

**BQWCHC Board of Directors
Minutes of October 24, 2019
Belleville Boardroom**

PRESENT: Sandie Sidsworth, Brad Harrington, Wendy Osborne, Kim Egan, Deborah Hierlihy, Dawne Brown, James Huff, Lorrie Heffernan, Kathy Baker, Gerry Watts, Sheila Braidek

REGRETS: Scott Robertson

Guest: Meghan Shanahan Thain, Social Worker

Recorder: Janine DeVries, Executive Assistant

OPEN MINUTES

ITEMS		ACTION
1	<p>Call to Order AND Confirmation of Quorum</p> <p>The meeting was called to order at 5:35 pm and quorum was confirmed with 10 members in attendance.</p>	
2	<p>Conflict of Interest</p> <p>None reported</p>	
3	<p>Approval of Agenda & Notes</p> <p>Agenda and Agenda Notes for October 24-19 were reviewed.</p> <p>MOTION 2019-10-01 MOTION To accept the Agenda for the October 24, 2019 meeting Moved by: G. Watts Seconded by: D. Hierlihy All in Favor: Yes Outcome: Carried</p> <p>Discussion/changes noted: none</p>	
4	<p>Program Presentation</p> <p>Social Prescribing with Meghan Shanahan Thain, Social Worker</p> <p>The Social Prescribing initiative originated in the UK and adopted as a pilot project by the Alliance for Healthier Communities.</p> <p>Social prescribing is a tool to operationalize the principle of the Model of Health and Wellbeing. This is done by building an intentional, structured way of connection people to non-clinical services that complements clinical care. Through social prescribing, people who are socially isolated or need support to address the social determination of</p>	<p>Send Presentation to Board</p>

their health can have a direct and fully supported pathway from their clinician to the community programming that they might not have access to or be able to take advantage of otherwise. It is also a good way to conceptualize and explain the work of CHCs. The pilot program is now in the evaluation phase – we expect a summary report in November and a final report in January 2020.

Meghan explained that work is being done to broaden the program in-house with a committee established to take the initiative further. Advertising in an important aspect as there is a need to reach the broader community.

Next steps include:

- Strengthen community partners and assets
- Partnership with QW public library
- Redesigning our volunteer program
- Continue provider engagement
- Work on sustainability

Feedback and Comments:

- Social Prescribing is open to everyone in the community – not just CHC clients
- There is huge issues with social isolation in this region
- We need to look at clients holistically – can't only depend on medical practitioners to take the time to get the clients story
- Still working on a firm process for follow up with SP client
- We have recognized an overall increase of general wellbeing with the Volunteer greeters at the CHC
- Sustainability – very important program that amplifies the CHC philosophy – at this stage we can accommodate the program within our budget as there are very few costs. The challenge (in the short term) is staffing and how we will keep the initiative moving forward. To note, Meghan is soon leaving the CHC for a job at QHC.
- Need to look at ways to increase program capacity for the community – including offering programming on weekends.
- The final report in March on the provincial program will be an opportunity to share the success of the program and will hopefully move forward
- CHCs have the expertise and infrastructure to support these initiatives in the communities – we need to work on enhancing our partnerships to expand this program

Meghan concluded by noting that Social Prescribing is more than a program - it's a way of doing our work and should be a standard "option" for our providers to offer to their clients.

The Board thanked Meghan for her work related to the Social Prescribing program and for her overall contributions to the CHC.

G. Watts noted that the CHC was represented at a recent Teachers Association fair and that CHC Health Champions were there to provide information about programs and serviced offered.

5	<p>Consent Items</p> <p>Consent Items – Committee Minutes included in meeting package for acceptance:</p> <p>Community Advisory Committee minutes of Oct 9-19 Executive Committee minutes of Oct 11-19 Governance Committee minutes of Oct 15-19 Quality Assurance Risk Management Committee minutes of Oct 16-19 Finance Committee minutes of Oct 22-19 (Separate Distribution)</p> <p>MOTION 2019-10-02</p> <p><i>MOTION to receive the Consent items as listed above <u>and accept</u> their recommendations.</i></p> <p><i>Moved by: J. Huff</i></p> <p><i>Seconded by: G. Watts</i></p> <p><i>All in favor: Yes</i></p> <p><i>Outcome: Carried</i></p> <p>Items pulled from Consent (Committee Minutes) for discussion in Consent Items Arising: none</p> <p>Comments:</p> <ul style="list-style-type: none"> • It was asked that management be mindful when using acronyms in minutes and reports. • D. Brown asked to be briefed on the process for selection of the members who will attend the QW Council Meeting. The Chair explained that she made the decision based on expertise on the topic for discussion (capital) and in this case, she felt that S. Robertson had the most experience in this field. <p>Consent Items – Board Minutes and General Reports included in meeting package for acceptance:</p> <p>Open Board minutes of September 26, 2019 Q2 Board Performance Dashboard Q2 QIP Workplan Update Q2 Occurrence Summary Report Q2 Risk Management and Privacy Report Q2 Client Satisfaction Survey Report Governance Committee Workplan 2019-20 Q2 Financial Statements</p> <p>MOTION 2019-10-03</p> <p><i>MOTION to approve the Consent items as listed above including the Open Board minutes of September 26, 2019.</i></p> <p><i>Moved by: K. Baker</i></p> <p><i>Seconded by: W. Osborne</i></p>	

	<p>All in favor: Yes Outcome: Carried</p> <p>Items pulled from Consent (Reports) for discussion in Consent Items Arising: none</p>	
6	<p>Consent Items Arising (if necessary) None</p>	
7	<p>President's Report</p> <p>MOTION 2019-10-04 MOTION to Move In Camera Moved by: K. Egan Seconded by: W. Osborne All in favor: Yes Outcome: Carried</p> <p>MOTION 2019-10-07 MOTION to move out of In Camera Moved by: D. Brown Seconded by: J. Huff All in favor: Yes Outcome: Carried</p>	
8	<p>Executive Director's Report</p> <p>Executive Director's report circulated in the Board package. Topics noted:</p> <ul style="list-style-type: none"> • Ontario Health Teams • Community Health and Wellbeing Week • Community Annual Planning Submission (CAPS) • Capital • New EMR Implementation • Oral Health Program • Human Resources • Funding • Risk Management <p>Supplementary to the written report: Quinte Ontario Health Team (QOHT)</p> <ul style="list-style-type: none"> - We have contracted with Benedict Menachery as the QOHT project manager to help manage the coordination of the application process. - There is still lots of work to be done including discussions on governance and accountability. - Looking at what we are committed to as a collaborative which will transcribe into a collective budget. Shared budget and accountability decisions will require Boards input and oversight. <ul style="list-style-type: none"> • Rural Hastings OHT: in development – will be submitting a full application in December 	

- SE / Kingston / Napanee OHT: directed by Government to work together and have since formed FLK OHT – working toward submitting a revised assessment in December
- Northumberland OHT – invited to submit a full assessment – meetings already in process with MOH in November

OH (Ontario Health):

- The new OH has kept a low profile during the Federal Election but anticipate more information and direction in the next couple of weeks.
- We are still submitting our CAPS in November to the SE LHIN – they have not given us any information about budget planning or changes at this time.
- There are lots of gaps in information however we understand that the LHIN will be wrapped up by end of March. Before they sunset the LHIN's, they will have to provide Health Service Providers (HSPs) with clarity and assurance that HSP funds will roll-out in April (not specific to CHCs) across the region.

Capital:

- There is a special (in camera) meeting on November 14th to receive, discuss and approve the Tender recommendations from our project leads. The Board will have to pass a resolution recommending Tender approval to the Ministry of Health.
- If we stay on track, they still expect that we will have shovels in the ground in March 2020.
- We requested an \$80K donation from the City of Quinte West to support the project which was recently approved with conditions – most of these funds (approx. \$60K) will support the preparation of the land.

Human Resources:

- Dental – due to recent hiring challenges, we have had to reduce the dental program reduced to 3 days / week – We continue to recruit to fill both the full time dentist and mat leave dental hygienist positions.
- Social Worker - We are currently down two Social Workers – one permanent and one maternity leave positions. Hiring continues.
- Discussion ensued regarding concerns with possible wage discrepancy between different health care agencies and the trend with staff turnover. S. Braidek noted that the CHC is tracking this information. The turnover has been challenging especially with temporary positions. She noted that we are also seeing a higher interest in some positions for part time work; this creates a challenge with trying to fill small portions of positions (ie. .4 FTE is hard to fill). These challenges have a direct impact on service delivery. Management tries to balance worker interest in part time with meeting staffing requires to meet client demand.

MOTION 2019-10-08

MOTION to accept the Executive Director's Report as presented.

Moved by: W. Osborne

Seconded by: J. Huff

All in favor: Yes

Outcome: Carried

Generative Discussion**Options and implications of Community Governance for the OHT**

S. Braidek circulated a briefing note that asked the question “To whom should the OHT be accountable – morally and legally – and what structure can /should govern and facilitate that accountability?”

The QOHT is a collaborative of approx. 25 Health Service Provider agencies, each with its own governance structure. Discussion are emerging on the role of governors in relation to the OHT and what are the options for accountability to our clients and communities.

Each organization has a responsibility to report to their respective boards but there is no process in place for the boards to keep themselves connected. Is there some mechanism for the OHT to be held accountable to the community?

S. Braidek noted that this is a conversation happening among OHT groups across the province.

Discussion highlights and feedback

- The discussion is reminiscent of the Western Governance Forum group concept (risks in failure)
- We need to look at the risks for accountability and reporting if there isn’t an oversight body established
- The exercise we did around COPD showed how the community can work on a collective / community approach to improved integration
- Shared planning does make it easier for agencies to see how they can fit into the big picture
- If we put the patient or the client in the center (focus), the individual organizations will be forced to refocus their (actual) strategic directions to support this new approach for better integration
- The question is what kind of patient will be in the center? each organization has a different service approach (eg Hospitals and CHCs)
- Who is going to compose any governance group and will they be thinking about the health equity / holistic and the complex client?
- In order to make this work, we need guiding principles for a collective governance model that each agency can reflect on to help guide this conversation
- In order to create balance you will need people from outside these groups (ie community members) to help move decision forward in a non-bias way – and, to ensure we do not repeat what existed before (ie SE LHIN)
- Is there a risk of the new structure “deflating” to a LHIN like organization and will it be increasing the levels of bureaucracy in this process?
- Perhaps start with MOU’s to help build on the values that each organization will bring to the table

At some point in the not-to-distant future QOHT will need to develop a working structure. Guiding principles re collective governance will be a useful tool to guide and influence discussions and decisions going forward.

10	<p>Other Business</p> <p>10.1 Board Development S. Braidek and B. Harrington The Governance Committee will be looking at and bringing forward the following development opportunities to the board throughout the year:</p> <ul style="list-style-type: none"> • Accreditation standards • Understanding collaborative Governance • Exploring corporate membership • Quality assurance basics • Understanding the digital health context • Board of directors – role review <p>10.2 Alliance for Healthier Communities G. Watts AOHC Liaison webinar report reviewed shared in package. G. Watts noted that the last Alliance session was geared to new people to the board. Other highlights included building connections / building leadership and resources on the member’s portal. He further noted that D. Browne wrote a piece that was highlighted during the webinar.</p> <p>10.3 Housing (for information only – no discussion) Precarious Housing and risk of Homelessness in Hastings County</p> <p>S. Sidsworth noted that there will be a national housing day event on November 20th – she will share more info with the board once the event is finalized.</p>	
11	<p>Next Meeting</p> <p>November 14, 2019 Special Meeting of the Board (In Camera) S. Sidsworth noted her regrets for November 14th - B. Harrington will assume the role of Chair for this meeting</p> <p>November 28, 2019 Regular Meeting of the Board NOTE: Both November meetings will be at the Belleville CHC</p>	
12	<p>Adjournment</p> <p>Moved to adjourn at Moved by: K. Egan</p>	

X _____
President

X _____
Secretary