manson, Senior Director, Performance Management, Health Analytics and Innovation Alvin Cheng, Senior Director, Performance Measurement and Information Management Heidi Hay, Senior Director, LHINC Kevin Robinson, IT Director, LHIN Shared Services Office Tess Romain, Senior Director, Communications, Corporate Affairs & Sub-Region Planning Chris Sulway, Director, Performance Management Sue Robertson, Recorder

Notice of the meeting having been properly given to each Board member and six (6) Board members being present at the meeting, the Chair declared the meeting duly constituted for the transaction of business.

1. **Call to Order**

The Chair called the meeting to order at 9:00 a.m.

2. **Welcome and Guide to Open Meetings of the Toronto Central Local Health Integration Network**

The Chair welcomed the public to the open Board of Directors meeting.

The Chair invited the Board members and members of the Senior Management Team to introduce themselves.

The Chair outlined the process for stakeholders and community members to request a presentation to the board during regular meetings.

3. **Approval of Agenda**

The Chair invited comments from the Board regarding the meeting agenda. No changes were tabled.

That the Toronto Central LHIN Board approves the Agenda of the September 9, 2016 Board of Directors meeting as circulated.

4. **Declaration(s) of Conflict(s)**

No declaration(s) of conflict(s) were made.

5. **Approval of Minutes**

The Chair requested comments on the minutes. No amendments were tabled.

The following resolution was passed:

UPON MOTION duly made, and unanimously carried, the Toronto Central LHIN Board of Directors approves the Minutes of the Board of Directors meeting held on June 24, 2016.

6. **One Team Plan**

The CEO reviewed the Toronto Central LHIN's *One Team, One Plan* that was provided in the meeting materials. The document outlines an intentional and focused plan to align planning and implementation of activities across the LHIN, and improve shared understanding within providers and partners. Several key considerations were taken into account in developing One Plan and they were:

- Deliver on objectives outlined in the LHIN's operational plan
- Align with CEO objectives to the Board
- Advance strategic priorities
- Ensure the measures within the performance dashboard are integrated, and
- Focus the LHINs efforts on core objects of a renewed LHIN mandate

The CEO noted that the *One Team, One Plan* presentation is draft for consultation with the Board and the final document will be shared with health service providers and partners in October.

In response to a question raised regarding integrations, the CEO noted that the Plan will be updated to reflect a clearer focus on integration activity. It was also suggested that integrations could be considered as an independent stream within the Plan.

Primary Care

The CEO provided an overview of the work underway in primary care, specifically noting the five priority projects, as follows:

1. Improve Access to Primary Care Providers
2. Improve Access to Inter-Professional Teams
3. Improve Access to specialists
4. Improve availability and quality of discharge planning
5. Expand secure communications

The Board received an overview of primary care models at the meeting for their information.

In response to a question raised, the CEO confirmed that the priority projects are Toronto Central LHIN specific and were informed by the LHIN's primary care leads and feedback from consultations held with primary care providers earlier in the year.

A discussion ensued related to the initiatives underway to achieve the five priority projects within the primary care models (e.g. Family Health Teams and Community Health Centres). In response to a question raised, the CEO noted that initially there were approximately 200 Family Health Teams established within Ontario, and since their inception sites have been expanded, however, the number of family health teams is fixed at this time. The LHIN is examining the opportunity to leverage these models in order to expand access for patients in need of the services and programs offered through these models.

A Board member tabled some ideas related to opportunities to look at children's services, noting the following:

- Consider if changing the age cutoff for children could be reduced to help relieve long wait time for access to pediatric specialists
- Develop a way for adult (expanded to include adolescents) to access specialist resources at Sick Kids if they need help when treating adolescents. For example, adults/adolescents gastroenterologist would have access to Sick Kids gastroenterologists if they have issues
- Consider a second opinion e-consult capability similar to the Cleveland Clinic model. This would reduce wait times for access to specialists, effectively and efficiently; reduce frustration with legitimate cases being treated as frivolous; and provide data for frequently misdiagnosed cases. Legitimate cases could then be expedited/routed for treatment.

The CEO noted that discussions are underway through a joint health provider table to look at children's services in the Toronto Central LHIN and identified opportunities will be brought forward as the discussions continue.

Primary Care Communications Plan

The Board received a primary care communications plan in their meeting materials. The objectives of the plan are to take steps towards achieving the LHIN's strategic priorities, by strengthening and integrating primary health and community care, while taking a population health approach to ensure care is driven by local needs. As well, the LHIN aims to ensure all sectors are equally engaged in our strategic priority of transforming primary health and community care and provide clarity on roles and objectives aimed at improving patient/client outcomes.

No issues or questions were raised on the communications plan.

7. Sub-Region Planning

The Board was provided with details on the sub-region geographies planning that contained the following:

- Criteria and methodology used to develop the new five sub-region geographies which were built based on the Health Links experience;
- Validation exercise conducted by Dr. Rick Glazier and Peter Gozdyra from ICES/Centre for Urban Health Solutions which showed variation in high level alignment of the virtual networks to the sub-region geographies; and
- Consultations conducted and early feedback received from key stakeholders.

The CEO noted that the Ministry of Health and Long-Term Care requested that all LHINs complete and submit a template by the end of September outlining the process taken to finalize and formalize sub-region geographies. The CEO further noted that the template included an option for boundary changes, although the Toronto Central LHIN is not proposing any boundary changes in this submission.

The CEO reviewed the Sub-Region development summary and responded to questions raised, as follows:

1. The CEO noted that UHN is developing a population health approach and looking at technology options to connect systems. It was suggested that the UHN CEO be invited to a future Board meeting to present on their population health approach and strategic plan.
2. In response to a question related to the methodology for identifying populations, Alvin Cheng, Director of Health Analytics, noted that building on the Health Links, the regions are defined according to how patients access the services. The CEO also noted that the clustering factors in patient access to hospital and primary care.
3. The CEO confirmed that the TC LHIN has met with some of the MPP's as part of the consultation process.
4. A question was raised regarding whether the TC LHIN's unique situation of a large population that do not reside within the TC LHIN accessing their health care services within the LHIN boundaries had been taken into account in the sub-

region planning. The CEO agreed that this is a complexity for the TC LHIN and health service providers are funded to provide services for all of the patients served.

There being no further questions raised, the following resolution was passed:

Motion

That the Board of Directors have reviewed the methodology and process used to develop the Sub-Region Geographies and the Board of Directors hereby approves management to submit to the Ministry of Health and Long-Term Care the proposed sub-region geographies for the Toronto Central LHIN as presented.

8. Next Board Meeting

The next regularly scheduled Board of Directors meeting will be held on October 26, 2016, from 4:00 -7:00 p.m. in the Toronto Central LHIN Boardroom.

UPON MOTION duly made, and unanimously carried, the Toronto Central Local Health Integration Network Board of Directors meeting was moved into a closed session pursuant to s.9(5) of the Local Health Systems Integration Act, 2006 to:

- **Consider financial and other matters concerning personal or public interest and personnel matters.**

and that Board Members, along with Susan Fitzpatrick, Tess Romain, Bill Manson and Sue Robertson join the Board in the closed session.

8. Termination

The Board meeting was terminated by the Chair at 11:00 a.m.

John Fraser, Chair