

# **Sub-region Planning Webinar Aug 16, 2017 – Script CHECK AGAINST DELIVERY**

## **Slide 1: Title Slide**

On behalf of the renewed Central East Local Health Integration Network, I'd like to welcome everyone to our session today.

Please be advised that we will be referencing the materials posted to our website today in support of this webinar. There are four documents: this deck, two Terms of Reference, and an Expression of Interest (EOI) form.

Please place your phone on mute. Please do not place your phone on hold.

Please also be advised that we're keenly interested in knowing of your attendance at today's webinar, and for this reason are requesting your confirm your attendance via email to Karen O'Brien following the end of today's session.

## **Slide 2: Purpose of Today's Webinar**

Over the next approximately 55 to 60 minutes, we at the Central East LHIN would like to provide you – our providers and partners – with an overview of our Sub-region planning implementation.

Equally importantly, we'd like to give you the opportunity to ask questions, make comments, and engage in a discussion. We would like to reserve questions, comments, and discussion to the end of the presentation. If you have specifics you'd like us to address in more detail, please note the slide number when you speak up, again, following the presentation.

As with every engagement undertaken by the Central East LHIN since its very beginning, we are relying on your input and perspective to better meet the health care needs of our patients and caregivers.

This is especially important today, and over the next month, as we're seeking your help to recruit members to the Sub-region Planning Tables.

These Planning Tables are a key element of the Patients' First Act.

As such, they are going to be decisively important in ensuring our patients' and caregivers' health care needs are met.

## **Slide 3: Overview/Agenda**

This slide provides an overview of the sequence of subjects we'd like to cover today.

Our plan is to first offer some background information, then review at a high-level the content of our draft Sub-region Planning Table Terms of Reference, and, finally, wrap up by discussing recruitment, timelines and next steps.

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To complete the webinar, we've also reserved some time for questions, comments, and discussion.

### **Slide 5: Our Foundation in Local Health Planning**

At the Central East LHIN, we have a long-standing history of working with our partners to implement local health planning. This has occurred in each of our four Integrated Health Service Plans (IHSPs).

Many of you have been part of our local health planning journey and we are grateful for your ongoing input and commitment to implementing the very plans you've had a hand in designing.

### **Slide 6: Planning Partners and Engagement Structures**

Slide 6 shows you some examples of the roles you've played in our local planning and engagement structures.

Since 2005, local community residents, health service providers, provincial associations, local government leaders and many other organizations and individuals have worked with our Board members and staff on how to improve and enhance the local health system.

The Local Planning and Engagement Collaboratives, Strategic Aim Networks, and Primary Health Care Advisory Group, are a few examples of the planning partnerships we together have put in place to enhance service delivery and the quality of care within our region.

### **Slide 7: Through Transition, Toward Transformation**

Against the backdrop I've just summarized of a decade's worth of engagement with you and our local health system, it's important to note that this past year has been an unusual one for our organization. Indeed, this past year was a crucial one for all 14 LHINs.

As you are aware, the LHINs themselves as organizations recently underwent a profound change. The profound change was an integration.

We are now a renewed LHIN with a significant expansion of its authorities, including direct responsibility for the delivery of home and community care services.

As a result of our own organizational change, the scope and nature of our collaborative work going forward also needs to change. Our collaborative work is now much more obviously about transformation.

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Key activities associated with transformation include:

- The progression of the home and community care road map;
- Sub-regional primary care reform; and
- The implementation of local population health planning within sub-region geographies.

### **Slide 8: Toward Transformation**

We believe we are well-prepared for what is now expected of the renewed LHIN.

Sub-regions, for instance, have been in place informally in the Central East LHIN for many years. Our 2016-19 Integrated Health Service Plan, in fact, references the establishment of Sub-region Planning Tables.

Consistent with the expectations of the *Patient's First Act, 2016*, we're now moving to formalize the Sub-region Planning Tables and organize the support necessary for them to be successful.

### **Slide 9: Ministry Mandate – *Patients First Act, 2016***

Viewed from a legal perspective, there are five explicit goals associated with sub-region planning:

- Stronger Links to Population and Public Health
- Inclusion of Indigenous Voices in Health Care Planning
- More Consistent and Accessible Home & Community Care
- Timely Access to, and Better Integration of Primary Care
- Effective Integration of Services and Greater Equity

### **Slide 10: Ministry Mandate – Sub-region Planning**

At this point, we have received a mandate specific to sub-regions.

All LHINs are expected to establish geographic sub-regions for the purpose of planning, funding and service integration.

Approximately 70 sub-regions are being established in total in Ontario, and the Central East LHIN has the single largest number of any LHIN: seven.

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#### Slide 11: Sub-region “Wills and 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 unchanged
- ***Infringe on traditions or established jurisdictions*** in the planning, delivery or improvement of health services

#### Slide 12: Central East LHIN Sub-regions (map)

As we’ve noted, there are seven Sub-region Planning Tables in the Central East LHIN: two in Scarborough, two in the Region of Durham, and three in the North East.

These sub-regions mirror the boundaries of our Health Links communities and will be used as our basis for planning moving forward.

#### Slide 13: Central East LHIN Sub-regions (stats table)

As you can see from this table, there are vast differences in population and population density across the seven sub-regions, reflecting both the rural and urban features of the Central East LHIN.

This further illustrates the need for local planning to address our LHIN-wide diversity.

#### Slide 14: Central East LHIN Sub-region Planning Mandate

The mandate of the Central East LHIN Sub-region Planning Tables will be to:

- Foster joint accountability for innovative, integrated system redesign
- Address health and service gaps
- Advance quality
- Improve patient experience and outcomes

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The Sub-region Planning Tables will actively seek out input and perspectives of their members, which will include local patients, caregivers, physicians, community representatives, and service provider representatives in order to improve the health of the population within a sub-region geography.

### **Slide 15: Current Status**

There has been much work done to-date on sub-region planning at the Central East LHIN:

- With respect to Sub-region Profiles, we have developed robust information for each sub-region (distilled to the neighborhood level) which highlights population descriptors, health service utilization, and the location of LHIN-funded organizations and community services.
- The sub-region leadership team at the Central East LHIN organization is in place. Crucially, from our perspective, this team includes our sub-region primary care leads. Biographical information about each of our physician leads is available on our Central East LHIN website.
- Finally, project planning for the implementation of the Sub-region Planning Tables is well underway.

### **Slide16: Sub-region Planning Governance Model**

The governance model to support sub-region planning at the Central East LHIN consists of:

- A Steering Committee whose role will be to provide strategic direction and oversight and offer recommendations for local sub-region investment and reallocation of savings/surplus
- Seven (7) sub-region planning tables
- As well as work groups to implement the change ideas expected to be identified by the Sub-region Planning Tables

### **Slide 18: Planning Table - Purpose**

As we've mentioned, the overarching goal of the Sub-region Planning Tables is to improve local patient experience and outcomes. This information is detailed in the Terms of Reference for the Sub-region Planning Tables and the next few slides summarize the content of this document.

And just a reminder, the Terms of Reference for the Sub-region Planning Tables is included in your webinar materials for today, along with the Steering Committee Terms of Reference.

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In the development of the Sub-region Planning Table Terms of Reference, the Central East LHIN took the opportunity to consult with specific stakeholder groups, such as the First Nations Health Advisory Circle. This latest iteration represents the sum total of our internal efforts and serves as a strong ***starting point*** for sub-region planning, upon which we can and will build.

As per the Terms of Reference, the tables will 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***

In addition, the sub-region planning tables provide an opportunity for involvement of a full continuum of stakeholders from diverse sectors, along with patient and caregiver representatives to be engaged in collaborative planning and provide recommendations to sub-region committees.

### **Slide 19: Planning Tables – Guiding Principles**

The following core principles will guide the work of the Sub-region Planning Tables:

- Inclusivity (of those impacted): Development and strengthening effective working relationships across the full continuum of stakeholders within a sub-region will be the foundation for collaboration and success. In addition, all planning and actions will be informed and guided by the patient and caregiver experience.
- Learning Systems (within sub-regions): Having a robust knowledge of population health needs and understanding service capacity is an essential and on-going process to help with informed actions to improve the health and well-being of patients and populations. Creating a ‘learning system’ will drive improvements by integrating data for decision-making.
- Sustainability (of system): Monitoring system performance and on-going quality improvement efforts will contribute to sustainability and the spread of best practices, including Coordinated Care Plans.
- Transformational Leadership (at local level): Sub-region (local) leaders are best able to transform their local system by identifying, informing and championing innovative, and integrated strategies.
- Equity (for all): Bringing health care equity to the forefront in planning, decision-making and action within sub-regions will support excellent care for all.

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- Safety (of care): Foundation of sub-region planning will be the delivery of innovative care in safe environments, incorporating patient, caregiver and provider perspectives.
- Quality (of care): This can be best shaped by understanding the experiences and wisdom of patients, families, caregivers, and the public.

### **Slide 20: Planning Tables - Scope**

This slide highlights the areas that are within the scope and out of the scope of Planning Tables.

Within the scope of the Planning Tables will be the ability to:

- 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

What lies outside of the scope of the Planning Tables includes:

- 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.

### **Slide 21: Slide 20: Planning Tables – Member Responsibilities**

The strength and effectiveness of the Sub-region Planning Tables will be the result of the contributions of their members, including physician leads.

All members will act and communicate as a single, united team.

The Sub-region Planning Tables will be expected to adopt action- and outcome-oriented agendas and to make quality the framework for their work and recommendations.

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The Sub-region Planning Tables are responsible to consider the health and social care system and what is best for patients and populations

The Sub-region Planning Tables will be expected to have strong and effective relationships with other Central East LHIN structures and affiliated processes.

### **Slide 22: Planning Table Membership**

The Sub-region Planning Tables will actively seek out input and perspectives of their members, which will include local patients, caregivers, physicians, community representatives, and health and social service provider representatives, in order to improve the health of the population within a sub-region geography.

Where appropriate, members will be recruited by their organization/peers/sector for consideration.

Though at this point we are starting with a core membership, there will be opportunities for existing planning partners and engagement structures to align their work with that of the Planning Tables as we seek to apply a local population health approach to all of our activity here at the Central East LHIN.

### **Slide 23: Planning Table – Reporting Relationships**

The Sub-region Steering Committee will serve as an advisory body to the Central East LHIN and will comprise representatives from each Sub-region Planning Table, as well as senior leaders of the Central East LHIN.

The Sub-region Planning Tables will be expected to make recommendations to the Sub-region Steering Committee for innovative and integrated strategies to address local health gaps, which the Sub-region Steering Committee will then report to the Central East LHIN Senior Team.

Work Groups may be developed and may have joint accountability to the Sub-region Planning Tables and the Sub-region Steering Committee.

While Members of the Sub-region Planning Tables will provide regular updates to their respective sector/governing bodies/communities of practice, as appropriate, we recognize that timely, transparent and accessible communications processes are needed to ensure that all stakeholders are aware of the work of the Sub-region Planning Tables and the Sub-region Steering Committee.

### **Slide 24: Sub-region Planning Governance**

This slide further illustrates the Sub-region Planning Governance structure.

While the Planning Tables will make recommendations to the Steering Committee, the response to these recommendations, both accepted and declined, will be

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transparently and promptly explained by the Sub-region Steering Committee and Central East LHIN Senior Team.

Where appropriate, physician specialty leads will be consulted throughout the sub-region planning process.

### **Slide 25: Planning Table Term and Frequency of Meetings**

The logistics of terms and meeting frequency are outlined both on this slide and within the Sub-region Planning Table Terms of Reference.

Of note is the two-year commitment to enable the consistent input and perspectives of the Sub-region Planning Table members.

### **Slide 26: Planning Table Decision Making**

Decisions at these tables will be driven through consensus, with the ability to defer to the Steering Committee as needed.

### **Slide 28: Planning Table Member Recruitment**

An Expression of Interest is being used to recruit Sub-region Planning Table members. To raise awareness of this opportunity, the various partners/stakeholder groups listed in this slide will be asked to share this information with their own stakeholders.

Where appropriate, members will be recruited by their organization/peers/sector for consideration. A specific example of this would be the recruitment of a Planning Table member by a LHIN-funded health service provider.

In sub-regions where there are multiple health service providers of the same service type, for example, Community Health Centres, it is the Central East LHIN's expectation that those health service providers will collaboratively recruit a single representative to be a Sub-region Planning Table member and complete a single Expression of Interest form.

### **Slide 29: Appointment Criteria**

Our appointment criteria are specific and can be categorized into clear themes:

- Health System Experience
- System Planning Experience
- Sub-region Community Linkages

We feel that this will allow you and us to recruit members who are diverse and bring a skill set which will help to improve the health of the population within a sub-region geography.

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### **Slide 31: Next Steps**

This slide depicts our timelines for the recruitment process. We will be allowing for 4 weeks for the EOI to be open to enable collaborative recruitment and a fulsome response. Thereafter, we will seek to launch the tables on October 16, 2017.

This will be an all-day session, to be held in Ajax, which all members of the Sub-region Planning Tables will be expected to attend.

### **Slide 32: Close**

We thank you again for your time this afternoon and ongoing input and commitment to improving the health and experiences of patients and caregivers in our LHIN.

Please note that the Sub-region Planning Table EOI is now posted on the Central East LHIN website. We encourage you to review it and share accordingly.

We would also ask, that as a follow up to today's webinar, you would send a quick email confirming your participation to Karen O'Brien. This will allow us to keep you in the loop regarding sub-region planning communications moving forward.

Prior to opening the floor, I'd like to remind those who are not asking a question, making a comment, or contributing to the discussion, to please keep your phone on mute and please do not place your phone on hold.

The floor is now open. Please identify yourself and your organization when speaking.