



BACKGROUNDER

New MOHLTC/LHIN Joint Review Framework for Early Capital Planning Stages

The Joint Review Framework

There is a new Joint Review Framework for early capital planning released by the Ministry of Health and Long-Term Care and LHINs. The Framework separates existing requirements of the Pre-Capital, Stage 1 Proposal and Stage 2 Functional Program submissions into two parts:

- Part A (Program and Service elements), and;
- Part B (Physical and Cost elements).

Under this Framework, LHINs play a critical role in advising on, and endorsing, the Part A (Program and Service elements) of all capital projects in the early planning stages. It was developed in consultation with stakeholders and fulfills the Ministry/LHIN Accountability Agreement (MLAA) which requires local health system needs to be considered in capital planning. The new Framework was endorsed by Ministry Management Committee and LHIN CEOs in December 2009. The new Framework is now being formally launched although the ministry and LHIN have been requiring joint review during the early capital planning stages for a few years.

The Framework places an emphasis on local health system planning as the primary driver for capital initiatives and applies to all health service providers eligible under the Ministry of Health and Long-Term Care's health capital program including:

- Public hospitals (including own funds projects as per legislation);
- Community Health Centres;
- Community-based Mental Health Programs;
- Community-based Substance Abuse (Addictions) Programs, and;
- Long-Term Care Supportive Housing Providers (typically supporting programs for the frail elderly, acquired brain injury, physically disabled and HIV/AIDS).

Note: The Long-Term Care Home Renewal Strategy is undertaken through a through a Call for Applications and involves LHIN review and recommendations regarding applications.

The new framework recognizes that LHIN involvement in the early stages of capital planning is critical in:

- Developing / confirming program and service needs for the local health system;



- Providing direction for program and service integration, collaboration, and alternate service delivery models including key support functions;
- Setting short-term program and service priorities for implementation;
- Supporting process re-engineering initiatives.

The Capital Planning Process

The ministry's Capital Planning Manual has been in place since 1996 and continues today to define the processes, policies and procedures for capital projects. Since its original introduction in 1996, the Manual has been supported by the development of guidelines and checklists and multiple capital planning bulletins that provide additional description and context. It should be noted that the underlying capital planning process has not changed, but the early capital planning stages have been adapted to ensure LHIN advice is received. In short, while the content of capital planning submissions in the early stages will remain the same, the process by which those submissions will be submitted and reviewed has changed.

Role of Ministry/LHIN Accountability Agreement

Further to the Local Health System Integration Act (LHSIA), 2006, the Ministry/LHIN Accountability Agreement (MLAA) set out the ministry and LHIN performance obligations for a three-year period. The MLAA addressed the relationship between the LHINs and the ministry with respect to capital planning and includes provisions that require the ministry to consider the recommendations of LHINs about the capital needs of local health care systems and requires that LHINs and the ministry work together in the early capital planning stages to ensure capital initiatives are consistent with local health care system needs.

Role of the Capital Working Group

In response to the Ministry/LHIN Accountability Agreement, the MOHLTC/LHIN Capital Working Group was established in 2007 to develop the processes, protocols and tools required to fulfill the requirements of the MLAA. The group is comprised of 12 members, with seven members who represent LHINs and five members of MOHLTC staff. The Joint Review Framework is the result of their work, in consultation with stakeholders.

For more information, contact your Local Health Integration Network.