



Bill 41, Patients First Act  
Update to South West LHIN Board of Directors  
November 15, 2016

# Discussion Points

- Status of Bill 41 in the Ontario Legislature
- Update on planning work to date
  - Implementation work underway
  - Defining functions and structures to advance the work
  - LHIN-CCAC integration
- Discussion/Questions

## Status of Bill 41 in the Ontario Legislature

- The Standing Committee on the Legislative Assembly is currently considering *Bill 41, An Act to amend various Acts in the interests of patient-centred care*.
- The committee intends to hold public hearings in Toronto on November 14, 16, 21 and 23, 2016.
- The committee will meet for a clause-by-clause review of the bill on November 30<sup>th</sup>
- The Bill could be reported back to the Legislature as early as December 1<sup>st</sup>
- The Legislature recesses on December 8<sup>th</sup>

# Implementation Work

## Key Fall deliverables (to complete by end December 2016)

- OICs for new LHIN Board appointments finalized
- LHIN accountability package plan finalized (e.g. mandate letter, Minister directive(s), MOU, MLAA, MLAA indicators)
- LHIN-customized management and organizational structures approved
- Corporate Services Entity established
- Third party consultant engaged with LHINs on readiness assessments
- LHIN sub-regions confirmed and publicly communicated
- Recruitment package finalized for integrated clinical leadership structure, at the LHIN and sub-region
- Non-management staff transition framework developed
- Operational dashboard indicators, standardized data sources, and platform identified and validated, and draft roll-out plan developed
- Sub-regional clinical capacity assessment framework finalized
- Public Health Expert Panel announced
- Patient and Family engagement table convened (TBC)
- Ministry-LHIN-French Language Planning Entity framework developed for French Language Services
- Indigenous engagement plan approved and underway with first round of information sharing complete

# From Proposed Transition to Transformation

If passed, external consultant engaged with LHINs on readiness assessments, including developing capacity-building plans for proposed transfer of CCAC responsibilities

If passed, LHINs conduct capacity-building activities to address any gaps in readiness

2017

October November December January February March April

T-Day

100 days post-T-Day

12 months post-T-Day

Sub-region engagement with primary care and health system partners to:

- Create a shared understanding of how to implement coordinated/integrated care in sub-regions, and
- Create a sub-region model to support this work

LHIN and CCAC preparing to transfer CCAC responsibilities and employees to the LHINs.

Legislation Introduced

LHINs would continue to work with primary care providers and other health system partners to build the capacity, structures and priorities that provide patient-centred care in the sub-regions.

**Under proposed legislation, no disruption in patient care**

If passed, CCAC responsibilities would be transferred using a phased approach. Initial focus: successful transition of CCAC responsibilities (5-8% savings) All CCAC employees transition to the LHIN and new organization solidified.

Opportunity would continue to inform and influence models/structures that are developed.

New models/relationships would evolve from ongoing engagement with health system partners including primary care.

## Legend

 LHIN-led activity

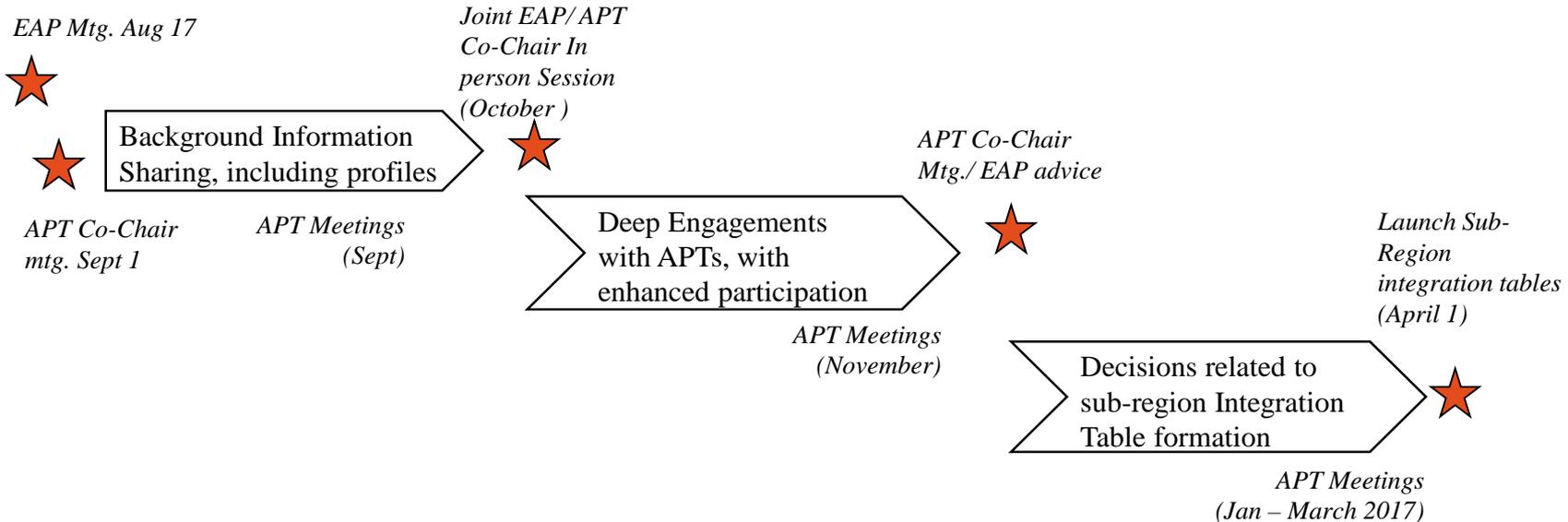
 Consultant-led activity

## Engagement and planning underway for South West LHIN sub-regions

- While the draft legislation makes its way through the legislature, the South West LHIN continues its work on its sub-region geographies.
- Engagements across the LHIN as part of the November area provider table (APT) meetings to obtain guidance on the overarching vision, principles and core functions for the patient and family advisory committee, the Health System Renewal Advisory Committee, and sub-region integration tables.
- LHIN held a full-day meeting with Executive Advisory Panel members and area provider table co-chairs on October 31 to solicit advice.
- Family physicians and nurse practitioners delivering primary care have also been invited to attend one of 11 sub-region primary care forums in their own areas to discuss local primary health care.
- The Board-to-Board Reference Group will be engaged in December to discuss the role of governance in the sub-regions.

# Engagement and planning underway for sub-region integration tables

## Sub-region integration table development



## Area Provider Table co-chair and Executive Advisory Panel meeting

System and sub-regions leaders came together on October 31, 2016 to provide input, advice and recommendations on the functions and structures required to advance *Patients First* in the South West LHIN.

### Deliverables

- A collective understanding of work-to-date/information available on sub-region formation, patient and family advisory council, shared accountability and the Executive Advisory Panel
- Guidance on the overarching vision as well as the principles, purpose and function, of three key elements of the envisioned future-state structure:
  - Patient and Family Advisory Council
  - Health System Renewal Advisory Committee
  - Sub-region Integration Tables
- Advice on the terms of reference for the integration tables and the Health System Renewal Advisory Committee including: purpose, function, membership, information flow, decision-making, and reporting relationships
- Input on the Quality Advisory Group's efforts to develop a patient and family advisory council both at the sub-region and at the LHIN level
- Barriers and enablers to move this work forward

## Overall Aim/Purpose for all tables

- **increase equity** in health and health care
- improve **health and wellness of the population**
- improve **patient experience**
- better **value** for money
- **timely access** to and **better integration** of the components of the health and social services system
- improve **coordination**
- better **access to community care**
- more reliable implementation of **clinical care standards**
- improve **primary care attachment**

## Each table's specific purpose

### Health System Renewal Advisory Committee

Through connections to sub-region Integration Tables and a system-perspective, the advisory committee will a) provide oversight to sub-region priority setting and make recommendations to the LHIN to **improve population health and system performance** and b) will monitor for variation in the performance of priority indicators.

### Sub-region integration table

Sub-regions will be the focal point for integrated service planning and delivery to improve **equity, accessibility and coordination of care** at the local level and ensure the **needs of patients and communities are being met** through local innovation and monitoring progress against local priority indicators.

### Patient and family advisory council

To improve **patient and family-centered care experiences** in the South West by advising on strategies for actively partnering with all patients and caregivers in designing, planning and improving health care services to advance the *Patients First: Action Plan for Health Care*.

## Sub-regions will

- Enable a more focused and granular approach to assessing population health need and service capacity.
- Help to better identify variation across the province in health disparities, health system performance and the ability of service to meet the needs of the population.
- Assist in identifying local factors that inhibit health system improvement.
- Enable more focused community and provider engagement in a manner more aligned with local circumstance.
- Provide an organization feature to enable clinical leadership, provider and public engagement in health system planning and improvement.

## Sub-regions will not

- Result in barriers to access; patient choice will remain paramount.
- Result in more bureaucracy; sub-regions are to enable better planning not the creation of new organizations or administration.
- Come into conflict with ministry or LHIN obligations to engage with provincial or regional partners. This will continue.
- Be exclusionary. Flexibility will be applied for communities or agencies whose people or jurisdictions extend beyond a sub-region geography.
- Entrench on traditions or established jurisdictions in the planning, delivery or improvement of health services.

# South West LHIN

Advisory to the LHIN for changes in the patient and family experience in the South West  
Accountable to the LHIN CEO

Patient and family advisory committee

*Representatives sit at each sub-region table*

Advisory to the LHIN regarding the implementation of Patients First  
Accountable to the LHIN CEO

Health System Renewal Advisory Committee

*Provides direction to sub-regions  
Ensures consistency*

Grey-Bruce

Huron-Perth

Oxford

London-Middlesex

Sub-region  
Integration Tables

Elgin

Accountable to the LHIN for shared objectives

- Tables provide recommendations to the Health System Renewal Advisory Committee on priorities and implementation planning for improvement for the sub-region.
- Representatives from each table sit on Health System Renewal Advisory Committee

# South West LHIN

## Health System Renewal Advisory Committee



- Advisory to the LHIN on implementing the *Patients First*
- Oversight (monitoring) of key outcomes for *Patients First* and IHSP,
- Identify common priorities and ensure consistency in key indicators between sub-regions for alignment to avoid duplicating effort
- Promote learning/sharing among integration tables

Accountable to the LHIN CEO

Accountable to the LHIN for shared objectives

- Responsible for improvement in key outcomes aligned to:
- CORE Patients First, IHSP outcomes (standard) *and* ...
  - Local/sub-regional prioritization, shared action planning and improvement
  - (TO START: Prioritize shared focus, *supported by a shared MOU reflecting shared outcome targets, backed up individual SAAs reflecting individual organizational contributions to improvement*)

Representatives from each integration table will sit on Health System Renewal Advisory Committee

\*Note: Patient and family advisory council members will sit on integration tables

## Other Priorities

Examples of key operational groups reporting into integration tables depends on priority alignment: APT, Health Links, Situation tables etc  
Representatives will be the communication to/from sectors

## Organizations

In addition to core SAA accountabilities with the LHIN, organizations will have their contribution to 'shared outcomes' as local conditions in the SAA accountability to the LHIN.

# LHIN-CCAC Integration

# LHIN-CCAC Integration

## Work to date

- Regular joint meetings between senior leadership teams from the South West LHIN and the South West CCAC continue.
- The number of times this group meets has increased as work to implement the proposed Act has become more clear.
- The project charter for the proposed LHIN-CCAC integration in the South West was approved in principle on November 3<sup>rd</sup> and will continue to guide the collaborative efforts of our two organizations during the next several months, concluding on the transition date.
- Working groups and their terms of reference are now being discussed. Next steps will include determining membership for these groups, which will evolve over time.
- Knowledge transfer continues to be an important part of this process – it is not a specific function of the working groups but members of each group will need the appropriate knowledge and context to carry out their group's mandate.

## Proposed LHIN/CCAC working groups

- Patient Care
- People
- Systems

## 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 service 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](https://southwestlhin.on.ca/patientsfirst))



# QUESTION & ANSWER

[southwestlin.on.ca/patientsfirst](https://southwestlin.on.ca/patientsfirst)