

Grey Bruce Sub-region Integration Table MINUTES

Date: Tuesday, September 4, 2018 **Time:** 1 pm - 4 pm

Location: Owen Sound LHIN Office, 1415 1st Ave W, Owen Sound, Georgian Room North & South

Attendees

√	Andy Underwood, Community Support Services	√	Barbara West Bartley, Patient, Family & Caregiver Partner
√	Bob Small, Home & Community Care	√	Clark MacFarlane, Mental Health & Addictions
√	Dr. Elyse Savaria, Primary Care Alliance Co-lead	√	Dr. Ian Arra, Public Health
√	Dr. Keith Dyke, Sub-region Clinical Lead	√	Gerry Glover, Primary Care
x	Ian Reich, Home & Community Care	√	Katrina Wilson, Hospital
x	Tracee Givens, Interim Long Term Care	x	Vacant, Indigenous Lead
x	Vacant, Patient, Family & Caregiver Partner	x	Vacant, Patient, Family & Caregiver Partner
√	Rose Peacock, Health System Planner, GB	√	Samantha Colwell, Interim Director, Planning and Integration, GB
√	Guest: Malvin Wright, South West LHIN	x	Alexa Attard, Executive Assistant, GB/HP/Oxford

Item	Topic or Subject	Action(s)
1	Welcome	
2	Approval of September Agenda and August Minutes <ul style="list-style-type: none"> Minutes approved Matters arising from August Minutes – addressed in items below 	
3	Standing Items: <u>Health System Renewal Advisory Committee Update</u> <ul style="list-style-type: none"> Meeting scheduled for Sept has been cancelled Members are determining if the committee will continue They feel that the mandate will require some clarity will continue as an entity <u>Patient/Family Advisory Committee Update</u> <ul style="list-style-type: none"> Next meeting is October 12 No summer meetings <u>Primary Care Alliance Update</u> <ul style="list-style-type: none"> No meeting this summer Next meeting October 17th - invitations will be sent in later September 	
4	Integrated Health Service Plan (IHSP) Update – Malvin Wright, Manager, Planning & Integration <ul style="list-style-type: none"> Malvin reviewed the highlights of the engagements with the SRITs (see attached slides) Specific feedback from Sub-region Integration Table (SRIT) <ul style="list-style-type: none"> Ambitious Slide 6: suggests that the SRIT has decision making authority. So far this is not the case. The LHIN will need to provide direction Slide 6 is a bit confusing because it mixes process and outcomes Mission missing public health and working with the population as a whole Next steps – bring final feedback to the SRIT's next meeting 	Malvin will provide link to survey and encourages members to complete survey

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5	<p>Round table/sector updates</p> <p><u>LHIN Home & Community Care (HCC) - Bob</u></p> <ul style="list-style-type: none"> The Self-Directed Personal Support Services Ontario (PSSO) program has been cancelled. LHIN HCC is still challenged by the PSW shortage. In response, HCC is beginning to develop a wait list process for PSW services. Lack of PSWs sometimes mean patients cannot leave the hospital in a timely way. Physicians would like to know when and how referrals are responded too. Need better communication between HCC and family physicians around shared patients. <p><u>Clinical Lead (CL) - Keith</u></p> <ul style="list-style-type: none"> No update Keith would like to have the recruiter from Hanover present to the SRIT <p><u>Hospital - Katrina</u></p> <ul style="list-style-type: none"> GB hospitals met with MPP, Bill Walker. Katrina will provide an update at the SRIT meeting <p><u>Primary Care (PC) - Gerry</u></p> <ul style="list-style-type: none"> Samantha and Gerry to meet with FHTs/FHOs/FHNs in Grey Bruce to discuss the SRIT priorities and primary care provider challenges within Grey Bruce to inform both the SRIT work plan and the sub-region work plan. Gerry has also identified front line workers and leaders within the indigenous population that would like to meet with Gerry and Samantha to discuss current healthcare challenges. <p><u>Public Health (PH) - Ian</u></p> <ul style="list-style-type: none"> With new government and municipal elections pending, new initiatives are pending or paused while waiting for provincial direction Opioid working group still active <p><u>Community Support Services (CSS) - Andy</u></p> <ul style="list-style-type: none"> CCS central intake function in Grey Bruce goes live in the next week for VON, Southwest Ontario Aboriginal Health Access Centre (SOAHAC), Alzheimer's Society, Home and Community Support Services – Grey Bruce (HCSS-GB). Will be staffed 9 am – 5 pm Monday to Friday. Goal is a shared client record for all the CSS agencies but will need a workable IT solution before this can take place Some transportation programs provided by CSS were funded through the carbon tax – that tax has been stopped so unsure what that will mean for important programs Running at or above capacity in most services 	<p><u>Bob</u> will provide SRIT with a presentation on HCC</p> <p><u>Samantha</u> will convene a meeting with Bob and two clinical leads on SRIT to discuss some of the communication challenges</p> <p><u>Samantha</u> will follow up with Jane Tillman, Health Force Ontario (HFO) for presentations from Hanover and HFO at a future meeting</p> <p><u>Andy</u> will send some literature to Rose to distribute to SRIT members on central intake</p>
6	Break	
7	<p>One Number Update:</p> <p>Rose updated the group on the recent approval of the funding for the technology for the one number concept.</p> <p>Awaiting next steps from Grey Bruce Health Services (GBHS) re: the staffing of the one number and timescales.</p>	
8	<p>Canadian Mental Health Association (CMHA) Update and Discussion on Mental Health & Addictions (MHA) Priority:</p> <p><i>Identify and support recommendations from the KPMG (consultant) Mental Health and Addictions capacity report that have cross sector implications</i></p> <p><u>Update: Community Mental Health and Addictions Integration</u></p> <ul style="list-style-type: none"> Clark MacFarlane is CEO for the newly integrated organization As of September 1st, CMHA Grey Bruce, Hope Grey Bruce and GB House became CMHA Grey Bruce Over next 3 – 6 months, the organizations will begin strategic planning focusing on the organization's structure including a plan for a team based approach and improved access. Then engage in an experienced based process to further refine strategies that 	

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	<p>will then move into a quality improvement process to begin to implement and refine processes</p> <p><u>SRIT's MHA work plan</u></p> <ul style="list-style-type: none"> • SRIT will review MHA plan to determine what should be paused while CMHA creates a new strategic plan and begins to align services within its organization • SRIT will work on 3 or 4 high level priorities that can move forward in the meantime • Members would like work to ensure equity of care and optimizing resources • Partnerships with between mental health and addictions agencies, primary care and hospitals will be essential to maximize resources 	
9	<p>Discussion on Indigenous Priority:</p> <ul style="list-style-type: none"> • Vacancy for an indigenous voice is still pending. Samantha has suggested that at this time that the SRIT should focus on the promotion of the Indigenous Cultural Safety training within organizations. The members agreed with this way forward. 	
10	Break	
11	<p>Discussion on SRIT Communication Framework</p> <ul style="list-style-type: none"> • Sam to meet individually with each SRIT member to discuss how to structure a communication framework that would work for each sector and voice around the table a communication model for disseminating information and gathering feedback from their sectors 	Samantha to meet individually with each SRIT member and will report back at the October meeting
12	<p>Today's Meeting Highlights:</p> <ul style="list-style-type: none"> • Sector representatives provided brief verbal updates on work underway in their sectors as it relates to sub-region work • Members received an update on the Integrated Health Service Plan (IHSP) development and provided feedback. • Executive Director provided and update on next steps for the newly integrated Canadian Mental Health and Addictions (CMHA) Grey Bruce strategic planning process. CMHA strategic plan to inform SRIT MHA work plan. • Director of Planning & Integration to work separately with SRIT representatives to define their roles and develop a communication model for disseminating information and gathering feedback within their sectors. • Vacancies pending: Indigenous voice, Long Term Care Home representative and Patient/Family Caregiver partner. 	
13	Adjournment - 3:30 pm	