

Grey Bruce Ontario Health Team Planning Committee

Date: Monday, March 10, 2020
Time: 1300-1500 hours
Place: Owen Sound Family Health Team

Present: Gerry Glover - Co-Chair (Kincardine FHT), Dana Howes - Co-Chair (HDH), Michael Barrett (SBGHC), Sue Byers (Sauble FHT), Dr. Angela Cavanagh via teleconference, Phil Dodd (Keystone Bruce Grey), Stephanie Dudgeon (BAFHT), Dave Ford (HFHT), Paul Hoban (OSFHT), Dr. Alex Hodgson via teleconference (Chapman House), Dr. Rachel Kieffer, Clark MacFarlane (CMHAGB), Allan Madden (SEGCHC), Gary Sims (GBHS), Andy Underwood (Home and Community Support),

Regrets: Pamela Loughlean (Peninsula FHT)

Guest(s): Lynn Hinds (Vice President Strategy, System Design and Integration, Ontario Health)

Recorder: Victoria Cumming

| | Topic | Discussion | Action |
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| 1 | Call to Order | D. Howes called the meeting to order at 1312 hours. | |
| 2 | Land Acknowledgement | <p>D. Howes started the meeting by acknowledging the Indigenous Peoples whose traditional territory the group gathered on today.</p> <p>This place where we come together is within the ancestral, traditional and territory of Anishinaabeg, including the Saugeen Ojibwe Nation, and the Metis. She acknowledged the long history of First Nations, Inuit and Metis Peoples in Ontario and asked to show respect to them today.</p> <p>The two First Nations communities in Grey/Bruce are:</p> <ul style="list-style-type: none"> • Chippewas of Nawash Unceded First Nation, and • Saugeen First Nation <p>She also acknowledged the many longstanding treaty relationships between Indigenous Nations and Canada recognizing that all levels of government in Canada have responsibility to honour the Nation-to-Nation relationship, and that individually; we all have a role to play in honouring the treaties, and contributing to reconciliation.</p> | |

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| | | <p>communications as she was previously missed on this distribution list.</p> <p>The group discussed some improvement suggestions for planning the next engagement session in order to have all members on the same page.</p> <p>It was suggested to have more time for introductions on the agenda for the symposium as most organizations won't know who each other are. The group thought it would be helpful to have a description of each organization. A. Madden volunteered to work with V. Cumming to compile this information from each organization and to provide to The Change Foundation.</p> <p>It was questioned how success stories in Grey Bruce will be determined. This will be up to the group to decide and some collaborations were already listed in the readiness assessment.</p> <p>It was also suggested to make sure every person has a complete list of attendees to reference who is speaking and what organization they are from.</p> | <p><i>to Change Foundation distribution list</i></p> <p><i>A. Madden/V.Cumming to compile description information for each organization for the Change Foundation</i></p> |
| 5.3 | Indigenous Update | <p>There have been some changes to the band administrator. There are some sensitivities with some other officials that are no involved. It will take longer to engage Saugeen Nations. The Chief of Saugeen Nations would like to sit at this table as a core partner. A wisdom council has been discussed which would be an advisory to both indigenous chiefs.</p> | |
| 6 | New Business | | |
| 6.1 | Governance Subcommittee Update | <p>A. Madden explained that the committee met and developed a committee structure. The group reviewed the suggested committee structure.</p> <p>Moved and Seconded THAT the attached committee structure be approved as amended to add MH Housing to the opportunity section. MOTION CARRIED</p> |  Governance Structure.pdf |
| 6.2 | Health Service Provide Financial | <p>A memo was provided in the agenda and M. Barrett reviewed it with the group. The</p> | |

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| | Contribution to Grey Bruce OHT Recommendation | <p>memo outlined a recommendation to collect 0.1% of the funding received by all health service providers in Grey Bruce to support costs associated with facilitation and project management in the development of the Grey Bruce OHT in 2020.</p> <p>As the Grey Bruce Integrated Coalition Meeting was cancelled a memo can be sent out to the full group asking if any other organizations would like to participate.</p> <p>C. MacFarlane expressed that the CMHA Board preferred to have a percentage displayed in the budget instead of a dollar amount. A. Madden will draft a budget for the next meeting keeping in mind that some organizations would like to spend the money before the end of the fiscal year.</p> <p>G. Sims agrees with this as long as the money is put toward a facilitator. The GBHS Board would like this facilitator to be an employee of GBHS. The reporting structure can be to this group and they could be contracted one year at a time. GBHS would take on the liability for this person and they can be a new person hired into the organization. GBHS Human Resources will pull together job descriptions from other OHT's for the group to review. This was discussed by the group and all agreed with a clear guideline that the person hired is accountable to this group. The group needs to have trust in each other. Until there is an entity that is GB OHT this is the best option. The group will vote today and inform the coalition and they can contribute if they can.</p> <p>P. Dodd let the group know that Keystone is not funded by the Ministry and was not included in the document but is able to commit to provide to this funding.</p> <p>The group then discussed who will hold the money. It was agreed that Acute Care should hold the money so it can roll over into the next year and it was decided that Hanover & District Hospital would hold the monies.</p> <p>Moved and Seconded THAT the organizations of the Grey Bruce Ontario Health Team Planning Committee agree to contribute 0.1% of the funding they receive from the LHIN/ministry by establishing a budget of \$294,070 to support the costs associated with facilitation and project management in the development of the Grey Bruce OHT in 2020 subject to the following criteria;</p> | <p><i>A. Madden to draft a budget showing percentages.</i></p> |

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| | | <ul style="list-style-type: none"> • <i>The expenditure of these funds requires the approval of the Grey Bruce OHT Planning Committee;</i> • <i>The fund holder selected to be Hanover & District Hospital will provide a year-end accounting of all funds collected/dispersed;</i> • <i>Grey Bruce Health Services will employ the facilitator and take on the liability for the employee. The facilitator will be accountable to the Grey Bruce Ontario Health Team Planning Committee and the job description will be approved by the Grey Bruce Ontario Health Team Planning Committee.</i> <p>MOTION CARRIED</p> | <p><i>G. Sims to bring back a job description to the committee for review.</i></p> |
| 6.3 | Home Care Model | <p>A. Madden met with the Ministers office last week and they are aware a homecare model is being worked on. The Ministry would like this group to show the way in rural Ontario. Haven't shared the proposal with the group but will after today.</p> <p>A presentation was provided to the group reviewing;</p> <ul style="list-style-type: none"> • The SEGCHC Catchment area showing the hard to service areas. It was noted that the current business model doesn't work; • Homecare utilization reports and service needs were shared; • Homecare reformation option of establishing a Grey-Bruce Community Care model whereby Hospice, Family Health Teams, Community Health Centres and Acute Care could all apply. An application process could be developed. • The Grey-Bruce Community Care model will provide overall leadership for the HCC portfolio. The reporting structure was discussed. With a new model the labour relations issues go away. It was questioned if PSW's will be paid more and this is taken into account providing a living wage with a pension. • "Why" Grey-Bruce Community Care was highlighted including the need for a central agency with overall accountability and the decentralization of service delivery. This can be a great first project for the GB OHT Planning Committee to take on. • This would be the first major piece the GB OHT will achieve. It was questioned if the Grey Bruce Community Care Model would report to the GB OHT. This is definitely a possibility. | |

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| | | <p>Dr. A. Hodgson voiced her opinion that this is the only way to get this done and is what is needed for palliative care. G. Sims also liked the model presented. M. Barrett thought this would be a good opportunity with the new legislation but would like to discuss how the company is created further.</p> <p>The group discussed possibilities for establishing the Grey-Bruce Community Care model and housing within a current organization as a “department” vs a new company set up. The utilization of an organizations accounting structure was discussed. A new company may be where this ends up but there would need to be a gradual transition to this. There are also optics to consider when housing community care within acute care. A. Madden will take everyone’s comments back and bring some ideas back to the next meeting for the group to review.</p> | |
| 6.4 | Data Sharing Agreement | Deferred | |
| 6.5 | Letter of Support for BTSU at Grey Gables | The letter was submitted to the Ministry and they have acknowledged receipt. | |
| 6.6 | CHANGE Foundation Virtual Sessions re: OHT Planning and discuss what vision and objectives of planning committee | <p>A Virtual Session was conducted by the Change Foundation to co-create an agenda for a symposium for the GB OHT. The goal is to build on work already completed and include all stakeholder groups when developing the agenda. The Change Foundation presented results from the virtual discussions held and drafted objectives for the symposium.</p> <p>It was discussed that some changes to the expected outcomes should be made. It was clarified that this large group of people will have never met before and developing a strategic plan would be difficult within the timeframe. It was agreed that identifying some strategic directions that the group could work on would be better.</p> <p>Overall, the group felt that the symposium should foster trust and build relationships but it wouldn’t hurt to identify low hanging fruit as well. This will be confirmation that the GB OHT is focusing on the right areas. The Change Foundation will be looking for key themes and ideas to give a key source of information for the GB OHT to work with. The group agreed that it would be difficult for this group to redesign their focus at this time and the goal would be to build on the direction that is already in place.</p> | |

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| | | <p>Content will be created and will be run by the group. The Change Foundation is there to facilitate to help this group share what they want to share. The group would like to expand on the relationship building piece and provide information on each organization to attach the people in the room to those organizations. This will be worked into the agenda.</p> <p>The group discussed that they do not want this symposium to be a singular event but would like to do this again. It was suggested to have a date that could be shared on the date of the symposium.</p> <p>The group was asked that any additional comments be sent to G. Glover and S. Dudgeon and they will forward on to the Change Foundation.</p> | |
| 7 | Round Table | <p>Dr. R. Kieffer The physician group has met and a survey has been sent out through the Ontario Medical Association (OMA). It was questioned if nurse practitioners were included and they were not. The group asked for the results of the survey to be shared with the group.</p> <p>A. Madden Asked the group for approval to start conversations with Georgian College about RN and PSW courses. A. Madden will bring some options for staffing back to the group in regards to home care. The group asked him to be discrete with these conversations.</p> | <i>Dr. R. Kieffer to share survey results with the group.</i> |
| 8 | Date of Next Meeting | The next meeting is scheduled for April 14, 2020 at 1300 hours | |
| 9 | Adjournment | The meeting adjourned at 1509 hours | |