Hamilton Niagara Haldimand Brant
Local Health Integration Network
Minutes of the Meeting of the Audit Committee August 31, 2016

A meeting of the Audit Committee of the Board of Directors of the Hamilton Niagara Haldimand Brant (HNHB) Local Health Integration Network (LHIN) was held on August 31, 2016, at the Boardroom, Hamilton Niagara Haldimand Brant Local Health Integration Network, 264 Main Street East, Grimsby, Ontario, beginning at 2:30 p.m.

PRESENT:

Voting Members:	Laurie Ryan-Hill, Chair
	Bill Thompson, Member
	Dominic Ventresca, Member
	Madhuri Ramakrishnan, Member
Non voting:	Michael P. Shea, Board Chair (ex-officio)
	Mervin Witter, Member
	Janine van den Heuvel, Member
HNHB LHIN Staff in Attendance:	Donna Cripps, Chief Executive Office
	Helen Rickard, Corporate Coordinator, Recording Secretary
	Derek Bodden, Director, Finance
	Rosalind Tarrant, Director, Access to Care
	Steve Isaak, Director, Health System Transformation
	Dr. Jennifer Everson, Physician Lead, Clinical Health System Transformation
	Linda Hunter, Director, Health Links and Strategic Initiatives
	Emily Christoffersen, Director, Quality & Risk Management
	Trish Nelson, Director, Communications, Community Engagement and Corporate Services

A. Convening the Meeting

A.1 Call to Order

A quorum was present.

A.2 Approval of the Agenda

MOVED: Bill Thompson
SECOND: Dominic Ventresca

That the agenda of August 31, 2016, be adopted, as circulated.

CARRIED

A.3 Declaration of Conflicts

No conflicts were identified at this time.

B. Minutes of the last meeting

B.1 Approval of the Minutes of June 22, 2016

MOVED: Dominic Ventresca
SECOND: Madhuri Ramakrishnan

That the minutes of June 22, 2016, be adopted, as circulated.

CARRIED

C. Consent Agenda

C.1 Consent Agenda of August 31, 2016

MOVED: Dominic Ventresca
SECOND: Bill Thompson

That the Audit Committee adopts the consent agenda of August 31, 2016 consisting of:

i. CEO Delegation for Syrian Refugee Review

CARRIED

D. New/Other Business

D.1 Community Care Access Centre Funding (No Motion)

Key Points of Discussion:

- Staff provided a presentation that covered Community Care Access Centre Funding and 2016-17 Community Investment Funding. Presentation is appended to original set of minutes and labelled as Appendix 1.

D.2 2016-17 Community Investment Funding (No Motion)

Key Points of Discussion:

- Staff provided a presentation that covered 2016-17 Community Investment Funding. Presentation is appended to original set of minutes and labelled as Appendix 1.
- On June 29, 2016 the HNHB LHIN received an allocation of Community Investment funding up to $14,399,500 base funding for 2016-17, of which $3,977,800 is discretionary.
- Of the $14,399,500 up to $10,421,700 has been identified for the HNHB CCAC. Of this amount $8,337,400 is to expand service provision of high needs CCAC clients and $2,084,300 to provide increased respite services for caregivers in greatest need.
- The expansion of service provision funding goal is to increase consistency in service provision for all CCAC clients with complex care needs and address service gaps and needs.
- It was noted that the respite funding to CCAC is for existing respite programs and not to develop new respite programs/services.

- The discretional funding of $3,977,800 is to be used to support increased client acuity, improve access for patients and caregivers, expand community services that support Indigenous communities, expand community services to support the Comprehensive Mental Health and Addictions Strategy, and address LHIN specific services requirements and needs in the community.
- An overview was provided of the Decision Making Framework process used to determine those healthcare providers that will be recommended for funding. Recommendations will be presented to the Board of Directors at an upcoming Board meeting starting in September.

E. Meeting Adjournment

The Audit Committee Meeting adjourned at 3:18 p.m.

CARRIED

Original Signed by: Sept. 21, 2016

Laurie Ryan-Hill, Audit Committee Chair **Date**

Original Signed by: Sept. 21, 2016

Donna Cripps, Corporate Secretary **Date**

Community Investment Funding Update

Presentation to Hamilton Niagara Haldimand Brant LHIN
Audit Committee
August 31, 2016

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

Background

- 2016-17: Year five of Health System Funding Reform
- No “across the board” increases in the community sector during that time
- The HNHB LHIN has received Community Investment funding for last four years
- June 29, 2016 the HNHB LHIN received an allocation of Community Investment funding of up to **$14,399,500** base funding for 2016-17, of which $3,977,800 is discretionary

Community Investment Funding- 2016-17

Ministry letter outlined the following funding priorities:

Respite services for caregivers with the greatest need	$2,084,300
Expand services provision for high needs CCAC clients under the Levels of Care Framework and increase consistency in service provision for all CCAC clients	$8,337,400
Expand community service capacity, support government priorities and LHIN specific service requirements	$3,977,800
Total	**$14,399,500**

Ministry Requirements – Caregiver Respite $2,084,300

- The $2,084,300 will be used for respite care, such as personal support hours of service, to support caregivers in greatest need. Existing respite allocations will not be reduced.
- Wherever possible, the funding will be used to expand or leverage existing respite programs/services in Ontario, not to develop new respite programs/services. Where existing respite programs/services exist in the LHIN, the LHIN will collaborate with the CCAC to determine how to optimize the funding.
- The ministry will work with CCACs regarding reporting for this funding. Each CCAC will comply with the reporting requirements. This information will support future planning for caregiver respite allocations.

Ministry Requirements – Levels of Care $8,337,400

- Expand service provision and/or the number of CCAC clients with complex care needs, while increasing consistency in service provision for all CCAC clients
- The HNHB CCAC is to allocate this new funding in support of these objectives, while targeting the funding to address service gaps and needs among CCAC clients.
- CCAC is to reflect on current service levels for all clients to ensure that service provision is appropriate to the level of client need.
- It is required that the HNHB CCAC pays particular attention to service levels provided to clients with complex care needs - HNHB CCAC is expected to utilize funding to provide the full range of home care services appropriate to client need including nursing, personal support services and therapies.
- It is expected in 2016-17 there will be:
  - A comparative increase in hours of care allocated to all clients;
  - A comparative increase in the number of clients served; and/or
  - A comparative increase in hours of care allocated to clients with complex care needs.

Ministry Requirement – Discretionary Funding $3,977,800

- Expand community service capacity to support increased client acuity;
- Improve access for patients and caregivers through an integrated system of care;
- Expand community services that support Indigenous communities;
- Expand community services to support the Comprehensive Mental Health and Addictions Strategy, and the expansion of supportive housing for people with mental health or addiction issues; and
- Address LHIN specific service requirements and emerging needs in the community.

Discretionary Community Investment Funding Available

	2016-17
Prior Year CI Available	4,250,000
Previously Committed Funds	(3,700,000)
Subtotal	**550,000**
2016-17 Allocation	3,900,000
Total Available Funding	**4,450,000**

Recommendation from the Auditor General of Ontario

- Auditor General's 2015 report recommended that LHINs follow a consistent decision making process and approve applications for urgent priority funding only on the basis of established criteria.

- In response, LHINs acknowledged that the Decision Making Framework was adopted by many LHINs in 2010. Further, all LHINs committed to using the revised framework for decision making about the allocation of discretionary funds.

- The Decision Making Framework was reviewed, revised and re-approved for use by all LHIN CEOs in May 2016.

Background on Decision Making Framework

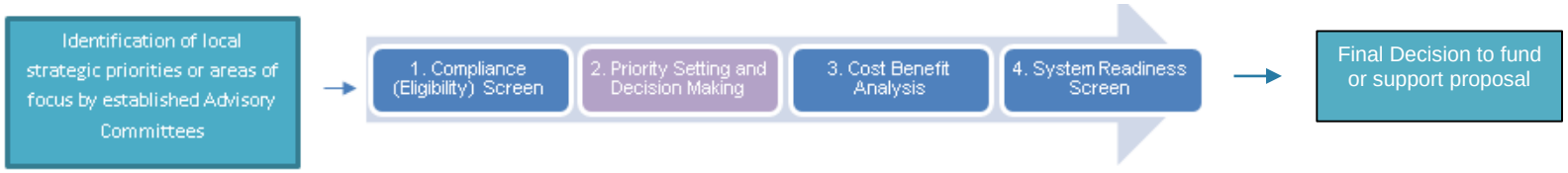
- LHINs are mandated to plan, integrate and fund health services in Ontario across the continuum of care while engaging communities in setting local health service priorities.

- In addressing this mandate, LHINs are faced with setting priorities and making decisions about how best to meet community health needs in the context of competing system goals, multiple stakeholder interests and limited resources.

- In order to do this, all LHINs apply frameworks to support priority setting and decision making in a variety of contexts, such as approving health programs and services, allocating or reallocating funding to health service providers (HSPs), and setting planning priorities.

- LHIN flexibility to address local concerns and priorities is embedded within this provincial framework through the prioritization process of weighing criteria and within the guiding principles

Application of the Decision Making Framework



- ***Step 1: Compliance Screen-*** The first step of the process is the Compliance Screen. This screen allows for the immediate removal of courses of action from further consideration that do not meet fundamental criteria for acceptable LHIN actions.
- ***Step 2: Using the LHIN Priority Setting and Decision Making Tool -*** Step 2 includes the application of the tool. Here, a score is determined for each potential course of action based on the relevant criteria, criteria weights and ratings.
- ***Step 3: Cost-benefit Analysis-*** Step 3 involves undertaking a cost-benefit analysis for each of the remaining potential courses of action.
- ***Step 4: System Readiness Screen-***The fourth step involves an in-depth review of the potential courses of action within the context of the broader healthcare system.

- The Decision Making Framework* includes four domains and 15 criteria.
- HNHB LHIN Leadership revised the weighting for each criteria through a pair-comparison exercise

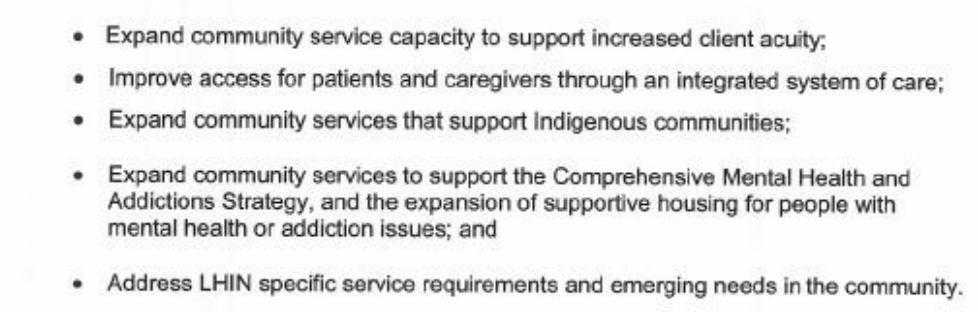
Domains	Criteria
System Alignment: Determines alignment with both Ministry and local priorities	**Alignment:** Degree of impact on advancing Integrated Health Service Plan and Annual Service Plan goals and priorities **Strategic Fit:** Alignment with provider system role. Extent to which program/initiative is consistent with the provider(s) mandate and capacity compared to other providers in Ontario.
System Performance: Contributes to the meeting of system goals and objectives	**Sustainability:** Impact on health service delivery, financial, and human resources capacity over time. The health system should have enough qualified providers, funding, information, equipment, supplies and facilities to look after people's health needs. **Integration:** Extent to which program/initiative improves coordination of health care among health service providers, including LHIN funded and non-funded providers and community providers to ensure continuity of care in the local health system and provision of care in the most appropriate setting as determined by patient/client needs. **Quality:** Extent to which program/initiative improves safety, effectiveness, and client experience of health services(s) provided. **Access:** Extent to which program/initiative improves physical, cultural, linguistic and timely access to appropriate level of health services for defined population(s) in the local health system.
System Values: Ensures local and system wide attributes are being met including equity, innovation and community engagement	**Equity:** Impact on the health status and/or access to service of recognized sub-populations where there is a known health status gap between this specific population and the general population as compared to current practice/service. The absence of systematic and potentially remediable differences in one or more aspects of health across populations or population groups defined socially, economically, demographically, culturally, linguistically or geographically. **Efficiency:** Extent to which program/initiative contributes to efficient utilization of health services, financial, and human resources capacity to optimize health and other benefits within the system. **Client-Focused:** Extent to which program/initiative meets the health needs of a defined population and the degree to which patients/clients have a say in the type and delivery of care. **Innovation:** Impact on generation, transfer, and/or application of new knowledge to solve health or health system problems; encouraging leading practices and innovation, building on evidence and application of leading practices. **Partnerships:** Degree to which appropriate levels of partnership and/or appropriateness of partnerships, both LHIN funded and non-LHIN funded, will be achieved in order to ensure service quality enhancement, improved comprehensiveness, optimal resource use, minimal duplication, and/or increased coordination. **Community Engagement:** Level of involvement of target population and other key stakeholders in defining the project and planned involvement in evaluating its impact on population health and key system performance.
Population Health: Determines contribution to the improvement of the overall health of the population	**Health Status (Health outcomes & Quality of Life):** Impact on health outcomes for the patient/client and/or community, including risk of adverse events, and/or impact on physical, mental or social quality of life, as compared to current practice or service. **Prevalence:** Magnitude of the disease/condition that will be directly impacted by the program/initiative as measured by prevalence (i.e., # of individuals with the condition in the population or subpopulation at a given time). **Health Promotion & Disease Prevention:** Impact on illness and/or injury prevention and promotion of health and well-being as measured by projected longer term improvements in health and/or likelihood of downstream service.

* LHIN Priority Setting & Decision Making Framework Toolkit (2010)

Step 1- Eligibility (Compliance) Screen for 2016-17 Community Investment

- On July 29th, the Leadership Team reviewed HSP-submitted and LHIN-initiated funding proposals
- Proposals were deemed eligible for consideration and review if they:

1. Aligned with the terms of the Ministry Community Investment Discretionary Funding letter:



- Expand community service capacity to support increased client acuity;
- Improve access for patients and caregivers through an integrated system of care;
- Expand community services that support Indigenous communities;
- Expand community services to support the Comprehensive Mental Health and Addictions Strategy, and the expansion of supportive housing for people with mental health or addiction issues; and
- Address LHIN specific service requirements and emerging needs in the community.

2. Required base funding and were appropriate for LHIN funding
3. HSP-submitted proposals provided adequate information

Step 2- Priority Setting

- Leadership Team members used Expert Choice to rate eligible proposals on the 15 criteria of the Decision Making Framework
- Proposals were rated against each of the 15 DMF criteria on a six point scale 0, 1, 3, 5, 7, 10
- Total average score= $\frac{\text{sum of scores (rating x weighting) for each criteria}}{\text{number of reviewers}}$
- A review of results for reasonableness “gut check” should be conducted

Steps 3 and 4

- A sub-set of rated proposals will be further developed including an assessment of value for money (cost benefit analysis) and system readiness screening

- System readiness screening would help answer questions such as*:

Capacity	Interdependency	Risk	Health System Impact	Other
• Does the LHIN have the needed material, financial, and health human resources to support the selected option(s) at this time? • If the initiative is sufficiently important, are there ways to leverage system resources to make it viable now or in the future?	• Does the preferred option depend on the completion of other projects? • Are other high-priority initiatives depending on the completion of this one? • Is this aligned with other initiatives that would need also to be funded in order for them to be viable?	• Is the level of risk involved acceptable? • Have mitigation strategies been identified to address this risk and are they practical? • What are the risks of not funding or endorsing this option at this time?	• Does this option raise any considerations of health system impact that were not addressed in the evaluation process? • What impact would supporting this option have on others in terms of material, financial, and health human resources?	• Other screens relevant to the LHIN's local situation can be added as appropriate.

* LHIN Priority Setting & Decision Making Framework Toolkit (2010)

Next Steps

- Funding recommendations will be formulated for the LHIN Board's consideration and decision
- Recommendations will be presented at upcoming Board meetings starting in September
- A similar process will be conducted to discern allocation recommendations for Community Investment one-time funding

Questions ?