

Sub-Region Planning Webinar

Central East LHIN Providers and Partners

August 16, 2017

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Strategy, Integration, Planning and Performance

Purpose of Today's Webinar

- Provide an update on Sub-region planning at the Central East LHIN;
- Introduce Central East LHIN approach to Sub-region planning and implementation;
- Share next steps and associated timelines re: membership recruitment; and
- Provide an opportunity for questions and answers.

Overview

1. Welcome
2. Background and Overview
 - Review of Sub-region Planning Mandate
 - Overview of Current Status
 - Sub-region Planning Governance Model
3. Review of Draft Sub-region Planning Table Terms of Reference
4. Recruitment of Planning Table Memberships
5. Timelines
6. Next Steps and Discussion

Background and Overview

Our Foundation in Local Health Planning

The Central East LHIN's mission is to lead the advancement of an integrated sustainable health care system that ensures better health, better care and better value

IHSP #1 – 2007-2010 Engaged Communities. Healthy Communities.	Improving the health of communities through an integrated health care delivery system focused on wellness, equitable and timely access to care that delivers high quality outcomes.
IHSP #2 – 2010-2013 Save 1 Million Hours – Save 10,000 Days	Supporting hospitals and community organizations to integrate service to reduce emergency department use for all residents, and hospital admissions and length of stays for people with vascular conditions.
IHSP #3 – 2013-2016 Community First	Creating an integrated community-based health system, so that Central East LHIN residents spend more time in their homes and their communities, and fewer days in hospitals and long-term care homes.
IHSP #4 – 2016-2019 Living Healthier at Home	Advancing integrated systems of care to help Central East LHIN residents live healthier at home.

Planning Partners and Engagement Structures

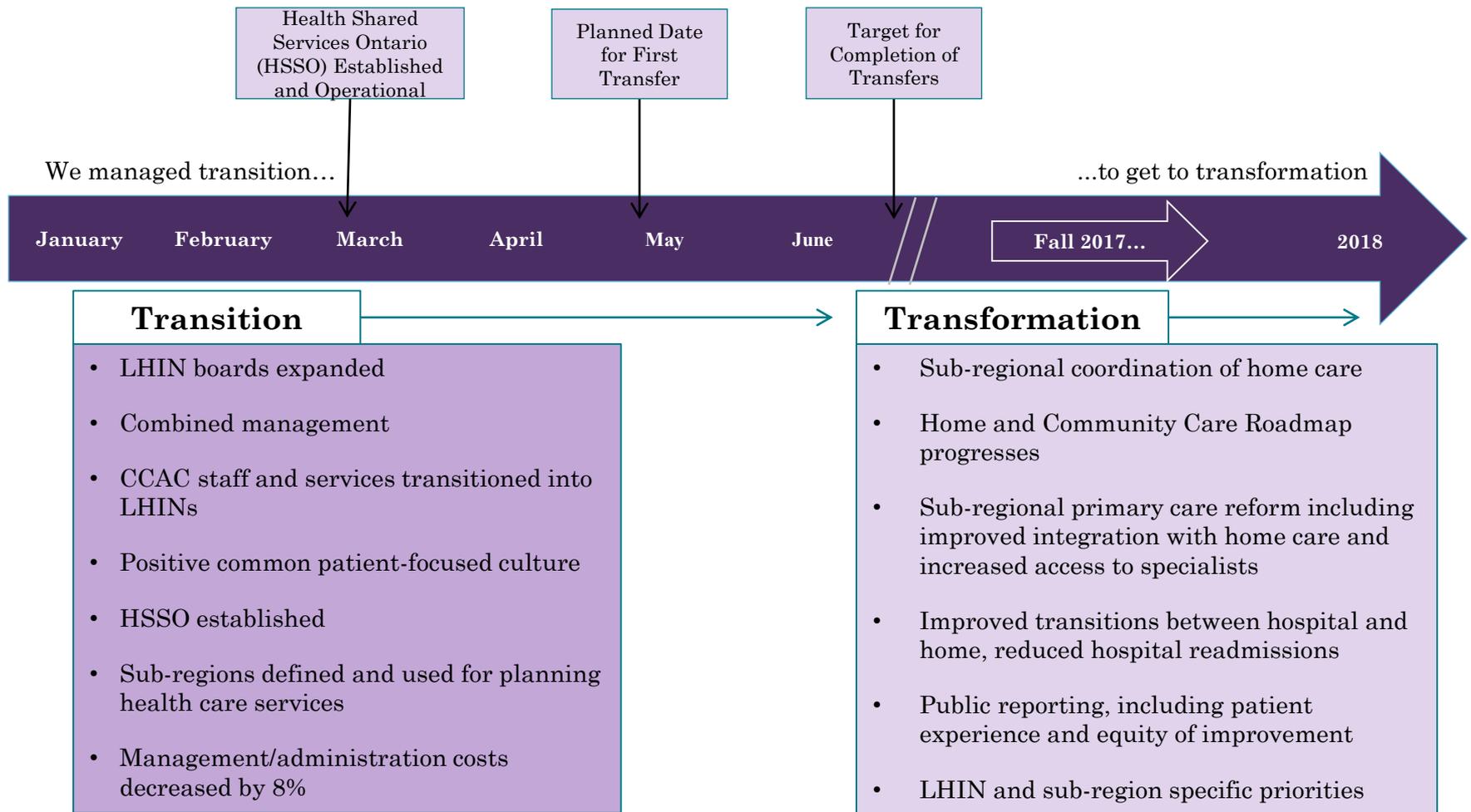
Living Healthier at Home (IHSP 4) is grounded in the LHIN's updated strategic directions and the work and achievements by many since the inception of the LHIN in 2006.

Community Engagement is the foundation of all activity at the Central East LHIN. Being more responsive to local needs and opportunities requires on-going dialogue and planning with those who use and deliver health services. Since 2005, board members and LHIN staff have actively engaged with local community residents, health care service providers, provincial associations, local government leaders and many other organizations and individuals on how to improve and enhance the public health system.

Examples include: Local Planning and Engagement Collaboratives; LHIN-wide Priority Networks & Task Groups; Strategic Aim Coalitions; introduction of *Health Links*; Strategic Aim Networks; Primary Health Care Advisory Group; Medical Officers of Health; Francophone Community Tables on Health; Metis, Indigenous Peoples' and Inuit Health Advisory Circle; First Nations Health Advisory Circle; and Patient and Family Advisory Council.

We would like to thank all those who have contributed so creatively and passionately over these past ten years of health system transformation in our LHIN towards our vision of achieving *Engaged Communities, Healthy Communities*.

Through Transition, Towards Transformation



Towards Transformation...

- Sub-regions have been in place informally in Central East LHIN for many years and have now been formalized
- IHSP 4 – Sub-region Planning Tables
- The February 2015 release of Patients First: Ontario's Action Plan for Health Care by the Ontario government confirmed the actions necessary to transform the province's health care system into one that puts the needs of patients at its centre. The Board and staff of the Central East LHIN are committed to championing this continued, unprecedented improvement to our health care system.
- The *Patients First Act, 2016* and the direction of the Ministry of Health and Long-Term Care continues this evolution

Ministry Mandate: *Patients First Act, 2016*



Ministry Mandate: Sub-region Planning

- *Patients First Act, 2016* – LHINs will establish geographic sub-regions for the purposes of planning, funding and service integration.
- 2017/18 Minister's Mandate Letter – identify how providers will collaborate to address health gaps, and improve patient experience and outcomes.

Sub-region “Wills and Will Won’ts”

LHIN Sub-Regions will...

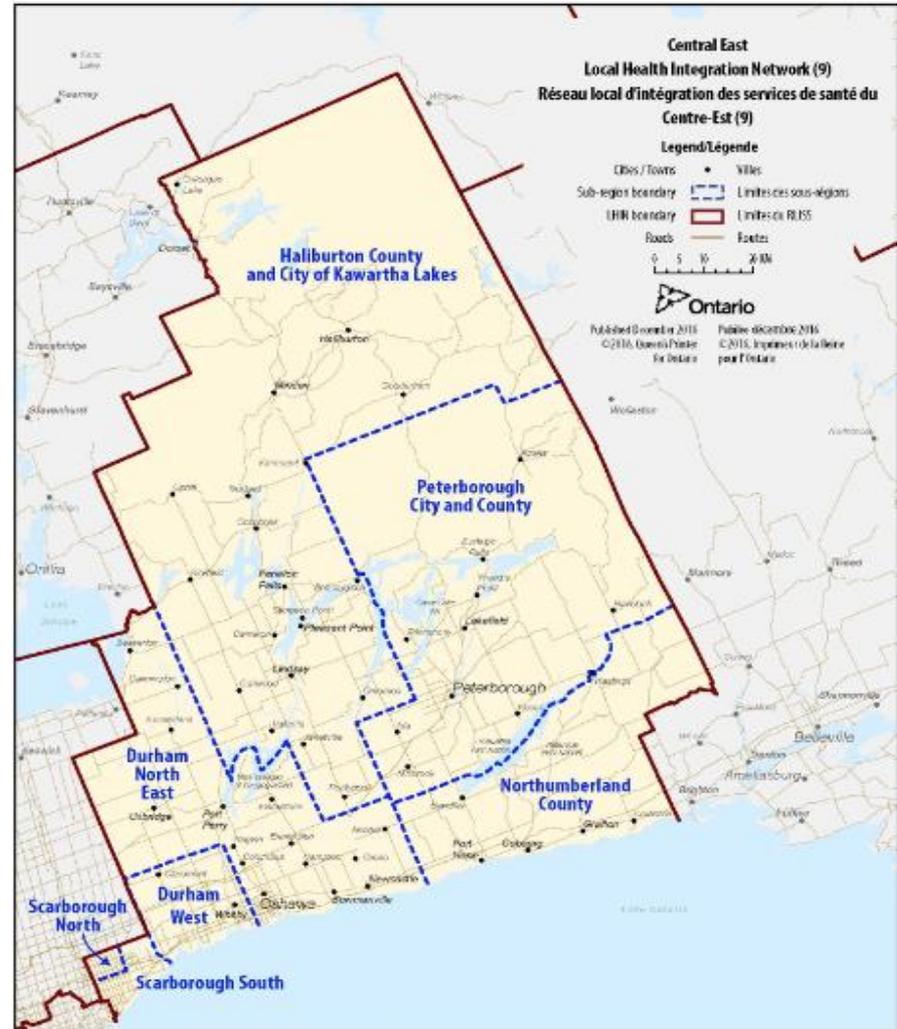
- Bring together health system and community partners, as well as clinical leadership, at the local level in health system planning and improvement
- Enable more focus on assessing population health need and service capacity
- Provide health system data and information for the population of the sub-region

LHIN Sub-Regions won’t...

- Result in more bureaucracy. Sub-regions will utilize existing LHIN staff in more effective ways - no new organizations are being formed
- Impede ministry or LHINs’ obligations to engage with provincial and regional partners and patients. These will continue
- Infringe on traditions or established jurisdictions in the planning, delivery or improvement of health services

Central East LHIN Sub-regions

- Scarborough North
- Scarborough South
- Durham West
- Durham North East
- Northumberland County
- Peterborough City and County
- Haliburton County and City of Kawartha Lakes



Central East LHIN Sub-regions

Cluster	Sub-regions	km ²	%	Population	%	Density per km ²
Scarborough	Scarborough North	42.4	0.3	176,615	11.8	4165.5
	Scarborough South	138.3	0.8	417,060	27.9	3015.6
Durham	Durham West	449.1	2.7	320,400	21.4	713.4
	Durham North East	2,172.1	13.0	287,800	19.2	132.5
North East	Northumberland County	1,766.9	10.6	71,200	4.8	40.3
	Peterborough City and County	4,215.2	25.3	134,920	9.0	32.0
	Haliburton County and City of Kawartha Lakes	7,893.8	47.3	90,260	6.0	11.4
Totals		16,667.8	100	1,497,255	100	89.8

Note: Central East LHIN defined the neighborhoods for the North East (NE) Cluster. Neighborhoods were created based on existing boundaries such as municipalities and/or townships. Using this methodology resulted in a variation in numbers (higher) from the Census population. Rates for the NE Cluster have been determined using this population methodology. However, it was identified that the Census population would be used for the overall Total Population.

Central East LHIN Sub-region Planning Mandate

- The Central East LHIN will establish Sub-region Planning Tables to:
 - Foster joint accountability for innovative, integrated system redesign
 - Address health and service gaps
 - Advance quality
 - Improve patient experience and outcomes



Current Status

Sub-region Profiles

- A profile has been developed for each sub-region
- Each sub-region has been divided into neighborhoods
- Each profile has population descriptors, health service utilization, LHIN-funded organizations and community service locations

Sub-region Leadership

- Full complement of Sub-region Leadership in place:
 - Directors, System and Sub-region Planning and Integration
 - Directors, Home and Community Care
 - Sub-region Primary Care Leads

Sub-region Planning

- Director lead identified
- Sub-region model confirmed (Steering Committee and Planning Tables)
- Project planning underway
- Draft Terms of Reference documents

Sub-region Planning Governance Model

Steering Committee

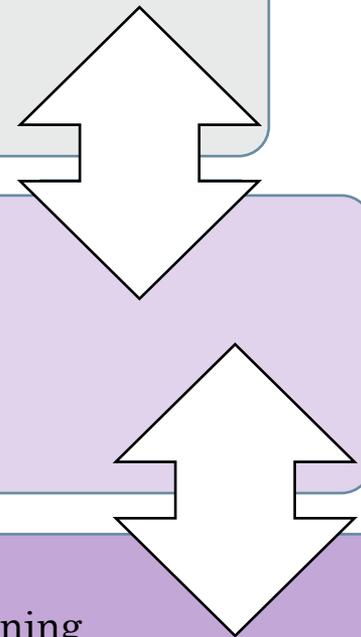
- Provide strategic direction and oversight to support the work of the Planning Tables by advancing Planning Table recommendations to the Central East LHIN
- Offer recommendations for local Sub-region investment and reallocation of savings/surplus

Sub-region Planning Tables (7)

- Foster joint accountability for innovative, integrated system redesign to address health and service gaps, advance quality, and improve patient experience and outcomes
- Monitor local health system performance

Work Groups

- Implement change ideas/solutions identified at Planning Tables
- May serve single or multiple sub-regions
- Consideration to re-purpose existing system priority planning tables

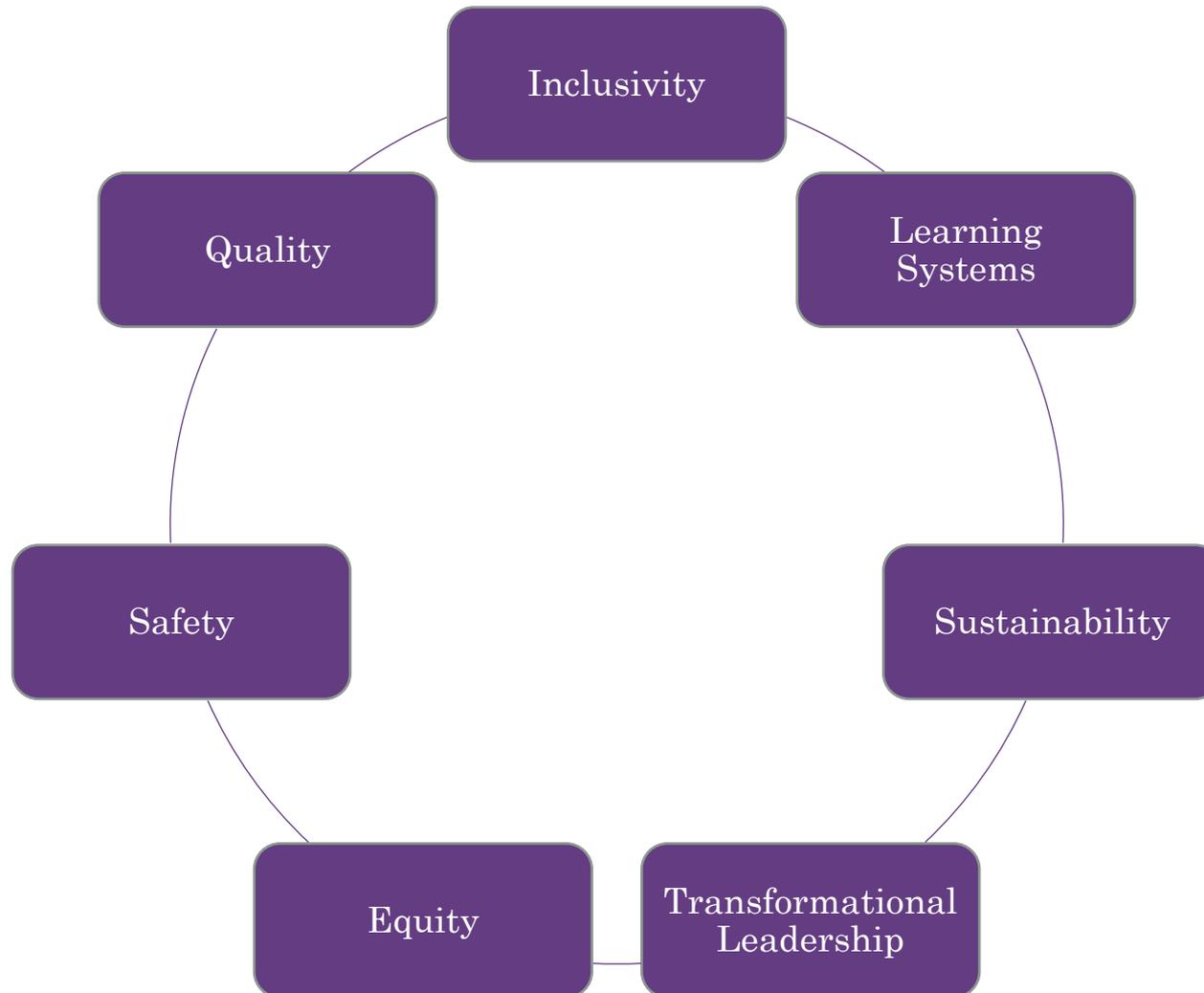


Planning Table Terms of Reference

Planning Table - Purpose

- To foster joint accountability for innovative, integrated system redesign to address health and service gaps, advance quality, and ***improve patient experience and outcomes***
- Build upon the strong, comprehensive foundation laid down by the Health Links in order to further ***advance the approach to Coordinated Care Plans and physician attachments***
- Allow the full continuum of stakeholders from diverse sectors to come together with patient and caregiver representatives to ***improve the health of the population*** within a sub-region geography
- Empower individuals, organizations and sectors to engage in collaborative planning for a local population within a defined geography
- Provide recommendations to the Sub-region Steering Committee for innovative and integrated strategies to address local health gaps, following the established funding cycles of the LHIN

Planning Table - Guiding Principles



Planning Table - Scope

In Scope ...

- Assess local health needs
- Plan to improve patient experience
- Implement innovative, integrated strategies
- Evaluate local health system performance
- Address system-level concerns, issues, and risks

Out of Scope ...

- Governance of the sub-region health care system
- Decision-making regarding service delivery operations and funding of individual providers/entities within the sub-region
- Advancing collective action on sub-region priorities without endorsement of the Central East LHIN
- Advocacy on behalf of organizational interests or political interests
- Addressing specific patients' concerns.

Planning Table - Member Responsibilities

- Maintain a system and population wide perspective during deliberation and decision-making
- Consider foremost the health and social care system and what is best for patients and populations
- Bring forward their own and sector perspectives in a non-biased and respectful manner
- Declare perceived and actual conflicts of interest related to self or other members in advance, to the Co-Chairs and/or membership
- Abide by the Central East LHIN's Code of Conduct
- Actively contribute to discussion and achievement of local priorities
- Support fulsome, accurate and appropriate communication with peers and within own sector or personal circles of influence
- Abide by the Central East LHIN Consents and Confidentiality Agreement and Communications Protocols (confidentiality agreement)

Planning Table - Membership

Co-Chairs:

- Sub-region Primary Care Physician Lead
- System and Sub-region Director

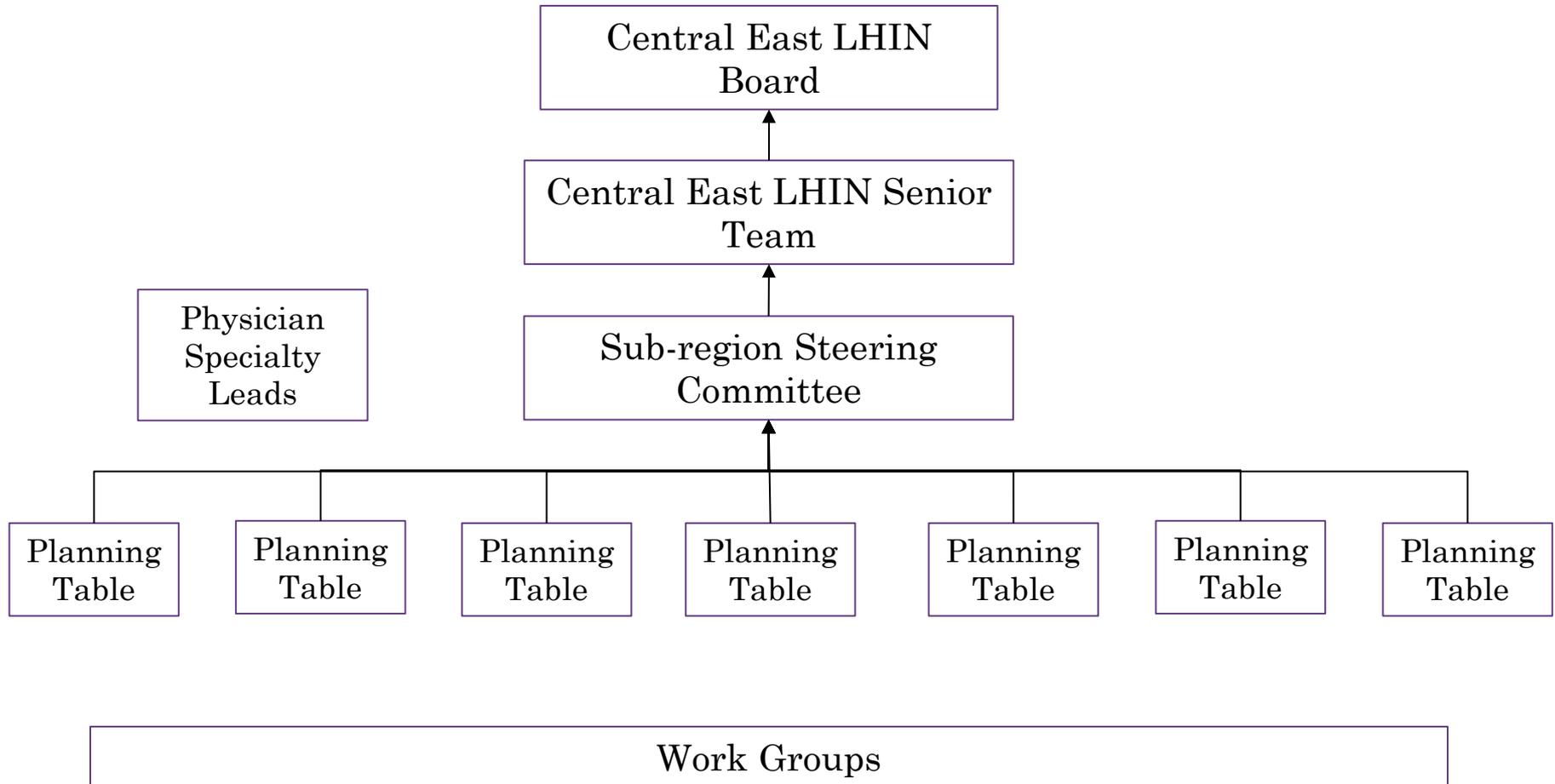
Core Members:

- Patient
- Caregiver
- Indigenous representative
- Francophone representative
- New Immigrant representative
- Primary Care (*Physician, Nurse Practitioner*)
- Specialist Physician
- Hospital sector
- Public Health Unit
- Municipal Services
- Central East LHIN Home and Community Care Director
- Community Health Centre and/or Family Health Team
- Community Support Services sector
- Long-Term Care Homes sector
- Mental Health and Addictions sector

Planning Table - Reporting Relationships

- The Sub-region Steering Committee will serve as an advisory body to the Central East LHIN
- The Sub-region Planning Tables will provide recommendations to address local health system priorities to a Sub-region Steering Committee
- Work Groups may have joint accountability to the Sub-region Planning Tables and the Sub-region Steering Committee, depending upon the local/system priority or area of focus
- The Co-Chairs will work with the Sub-region Planning Tables and Steering Committee to adhere to the monitoring and reporting expectations as set out by the LHIN and/or province
- Members of the Sub-region Planning Tables will provide regular updates to their respective sector/governing bodies/communities of practice, as appropriate (e.g., health service provider Board of Directors)

Sub-region Planning Governance



Planning Table - Term and Frequency of Meetings

- Inaugural members will be appointed for a **two or three-year term**, subject to review and mutual agreement to continue at the end of year one
- Members will be eligible to serve two terms, and these terms need not be sequential
- Terms will be staggered to support succession planning
- Meet monthly, with no fewer than eight meetings per year. Additional meetings will be held at the call of the Co-Chairs

Planning Table - Decision-Making

- Decisions by consensus
- Where consensus cannot be reached a vote can be called and quorum requirements will apply
- Unresolved matters may be referred to the Steering Committee for decision

Recruitment of Planning Table Membership

Planning Table Member Recruitment

- Expression of Interest is posted on the Central East LHIN website at: <http://www.centraleastlhin.on.ca/forhsps/ApplicationsEOIsProposals.aspx>
- To raise awareness of this opportunity the following partners will be asked to share this information with their own stakeholders:
 - Central East LHIN Patient and Family Advisory Council (PFAC)
 - Central East LHIN Clinical Sub-region Leads and Physician Specialty Leads
 - Entité 4 and Central East LHIN Francophone planning tables
 - Metis, Indigenous Peoples' and Inuit Health Advisory Circle and the First Nations Health Advisory Circle
 - Resettlement Assistance Program (RAP) agencies, other new immigrant and refugee support agencies, and Community Health Centres
 - LHIN-funded health service provider organizations
 - Broader sector partners, including Municipal Chief Administrative Officers, Medical Officers of Health
- Where appropriate, members will be nominated by their organization/peers/sector for consideration

Appointment Criteria

- Residents with **lived local health system experience**
- Health service providers and non-health system representatives with a **broad understanding of the health care system** and best practices, and senior leadership experience
- **Change Agent** - Members should be open-minded and have a desire to effect change. They should be able to translate plans into action and to mobilize for change
- **Commitment** - Members should be committed to the sub-region mandate of addressing local health gaps and improve patient experiences and outcomes within the sub-region
- **System Thinking** - Members should be system thinkers, and demonstrate creativity, flexibility, and innovation. The ability to look at the community as a whole, rather than a specific focus of expertise, is important
- **Community Linkages** - Members should be able to reflect community needs, as well as their sector perspectives. Members should be endorsed by the leadership of their organization, if applicable

Next Steps and Discussion

Next Steps

Key Milestone	Date
Expression of Interest Release	August 16, 2017
Submission Due Date	September 12, 2017
Selection of Sub-region Planning Table members	September 13-20, 2017
Appointment of Sub-region Planning Table members	September 25, 2017
Central East LHIN Sub-region Planning Table launch event	October 16, 2017

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