South West LHIN

Bill 210, Patients First Act
Update to South West LHIN Board of Directors

August 16, 2016

Ontario
Local Health Integration Network

Discussion Points

- Update on implementation planning
- Next steps on sub-region geographies
- Discussion

Patients First Act – Vision in a sentence

A health care system that works together to provide seamless, consistent, high-quality care for the people in our LHIN regardless of where they live, how old they are, how much they earn, or what their ethnicity is.

Phases of critical activity through to future state

Pre-enactment of Legislation		Post-enactment of Legislation	
Legislation Introduced	Legislation Proclaimed	Legislation implemented	Towards a future state

Provincial implementation planning

Oversight and resourcing for provincial implementation planning

- A joint MOHLTC-LHIN Steering Committee, composed of ministry and LHIN executive leadership will oversee implementation planning of work streams emerging from the proposed legislative changes.
- The Steering Committee will consult with key system partners, as well as LHIN Board Chairs & CCAC Board Chairs.
- A dedicated ministry secretariat is leading the implementation of work streams. It is supported by a transition team of LHIN staff.
- Each work stream is guided by a Terms of Reference and supported by a multi-sectorial project team, co-led by the ministry and LHINs, and including representation from the Ontario Association of Community Care Access Centres (OACCAC), Community Care Access Centres (CCAC) and others to deliver on critical elements of the implementation plan.
- Work stream deliverables will also be informed by active engagement with stakeholders and key informants.

Implementation: Provincial Work Streams

The ministry and LHINs are actively planning for the successful implementation of Patients First through **fifteen work streams** that address **priority areas of implementation planning**:

1. Governance: Develop a common governance model that reflects the expanded role of LHINs	**9. Home and Community Care:** Develop a plan and supports to enable LHINs to take on the delivery of home and community care
2. Management: Develop a common management structure to ensure the right management capacity is in place	**10. Work force:** Develop a plan to successfully transition to an integrated LHIN-CCAC workforce
3. Shared Services: Develop an approach to shared services for the LHINs that streamlines back-office functions, reduces duplication and leverages other administrative efficiencies	**11. Performance and Data:** Develop the systems and data needed to publicly report on and improve system-wide and local performance.
4. Capacity-building and Readiness: Support the LHINs in assessing their readiness for, and building capacity to enable a smooth and seamless transition	**12. Public Health:** Support a stronger population health focus in health system planning
5. Sub-Regions: Formalize LHIN sub-region geographies as a focal point for integrated service planning and delivery.	**13. French Language Services:** Support access to culturally and linguistically appropriate services in the LHIN and sub-regions.
6. Clinical Leadership: Develop a clinical leadership model for the LHINs and their sub-regions to enable integration.	**14. Indigenous Engagement:** Support LHIN indigenous engagement locally, aligned with provincial strategies.
7. Integrated Clinical Care: Create a mechanism to develop and spread clinical standards and set performance targets for key areas of the health system.	**15. Patient and Family Engagement:** Support the creation of a standard mechanism for meaningful patient and family engagement at the local level
8. Primary Care: Develop LHIN and sub-region primary care programs and supports to enable the LHINs to plan for and better integrate primary care in the local health system.	

Progress to date (Provincial)

- Bill 210 was introduced in the Ontario Legislative Assembly on June 2, 2016 and passed First Reading.
  - Second Reading of the legislation is expected in Fall 2016 when the Legislative Assembly returns.
  - After Second Reading, it is expected the Bill will be referred to the Standing Committee on Social Policy for consideration of any potential legislative amendments.
  - Contingent on the its passage of Second and Third Readings in the Legislative Assembly, the Bill would then receive Royal Assent and be proclaimed into force on a date to be identified.
- Fifteen work streams have been established
  - Ministry and LHIN CEO leads assigned for each work stream
  - Project charters are being developed for all work streams
  - Project team membership has been confirmed, including representatives from the OACCAC and CCACs
  - Initial meetings of the full work stream project teams taking place in July and August
- Each work stream is giving attention to communications and change management to support integrated Steering Committee oversight

Key provincial priorities

Work streams are prioritizing a number of key deliverables that will support accelerated implementation planning if Bill 210 is passed.

These deliverables include:

- Progressing with LHIN sub-region formation planning
- Developing initial readiness requirements
- Identifying what supports are needed, and when, for LHIN and CCAC readiness assessments and capacity-building planning
- Planning a LHIN shared services approach and how best to implement it
- Planning for the expansion and composition of the LHIN Board and LHIN management
- Planning for public reporting of key indicators to demonstrate health system performance improvements
- Identify data needs to support monitoring and reporting on progress

South West LHIN planning milestones

Phase I: Legislation Introduced
South West LHIN planning milestones for the next 60-90 days

Engage the Executive Advisory Panel

(*April 2016)*

- South West LHIN created a temporary group to provide advice and counsel to the LHIN on the early days of Bill 210 implementation. The Panel is composed of system leaders from across the LHIN, and includes patient/caregiver representatives. It will be replaced with a permanent structure in the coming months.

Establish sub-region geographies

(September 2016: submit template to ministry)

- Input from area provider tables, Primary Care Network executive, primary care in sub-region geographies, and the Aboriginal health committee (Aug/Sept 2016)
- All partners/stakeholders aware of work in progress
- South West LHIN Board of Directors approval (September 2016)

Establish sub-region vision

(*January 2017: Terms of Reference, April 2017: Agreements in place)*

- Input from area provider tables, Primary Care Network executive, Health Links Collaborative, Aboriginal health committee, sector tables including hospitals, and the LHIN Board of Directors (late fall 2016)

Phase I: Legislation Introduced
South West LHIN planning milestones for the next 60-90 days (cont.)

Plan for LHIN/CCAC integration

(April 2016 – April 2017: Project Charter approval in September 2016)

- Guiding principles and Terms of Reference for LHIN CCAC Integration work developed
- Co-create a vision and project charter to guide this work

Towards strong primary care partnerships and leadership

(Milestones pending)

- Primary care directly involved in creating frameworks/governance (Primary care co-leads, including quality lead, aligned with provincial work)
- Ongoing feedback on proposed frameworks/governance and clinical leadership roles etc. (larger primary care network and local networks where they exist)
- Engagement with key partners including OMA, OCFP, AFHTO, AOHC, NPAO
- Explore opportunities to profile primary care (TC LHIN methodology; directory)
- Leverage recommendations in development regarding primary care capacity in the South West

Prepare for LHIN readiness assessment

(late October 2016: Estimated time of implementation by ministry– Nov/Dec 2016)

- Draft self assessment to determine early mitigation strategies
- Engage Executive Advisory Panel and eventually the Renewal Advisory Group to respond to ministry requirements

Phase I: Legislation Introduced
South West LHIN planning milestones for the next 60-90 days (cont'd)

Ensure Indigenous voice is strong

(July – September 2016)

- Facilitate Indigenous membership at Area Provider Tables
- Co-create vision wheel to depict the vision, relationships, knowledge and action required to ensure the Indigenous voice is strong throughout

French Language Services

(Fall 2016)

- Approach to be developed

Determine clinical leadership model moving forward

(Fall 2016)

- Work with Primary Care Lead/Co-Lead to develop expectations/job description for clinical leads in each sub region

Ongoing updates/communication to all stakeholders/partners to keep informed on process

Phase I: Legislation Introduced
South West LHIN planning milestones for the next 60-90 days (cont'd)

Leverage local work currently in progress

- Implementation of the Personal Support Services regulations and Levels of Care Framework will support building a strong single home and community system *(Phased implementation which started in Huron Perth in late fiscal 15/16)*
- Deployment of performance tool to support the Integrated Health Service Plan (IHSP) 2016 – 19 will offer monitoring opportunities during transition *(September 2016)*
- Work of the Quality Advisory Council on patient engagement will be used to develop patient and caregiver committee(s) *(by April 2017*)

Monitor all provincial work streams for information to assist local implementation

- Provincial work streams on Governance, Integrated Clinical Council, and Shared Services will be monitored to determine local implementation
- Other provincial work streams will be monitored to ensure alignment with local work plan

South West LHIN Planning Timelines*

Phase I: Legislation Introduced (Phase II: TBD)
*All timelines are dependent on when/what legislation is confirmed by government

DRAFT

	Jul 2016	Aug 2016	Sep 2016	Oct 2016	Nov 2016	Dec 2016	Jan 2017
SUB-REGION GEOGRAPHIES		Establish sub-region geographies		Establish sub-region vision and structure			
				◆ Submit template to ministry			◆ Terms of reference
PRIMARY CARE			Informal discussions in each sub-region	Engagement with key partners OMA, OCFP, AFHTO, AOHC, NPAO		Create framework for clinical leadership	
	◆ Phone meeting with Primary Care Network executive			◆ Face-to-face meeting with Primary Care Network executive	◆ Primary care congress		
LHIN-CCAC INTEGRATION	LHIN-CCAC committee formation			Working groups underway			
	◆ Terms of reference approved		◆ Project Charter developed				
READINESS ASSESSMENT		Internal readiness assessment development		Ministry readiness assessment completed			
STRONG INDIGENOUS VOICE			Facilitate Indigenous membership with area provider tables	Co-create a vision wheel			
FRENCH LANGUAGE		Approach developed		Approach implemented			
COMMUNICATIONS AND ENGAGEMENT	Ongoing updates/communication to all stakeholders/partners						
		◆ Aug. 5, 8 LHIN webcasts					
WORK ALREADY UNDERWAY	Personal Support Services regulations and Levels of Care Framework						
			◆ IHSP Performance Tool		Quality Advisory Council Patient engagement committee established		

LHIN-CCAC Integration

LHIN-CCAC Integration

Work to date

- Joint planning meetings between senior leadership teams from the LHIN and the CCAC (April, June and July)
- Guiding Principles for working together developed
- Commitment to work together to ensure clear/consistent messaging for the staff of both organizations (June)
- Terms of reference, inclusive of guiding principles and member responsibilities, approved as a working documentation (July)

Work underway

- Each organization compiling information on current business processes to share to enhance knowledge of each other's operations
- Transition leads are jointly drafting a project charter to guide this work, including developing joint LHIN-CCAC working groups to ensure readiness for transition once legislation enacted. (approval by mid-September)

LHIN-CCAC Integration

Guiding principles

Patient-focused
Patients are at the centre of our decisions

Consultative
Transparent connections that respect team member's expertise and input

Respectful interactions
Open communication that allows team members to bring their full value

People and system appreciation
Understand value added systems/resources, along with employees skills & knowledge

Co-create the future
Work collaboratively to envision the future state

LHIN-CCAC Integration

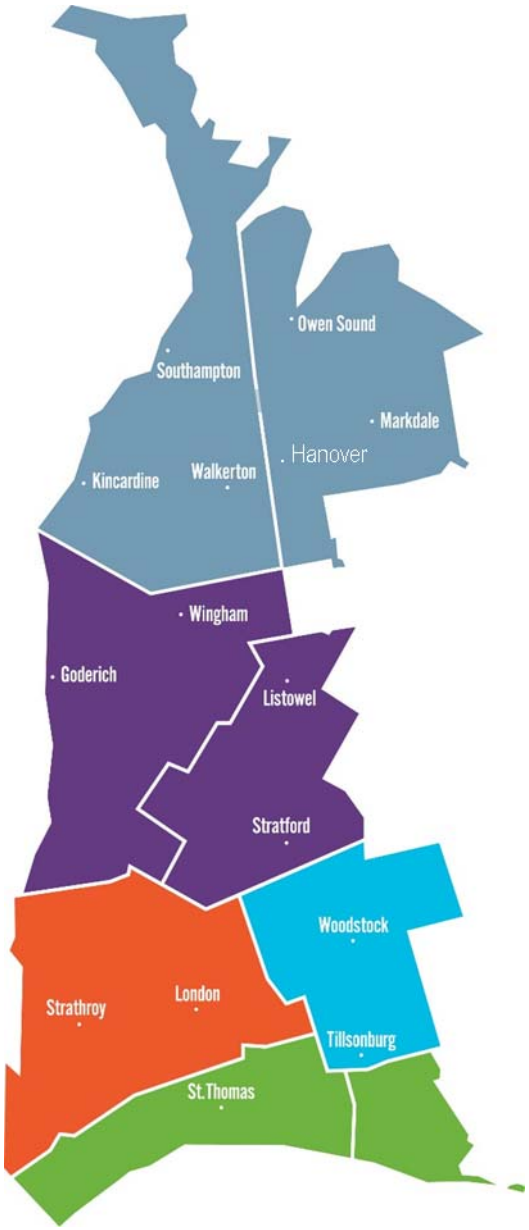
Overall Goals

- Plan for and deploy a successful transition of employees, assets, technology, systems and processes to the LHIN
- Collaboratively identify strategic issues that may impact the shared organizational accountabilities and strategic goal
- Collaborate on shared strategies for quality improvement
- Discuss, select and action key projects and initiatives
- Identify, discuss and develop action plans related to emerging areas of risk, safety and opportunities;
- Provide direction and leadership for both organizations
- Ensure appropriate dissemination of key messages to CCAC and LHIN staff and management

Sub-region geographies

Sub-region geographies: next steps

- Five sub-regions identified (Elgin, Oxford, London Middlesex, Huron Perth and Grey Bruce)
- Submission to ministry on sub-region geographies required at end of September 2016.
- Ministry developed a "*Guide to formalizing LHIN sub-regions*" which outlines for LHINs the process to finalize and formalize sub-regions, as well as outlining the common requirements for these sub-regions.



Formalizing LHIN sub-regions – Work Plan

Sub-region consultation

- Public consultation on 5 sub-regions (February 2016)
- Executive Advisory Panel consulted (June 2016)
- Primary Care Network Executive consulted (July 19, 2016)
- Informal discussions planned with small groups of primary care providers post Ontario Medical Association contract vote (August and September 2016)
- Webinars for health service providers and their governors (August 5 and 8)
- South West Aboriginal Committee (September 2016)

LHIN geography consultation

- Discussions with neighbouring LHINs regarding appropriate boundaries (July – Sept 2016)
- Grey County stakeholder consultation (September 1, 2016)

Technical Information (August and September 2016)

- Ministry direction received on information required to complete template
- Compile requested information on geography, population and providers in each sub-region
- Summarize public and provider consultations

Decision-making

- Recommendations will come to the South West LHIN Board September 20, 2016

Final document submitted to the Ministry of Health and Long-Term Care by end of September 2016

Keeping stakeholders and partners informed of progress

Successful engagement happens at many levels and at a key points throughout this work

The South West LHIN will continue to engage and consult with patients, caregivers, health services providers, primary care providers, stakeholder associations, Indigenous peoples, Francophone communities, and other system partners including

- ongoing sub-region engagement
- regular updates, webinars and presentations on work underway to health system partners, elected officials, groups, networks and committees
- resources including videos, presentations, and background information posted regularly to the South West LHIN website (southwestlhin.on.ca/patientsfirst)

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