South West LHIN

Patients First

Update to South West LHIN Board of Directors

September 20, 2016

Ontario
Local Health Integration Network

Discussion Points

- Update on planning milestones
  - Sub-region integration tables
  - Patient engagement through the patient and family advisory council
  - Primary care engagement
- Discussion

Patients First – Vision

Patients receive integrated, accessible care of consistent high quality

What does this mean for people living in the South West LHIN

- The person needing care is the centre of any care planning and delivery.
- People throughout the LHIN receive the services they need in a timely way and in an appropriate location regardless of where they live, how old they are, how much they earn, or what their ethnicity is.
- People receive health care services based on local needs where it is easy to move between different care providers – hospitals, family doctors, home and community care, and long-term care – so that care is seamless and consistent.

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

Prorogation of the legislature

- The legislature was prorogued by the Lieutenant Governor on September 8th, and the Lieutenant Governor delivered a Speech from the Throne on September 12th outlining the government's plans for the new session.

- Based on our discussions with leadership from the Ministry of Health and Long-Term Care, we have been assured that:

  - The government will reintroduce, this fall, all government bills, including Patients First, that were before the legislature prior to prorogation, so that debate on them can continue.

  - The government continues to support Patients First and is committed to reintroducing a bill in the Legislature as soon as possible

  - It is not expected that the prorogation will impact the timelines for proposed passage of a Patients First bill.

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: Consider a governance regime that would reflect the proposed expanded role of LHINs, including proposed adjustments to the LHIN-ministry relationship and LHIN Board configuration.	**9. Home and Community Care:** Consider how to enable LHINs to assume the proposed responsibility for the delivery of home and community care, to be supported through the implementation of the Roadmap to Strengthen Home and Community Care.
2. Management: Consider a proposed management structure that would reflect the proposed expanded LHIN role and ensure needed managerial capacity is in place at transition.	**10. Work force:** Plan for the proposed transition from separate LHINs and CCACs to the combined LHINs/CCACs with integrated workforce and ongoing collective agreements and union representation.
3. Corporate Services Entity: Consider a proposed entity for the purpose of providing shared services support to LHINs pursuant to the proposed expanded LHIN mandate.	**11. Performance and Data:** Create the data and system infrastructure necessary to report on and improve performance.
4. Capacity-building and Readiness: Support the LHINs in assessing their readiness for, and building capacity to enable a smooth transition to the proposed expanded mandate.	**12. Public Health:** Create structures to support formal engagement between public health and LHINs to support improved population health.
5. Sub-Regions: Establish sub-region infrastructure required to support population-based planning, service alignment and integration and performance improvement.	**13. French Language Services:** Support access to French Language Services through LHIN engagement and sub-regional integration.
6. Clinical Leadership: Develop and implement a clinical leadership model for LHINs, including in sub-regions, to foster system integration and performance improvement.	**14. Indigenous Engagement:** Support alignment of LHIN Indigenous engagement with provincial Indigenous health strategies.
7. Integrated Clinical Care: Consider a proposed Integrated Clinical Care Council for the purpose of developing and deploying clinical standards for key areas of the health system.	**15. Patient and Family Engagement:** Support alignment of proposed LHIN patient and family committee formation with the proposed provincial Patient and Family Council.
8. Primary Care: Consider how to enable LHINs to assume the proposed responsibility for planning and performance improvement of primary care, through LHIN and sub-region supports.	

South West LHIN planning milestones

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

	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		
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		

Sub-region integration tables

- New tables that will meet pre-established criteria
- The LHIN will be the decision-maker (terms of reference, appointing membership, determination of model, etc.)
- Area provider tables might have the opportunity to transition to become the sub-region integration table provided they meet the criteria (as assessed by the LHIN)

Overarching roles

- Establish sub-regional priorities for improvement
- Improve access to primary care
- Improve the patient experience
- Implement clinical care standards
- Improve care coordination
- Track performance against priority indicators

Sub-region integration tables (cont'd)

- The LHIN is engaging with the existing area provider tables to inform how the sub-region integration tables are established.
- The area provider table co-chairs and the executive advisory panel will participate in a full day event to begin drafting a terms of reference.
- Based on this input, the LHIN will draft a vision, criteria and finalize the terms of reference for the sub-region integration tables.
- In November, we will re-engage these groups and invite any partners that may not have been a part of the initial discussions but that are identified to be essential for the discussion going forward.

Objectives: engagement for sub-region integration tables

Timing	Group	Objectives
Sept. 1	Area provider table co-chairs	Share engagement strategy Request agenda time for the engagement (September and November)
September	Area provider tables	Using a standard slide deck, LHIN sub-region lead will: • Build awareness of Patients First and alignment with Integrated Health Service Plan for 2016-19 • Confirm sub-region geographies and process to highlight potential LHIN boundary changes • Share sub-region facts (population and services) Using generative questions, facilitate discussion on local strengths and opportunities
October	Area provider table co-chairs and executive advisory panel	Co-develop • Draft terms of reference for sub-region integration tables, including structure, membership, information flow, decision making, and reporting relationships • Draft methodology for forming patient/caregiver committee(s)
November	Area provider tables (enhanced participation)	LHIN sub-region lead to facilitate workshop to: • Obtain local feedback on the Terms of Reference, including all categories mentioned above • Discuss options for timing of implementation of sub-region Integration Table • Garner support for formation of Patient/Caregiver Committee(s)
January	Area provider table co-chairs	Through facilitated discussion, review and provide feedback on the consolidated information from APTs in November

Patient Engagement

The LHIN is seeking advice from the Quality Advisory Group and area provider tables on how the *Guiding Principles for Partnering on Patient Engagement* can be used for the integration tables and a patient and family advisory council.

- A discussion will take place on representation, recruitment and critical path for the patient and family advisory council.
- These groups will review a draft terms of reference this fall which includes the focus of the patient and family advisory council.

Primary care engagement

- The LHIN will meet with primary care in each sub-region by holding evening sessions between Oct. 3 - Nov. 24 to discuss the quality of patient care in the system, involvement with sub-regions, and clinical leadership.
- The format will be an informal discussion with some facilitation beginning with a short presentation by the LHIN primary care co-lead.
- Targeted at engaging 20-25 primary care providers per session in each sub-region.

LHIN-CCAC Integration

LHIN-CCAC Integration

Work to date

- A project charter has been developed for the proposed LHIN-CCAC integration in the South West. The project charter aims to define the nature of the proposed LHIN-CCAC integration project and was developed to guide the collaborative efforts of our two organizations during the next several months, concluding on the transition date.
- Ongoing joint planning meetings between senior leadership teams from the LHIN and the CCAC
- Terms of reference, inclusive of guiding principles and member responsibilities, approved as a working documentation

Next steps

- Each organization continues to compile information on current business processes to share to enhance knowledge of each other's operations.
- Finalizing the project charter.
- Developing joint LHIN-CCAC working groups to ensure readiness for transition once legislation enacted.

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 the public, 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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