

## **Chair's Report**

**April 20th, 2010**

### **The Provincial Budget:**

The government tabled its budget on March 25<sup>th</sup>. In doing so, the government noted that expenditures have increased by 57% (\$16.7 billion) since 2003/04 and is anticipated to increase by another six billion over the next three years. It is little wonder that the Premier has been calling for a public dialogue on our public expenditure as he surveys this trend and its impact on the portion of the government's revenues consumed by the health sector.

Nonetheless, the Hospitals' overall base budget will be increased by 1.5%, although the precise allocation per hospital has still to be determined and presents an opportunity to widen the application of HBAM methodology and LHIN involvement in the process. Also included were the recognition of and a commitment to examine the working capital issue faced by a great many hospitals in Ontario. And, the government intends to review the Public Hospitals Act with an eye on how to align its focus with community services and health professionals.

Additional funding will also be targeted to the priority of reducing Emergency Room wait times as well as investing further in the Diabetes Strategy. We are already hearing much about proposed changes to the provincial drug system particularly in relation to lowering the cost of generic drugs and paying pharmacists more directly for their professional services.

Not least important are announced measures to contain expenditures including compensation restraint in the broader public sector that will apply to the LHINs. As well, although no detail is available on its implementation, efficiency and effectiveness of the health care system will be addressed through legislation that ties accountability of executives and professionals to the quality of patient care.

Given the fiscal environment, and the government facing a \$21 billion deficit, the changes outlined are less draconian than many expected.

### **Accountability Agreements:**

The Central East LHIN has completed and signed off on its Accountability Agreement with all of the public hospitals in our area. Once the template has been finalized we expect that the same will be true of Bellwood. However, this only represents the extension of the current agreement for one year, so very shortly we will be beginning the process again leading to a new agreement as of 2011 forward.

Our own Accountability Agreement with the Ministry has also been extended until such time as the new agreement can be finalized and signed. The timeline spells out the end of June.

The final changes to the template are being made following our video-conference consultation last week. Approval, hopefully, can be achieved at our May meeting.

With respect to L-SAA, the general regulation under the Long Term Care Homes Act (2007) has been approved by government and will come into effect as of July 1<sup>st</sup>. 2010. As you recall, the L-SAA has been developed in relation to the LTC Homes Act, and, as planned, the start date for the L-SAA will also trigger at that time. Accordingly, the L-SAAs for all Central East Homes must be signed and in place by June 30<sup>th</sup>, 2010. Discussion continues with representatives of the LTC sector to complete the template.

### **Chairs Meeting (April 7<sup>th</sup>):**

Among other items, the Chairs reviewed the process related to the Bay Consulting Group. Specifically, although separate from the Board evaluation conducted by KPMG last May-June and extending by way of follow-up well into the fall, the Chairs view the need for an additional evaluation at this time as redundant. This will need to be raised with the ADM, Ken Deane, since we have an obligation to conduct an evaluation unless relieved of it.

In the face of on-going criticism in the House, the LHINs need to elevate the “brand”. Although many LHINs are feeling overwhelmed by Freedom Of Information requests and near daily information needs that respond to questions from the Minister’s office or the Ministry, the Chairs emphasized the importance of the big picture. This should be cast in terms of ‘knitting health care together’ as well as emphasizing ‘local and transparent decision-making’.

The Chairs received an update on the progress of the LHIN Collaborative (LHINC). The current work plan and discussion of future projects was highlighted. Questions were raised concerning the cap on budget contribution from each LHIN, the opportunity to achieve a greater level of consistency across the LHIN system, and the influence of the Associations within the Council that oversees the LHINC. As a reminder, Debby Hammons sits on this Council. Overheads from the presentation can be made available to you.

A similar presentation and opportunity to meet the new Executive Director of the LSSO is planned for the May 5<sup>th</sup> meeting of the Chairs.

The process for defining, appointing, and funding the French language planning entities was discussed at length. The relevant regulation, as you recall, derives from LHSIA and took effect as of January 1<sup>st</sup>, 2010. An invitation to submit a proposal to be selected as a French Language Health Planning Entity has been issued with a May 3<sup>rd</sup> deadline. Six entities are envisaged. Central East has supported the idea of a single planning entity covering the five LHINS comprising the GTA, it now appears that we will be included with Central and North Simcoe Muskoka LHINs. Funding for the planning entities has not yet been determined or announced.

Last year, rather at the last moment, the LHINs participated in the annual AMO conference in Ottawa. The Chairs recognize the importance of this 'constituency' and, accordingly agreed in principle that we should be present again this year in Windsor. The format would that of a panel discussion and questions. The cost would be \$430.00 per LHIN.

Although the government has delayed the review of LHSIA for a period of two years, the request for the feedback related to our sense of priorities needing change should still be implemented. Please forward your list to me.

**Bay Consulting/LHIN Guide to Good Governance Manual:**

Thanks go to all of you for your input and participation in the Bay Consulting Group process. I expect to receive a Report in due course and will forward it to you. Although not directly connected to this process, I am meeting with the Minister on April 15<sup>th</sup> as part of her continuing effort to stay in closer contact with the LHINs and to provide Chairs with feedback on their performance and that of their LHIN.

**Symposium:**

I hope all of you are going to be able to join us at the annual Symposium on May 5<sup>th</sup>. This year, it will be held at the Ajax Convention Centre. It is a wonderful opportunity to meet colleagues in governance as well as a cross-section of health service providers and administrative leaders. As we begin to address and implement a new IHSP which targets two large strategic aims, we hope to introduce new elements to our community engagement structure as well as the Mission Statement. Key note speakers and participant discussion will help us define the activities and programs that will most effectively and creatively contribute to "Save a Million Hours! Save Ten Thousand Days".

**Hats Off:**

Each month I would like to recognize and thank a person, program, or agency which has made commendable effort in our endeavours and towards meeting our goals. I have been particularly impressed by Emily Van de Klippe who has produced a remarkable Orientation document. Please be sure to keep your cd handy as a ready reference tool. It is leading edge and sets the bar for all of the LHINs. Indeed, her work will likely end up as the orientation package for everyone in the LHIN system. In case you don't get the recognition and credit you deserve, Emily, let me offer you the first Hat's Off. Many thanks.

Respectfully submitted,



Foster Loucks, Chair