

**Central East Local Health Integration Network
Chair's Report to the Board
July 21, 2009**

Improving Mental Health and Addictions Services in Ontario:

As the CEO has reported, a broad consultation process to develop a 10-year mental health and addictions strategy for Ontario was launched last week with the release of the discussion paper, "*Every Door is the Right Door*". This Report was released at the 'Open Minds, Healthy Minds' Summit co-hosted by Health Minister David Caplan and his Advisory Group on Mental Health and Addictions. The full Report can be accessed at the MOHLTC website and we will arrange to obtain a hardcopy for Directors. Over 1100 attended the Summit. The Minister is inviting us to continue this important process by providing feedback on the discussion paper. My thanks to Jean for attending the meeting on behalf of the Board.

Minister visits Peterborough and CKL:

The Minister on June 22nd and 23rd paid visits to the Central East area where he announced in Peterborough that proposals for nineteen additional Family Health Teams (FHT) would be accepted by the government. It was very encouraging to hear how well the Peterborough networked FHT has been received by local physicians and the impact it is having on wait-lists of people without a family doctor. The following day at the Ross Memorial Hospital, the operating dollars for a new MRI was announced to the obvious satisfaction of a large gathering in the Hospital's foyer. Thanks to our staff as well as Steve and Bill for joining in the event.

Brief Highlights from the Chairs' Meeting:

The French Language Services Commissioner has released a Special Report on French Language Health Services Planning in Ontario and wishes to meet with all LHINs. Those LHINs that are part of the GTA have asked to meet with him as a group to which he has agreed. Such a meeting will be arranged as soon as possible but probably not until the related regulation has been proclaimed.

A LHIN/HSP governance portal is available. Our Board may recall reference to it from our facilitators at the Retreat. Participation is, of course, voluntary but some of the LHINs are quite supportive seeing our role as somewhere between facilitator and catalyst. It is likely that an Advisory Committee will be struck, including HSPs, to provide guidance and support. It is in the realm of an experiment to see if there is pick-up. The LHIN will not be the owner.

The Accountability Development Team (ADT) will be seeking input in advance of the new MLAA. They are hoping to create a 'gold standard' for the Accountability Agreement this time around which could then be applied to the H-SAA (Hospital Accountability Agreement), M-SAA (Multi-Sector Accountability Agreement), and L-SAA (Long-Term Care Sector Accountability Agreement). A process towards this end might become a prototype for new LHIN-wide

initiatives. The initiation of the Strategic Council that forms part of the LHINC was used as an example.

The matter of an independent audit, separate from that of the Toronto Central LHIN, had been raised by a LHIN. Toronto Central offered to set up a companion but separate Audit Committee that would be focussed on the LSSO. The Northeast, Southeast, and HNHB LHINs will provide names of possible members in addition to a member from Toronto Central.

OIC Appointment Process:

A further set of documentation concerning the OIC appointment process was received last week, including the skills matrix. The Chairs were also meeting last week and had an opportunity to suggest to Ken Deane that he should review the proposed process. It appears very bureaucratic and seems to overlook the role of the Community Nominations Committee. Although there was little time for any detailed discussion with Mr. Deane and he had not seen the material, at least one Chair expressed the opinion that the Public Appointments Unit should be left to implement the process and to make recommendations to the Minister. However, in the meantime, our own Community Nominations Committee should review the latest documentation.

Board Evaluation:

KPMG has completed the process of Board evaluation and submitted a Report to the Minister as of July 13th. Since the evaluation involved a self-assessment, a peer assessment and criteria directed to the Board as a whole, each member of the Board can expect to receive their own Report as well as the Board Report. The timing of the release of the Reports for each LHIN is with the Minister.

In general, as KPMG reported to the Chairs, all Boards remain very committed to making the LHIN model a success. There appears to a gradual re-orientation of the Boards towards a more strategic focus. Many Board members identified missing skills on their Board, not least in relation to health system knowledge. At the same time there continues to be a blurring of the lines between governance and management on some Boards and concern about their ability to engage with their communities including on a Board-to-Board basis.

It is expected that a LHIN Governance Manual will be released along with the Evaluation Reports. This was a part of the RFP for the Board Evaluation assignment. Although it will include many of the documents previously circulated, it is expected to include behavioural standards as well. The Manual is to provide guidance to assist in consistent practice across the LHINs.

The comprehensive process used this year will give us both individually and as a Board, the opportunity to reflect on the results, on what can be learned, and on what steps need to be taken to enhance our performance.

All Board Teleconference:

Plans are under way to conduct a Province-wide teleconference that would include all of the Boards and their Directors. The latter part of September is flagged but no definite date has been set yet. Neither have specific topics been identified, but it is likely that the Minister will want to address the ED and ALC priorities and expectations.

Ministry/LHIN Relationship:

In meeting with the Chairs last week ADM Ken Deane took the time to emphasize and re-assert some of the fundamentals of the Ministry/LHIN relationship. Starting with the statement that the Ministry owns the 'what', the LHINs own the 'how', and acknowledged that we need broad latitude to get the job done. However, he went on to qualify that it is subject to the spirit and intent of the funding involved, compliance with policy and legislation, and the matter of affordability and acceptability from the perspective of precedent. He spoke of his commitment to reduce the administrative and reporting burden, and wishes to reduce the number of indicators and to streamline the accountability agreements accordingly while focussing on outcomes. He spoke of seeking rewards for good performance and consequences for 'under-performance'. He intends to extend the stocktake parameters that he has introduced around the ED/ALC. The need to harness our collective expertise and to eliminate duplication was expressed in terms of 'do one and share'. As a health system, we need to improve our ability to track outcome in relation to 'money out the door' and to predict impact and cost effectiveness. The idea of rewarding high performance was suggested to include LHINs or programs for which we have responsibility. Mr. Deane challenged us to provide him with criteria by which to measure our performance. And, finally, he assured us that there is no basis to the rumours about reducing the number of LHINs.

Respectfully Submitted,



Foster Loucks, Chair