

Achieving an Integrated System of Care for All



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

July 19, 2016

Discussion Points

- High-level overview of provincial work streams
- Early deliverables: the next 60-90 days
- Sub-region geographies: next steps
- Discussion question

Patients First Act – Vision in a sentence

“The overall vision of the *Patients First Act* is to improve access to health care services by giving patients and their families faster and better access to care, and putting them at the centre of an integrated health system.”

Phases of critical activity through to future state

DRAFT

Pre-enactment of Legislation		Post-enactment of Legislation	
Legislation introduced	Legislation Proclaimed	Legislation implemented	Towards a future state
<ul style="list-style-type: none"> • Legislation articulated by government • Key stakeholders engaged including: <ul style="list-style-type: none"> • Executive Advisory Panel, Area Provider Tables, Primary Care, and Sector Tables • Confirm guiding principles for LHIN-CCAC Integration • Confirm LHIN sub-region geographies • Create sub-region profiles (descriptive and performance) • Work towards establishing Renewal Advisory Committee and Sub-region Integration tables • Develop work plan 	<ul style="list-style-type: none"> • Develop work plan for LHIN/CCAC integration • Develop performance plan • Determine which structures, processes and programs to leverage • Develop shared accountability approach and decision-making templates • Recruit sub-region administration and clinical leads • Complete readiness assessment 	<ul style="list-style-type: none"> • Implement LHIN CCAC integration changes in legislation • Embed shared accountability and decision-making processes • Embed performance plan 	<ul style="list-style-type: none"> • Build accountability and maximize decision making opportunities to improve overall health of residents in the LHIN, • Initial focus on integrating primary care and home and community care within LHIN sub-regions and ultimately through full implementation of the IHSP priorities

Provincial Work Streams

MOHLTC-Led Overarching Activities

Policy Approvals and Legislative and Regulatory Changes

Legislation, Regulations, Policies,
Directives and Agreements.

Lead policy decision-making and
associated Cabinet approval
processes regarding overall strategy.

Political Accord on First Nations Health

Develop engagement processes with
First Nations and put forward options
for seeking a mandate to negotiate a
political accord on First Nations
health.

Health Equity Planning and Patient Engagement

Develop a framework to incorporate
health equity and patient engagement
into planning and delivery.

Health Workforce Planning

Co-design a coordinated, iterative
fully functioning cycle of planning
activities from education to
outcomes that ensure the right size,
mix, and distribution of health care
providers.

Joint Work Streams

1. Sub Region Formation

Objective: Establish sub-region
infrastructure required to support
population-based planning, service
alignment and integration and
performance improvement.

2. LHIN Governance

Objective: Establish a governance regime
that reflects the expanded role of LHINs,
including adjustments to the LHIN-Ministry
relationship and LHIN Board configuration.

3. LHIN Management

Objective: Establish a management
structure to be implemented for each LHIN
that reflects the expanded LHIN role and to
ensure needed managerial capacity is in
place at transition.

4. Workforce

Objective: Plan successful transition from
separate LHINs and CCACS to combined
LHIN/CCAC with integrated workforce and
ongoing collective agreements and union
representation.

5. LHIN Corporate Services Entity

Objective: Establish a corporate services
entity for the purpose of providing shared
services support to LHINs pursuant to
expanded mandate.

6. Integrated Clinical Council

Objective: Establish an Integrated Clinical
Care Council for the purpose of developing
and deploying clinical standards and
outcome based performance targets for
key areas of the health care system.

7. Home & Community Care

Objective: Enable LHINs to assume
responsibility for the delivery of home and
community care, to be supported through
the implementation of the 10-initiative
Roadmap to Strengthen Home and
Community Care.

8. Primary Care

Objective: Enable LHINs to assume
responsibility for planning and
performance improvement of primary care
through the implementation of LHIN and
sub-region supports and the adaptation of
provincial primary care programs.

9. Clinical Leadership

Objective: Develop and implement clinical
leadership model for LHINs, including in
sub-regions, to foster system integration
and performance improvement.

10. Public Health

Objective: Create structures to better align
public health and expanded LHIN mandate.

11. LHIN Capacity & Readiness

Objective: Support LHINs in the transition
to an expanded mandate.

12. Performance and Data

Objective: Create the data and system
infrastructure necessary to report on and
improve performance.

13. French Language services

Objective: Support access to French
Language Services through LHIN
engagement and sub-regional integration.

14. Indigenous Engagement

Objective: Support alignment of LHIN
indigenous engagement with provincial
Indigenous health strategies.

15. Patient and Family Engagement

Objective: Support alignment of LHIN
patient and family committee formation
with provincial Patient and Family Council.

Status

Provincially

- Terms of reference and project charters in development
- First meetings of each work stream have occurred or will be in the near future
- Membership being formed

Locally

- Determining what work is needed and who/what group will be responsible

Early Deliverables: the next 60-90 days

The next 60-90 days

Provincial

- Resource procured to support change management, capacity and readiness assessment and governance
- Determine LHIN sub-regions
- Development of readiness requirements
- Map the LHIN management structure
- Develop plans for LHIN dashboard to monitor progress
- Identify indicators for public reporting on LHIN renewal

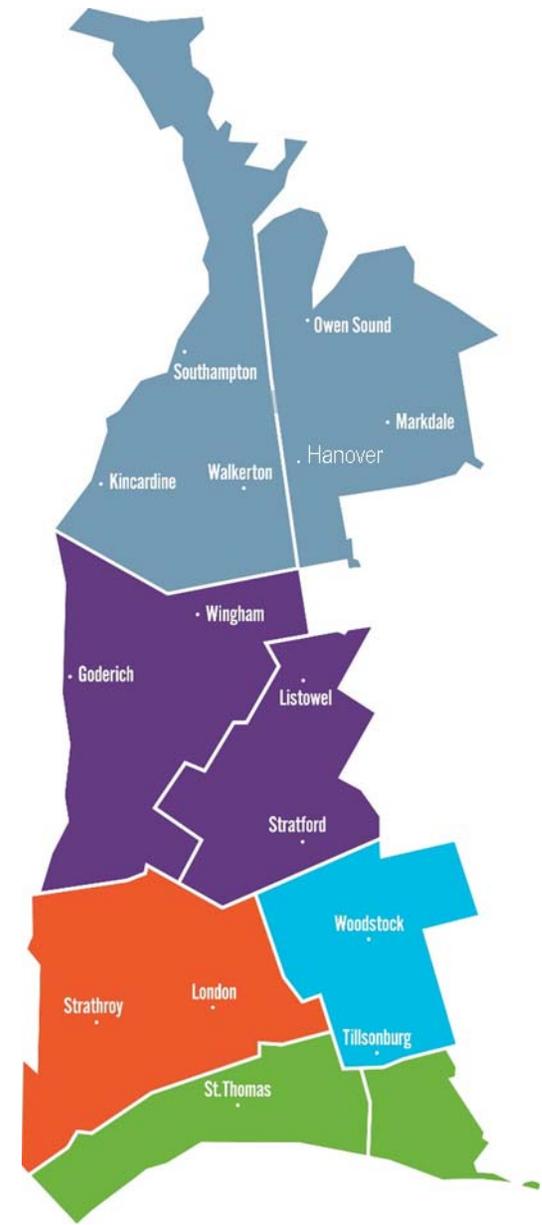
The next 60-90 days

South West LHIN

- Webcasts to increase awareness of what is proposed in Bill 210 (Aug 5 & 8)
- Obtain advice from area provider tables on sub-region development
- Work with South West Primary Care Network executive to develop engagement strategy for primary care providers
- Formalize sub-region geographies, create sub-region profiles and establish the leadership structure/model (clinical& admin)
- LHIN CCAC Integration work plan developed
- Prepare for readiness assessment
- Presentations offered to elected officials as well as groups, networks and committees to build awareness of the work underway
- Ongoing engagement with Francophone and Indigenous communities

Sub-region geographies: next steps

- Submission to ministry on sub-region geographies required in September 2016.
- Public was consulted on geographies in February 2016.
- Primary care consulted in Nov/Dec 2015 where 9 sub-regions were identified for primary care renewal.
- LHIN will now consult primary care on geographies where 5 sub-regions are identified. These sub-regions align with current planning areas for the LHIN.
- Further consultation/discussion required for Grey County and Norfolk County geographies.
- Any recommendations on sub-regions would come forward to the South West LHIN Board in September 2016.



Discussion Question

The provincial work stream on governance states that their work will establish a governance regime that reflects the expanded role of LHINs, including adjustments to the LHIN-Ministry relationship and the LHIN Board's configuration.

What is the governance role in sub-region integration?



<http://southwestlhin.on.ca/patientsfirst.aspx>