Local Governance Engagement – Sub-region Board-to-Board Reference Groups Q&A

July 3, 2018

What is a sub-region?

As our name implies, at the South West LOCAL Health Integration Network, service delivery must be localized. Looking at things from a sub-region perspective helps us understand and address patient needs at the local level.

Sub-regions have existed informally within the South West LHIN for many years, but they have now been formalized. Our five sub-regions are: Grey Bruce, Huron Perth, Oxford, Elgin and London-Middlesex.

By looking at care patterns through a smaller, more local lens, we can ensure that patients across the entire LHIN have access to the specific care they need, when and where they need it.

Why get involved?

We believe we can improve local health care delivery by seeking help from people like you, who are willing to build effective local relationships with a view to creating a cohesive, coordinated system that is not only informed by patients, but truly patient-driven.

This is a compelling opportunity for governors of both HSPs and the LHIN to connect and have a voice in transformational work. This is an opportunity to understand local challenges from many perspectives, define local priorities, shape messaging and influence change.

We are convinced that the knowledge you gain about LHIN priorities will also help you become a South West LHIN subject matter expert within your various roles and help you see the connections that can lead to needed health system transformation. You will have an opportunity to engage governance colleagues across your sub-region in a change agenda.

From our point of view, the Board-to-Board Reference Groups are fundamental if we are to achieve our ambitious goals of tailoring care to the local needs of our five sub-regions.

What will you do?

We estimate the Sub-region Board-to-Board Reference Groups will meet a minimum of twice per year, probably in the spring and fall. The role of each Reference Group is to facilitate local board and community engagement, discuss matters of interest to our South West LHIN Board and the Boards of local Health Service Provides, and engage at least annually with their local Sub-region Integration Table to discuss that SRIT's work plan, accomplishments, and governance issues.

Tangibly, your work will take the form of an engagement and communication plan to help enhance governance and create awareness of sub-region improvements and integration successes. You will be pioneers in this role and we will work closely with you to uncover and streamline the processes, activities and connections that will provide the most value locally.

In addition to sharing ideas with the Sub-Region Integration Tables, you will have direct connections with the LHIN-wide Board-to-Board Reference Group and the South West LHIN Board. You can meet as needed with the SRIT, at least one member from each Sub-region Group will be appointed to the LHIN-wide Board-to-Board Reference Group, and the Reference Groups will be co-chaired by a South West LHIN Board Member.

In short, you will be structurally networked throughout the South West LHIN.

Is it right for you?

Membership on a Sub-region Board-to-Board Reference Group is right for you if you want to seize an opportunity to drive real, transformational change. It is also right for you, if you would like to meet fellow governors in your area, and share local challenges and opportunities.

The values we think are most appropriately aligned with this role are:

- The courage to explore and innovate
- A belief in continuous improvement
- The willingness to evolve
- A commitment to collaboration
- The discipline to demand high quality
- A focus on ensuring value for money

At the end of the day, your values and priorities need to align with the South West LHIN.

We strive to integrate the best ideas and practices from patients, families, clinicians and service providers in order to identify what quality care looks like. We then work hard as a team to deliver this quality care at the right time and at the right place, for good value.

If this sounds like you, we are eager to hear and amplify your voice through our Board-to-Board Reference Groups.

How do the Sub-region Board-to-Board Reference Groups differ from the Sub-region Integration Tables?

Reference Group membership is comprised of current board members from health service providers and partner organizations to facilitate broader board and community engagement. The South West LHIN Board has committed to supporting each group by connecting two members to each sub-region.

Integration Table membership is comprised of staff leadership from health service providers and partner organizations along with patient/family/caregiver partners.

Each Integration Table is currently working to develop local priorities to improve care in their sub-region. We know that it will take courage to change the way we work together to continue to improve the experience patients have in our system and Board-to-Board members will be needed to support staff action.

Reference Groups and Integration Tables will be available to each other as needed.

What is the relationship between the Sub-region Board-to-Board Reference Group and the LHIN-wide Board-to-Board Reference Group?

The LHIN-wide Board-to-Board Reference Group established in 2011 will continue to function as before but now with the added help of the Sub-region Groups, as at least one member from each Sub-region Group will be appointed to the LHIN-wide Board-to-Board Reference Group.

It is important that the LHIN-wide Group and Board understand the priorities and concerns of the local Groups.

If I have already expressed interest in joining a Sub-region Board-to-Board Reference Group, do I need to reapply?

No, you do not need to reapply. We do have several people who have expressed interest and we are thankful for your interest and appreciate your patience as we work on organizing this new approach. As the Sub-region Board-to-Board Reference groups get formed, your interest will be taken into consideration.

What time of the day would they meet? When would the first meeting occur? Could they meet more often than twice a year if need be?

The number of times per year the Sub-region Board-to-Board Reference Group will meet and the time of day will be decided by the group when it comes together. The suggestion of 2 times per year is only a suggestion. It is anticipated that the first meeting would occur in late fall.

What will membership look like?

Membership of the South West LHIN Sub-region Board-to-Board Reference Groups will be comprised of:

- Community Support Services
- Mental Health and Addiction Agencies
- Community Health Centres
- Hospitals
- Long-Term Care Homes

- Primary Care
- Public Health
- Residential Hospice
- South West LHIN (2 board members, one local and one from outside the sub-region as available)

The Sub-region Board-to-Board Reference Groups will be co-chaired by a South West LHIN Board Member and another member as elected by the group.

Have any milestones/timelines or measures of success been set yet?

The general vision is to ensure each Sub-region Group supports the long-term integration of health care in their local area. This will take a lot of courage. The actual milestones and how we get there will be designed by the groups themselves. These groups are a mechanism to influence decision-making.

How did sub-regions get formed? Why? What goals?

Sub-regions were formed a little over a year ago due to legislation, but we already had informal sub-regions so went through a process to formalize and now each has a Sub-region Integration Tables (SRIT) establishing goals, priorities, and plans. Sub-regions are a reflection of the diversity of our LHIN area – each sub-region has unique and specific demographic characteristics which health care needs to match. This is a mechanism to improve the patient journey across the health care system.

What kind of influence will these groups have? How will they shape health care?

The Sub-region Board-to-Board Reference Groups will support their respective organizational staff leadership in making the changes needed. We have over 170 funded health service providers, and many partners in primary care, and public health and it's a challenge for the LHIN to connect to all in a reciprocal way. This is a mechanism to optimize our decision-making.