South West LHIN
Formalizing sub-regions in the South West

Submission to Ministry of Health and Long-Term Care
September 30, 2016

Introduction:

The sub-region geographies in the South West LHIN are Grey Bruce, Huron Perth, London Middlesex, Oxford and Elgin. The South West LHIN has used both historical and current engagements with providers and members of the public to ensure that the sub-regions that are being formalized in this document are congruent with current need and future opportunities. These five sub-region geographies are historical in nature and health service providers have come together to plan, share resources and training opportunities, and jointly work on common issues for many years. The LHIN has leveraged these relationships over time to ensure that provider connections stayed strong and opportunities for dialogue with each other and with the LHIN continued.

As many service delivery models and planning structures are already aligned to the five sub-regions in the South West, there is full alignment with the Integrated Health Services Plan 2016-19. Programs such as Behavioural Supports Ontario, Health Links, hospice palliative care, mental health and addictions and community support services all currently plan together within these recognized sub-regions.

There has been general support for the selection of the sub-region geographies across the LHIN. There has been some questions and concerns raised in some areas, including rural Middlesex county. These concerns are identified and addressed in this submission.

The sub-regions will position the South West LHIN for the future, where we have placed high value on current relationships embedded in each sub-region, and look forward to continuing to work with them to improve population health, health outcomes and overall value for patients.

2.1 Form I: Requirements for LHIN Sub-Regions – Checklist

Requirement	Description	✓	**Exception? (Y/N)** (include details on next page)
a) Align with existing patient care and referral patterns	All sub-regions must support and facilitate service integration of all health care services, including primary care, home and community care, hospitals and public health.	✓	

b) Sub-LHIN region geographies are confined to the current LHIN boundaries	If referral patterns are not readily aligned with the LHIN's boundaries, the LHIN can also consider and propose associated alterations to their LHIN boundary (see 2.4 Form IV).	✓	Yes - See 2.4 form IV for proposed LHIN boundary changes
c) All of the LHIN geography is covered by the sub-regions	This would ensure that sub-region activities cover the entire population of the LHIN.	✓	
d) Each sub-region is exclusive, with no overlapping of boundaries	This would enable clear and focused data, and reduce duplicative or conflicting activities at the sub-region level.	✓	
e) Sub-region population size is at least 40,000	The description of each sub-region should identify the total population. Note that for measurement reasons, sub-regions should have a population of at least 40,000, but it is expected that most will have populations larger than Health Link geographies. Exceptions may exist for rural and remote regions.	✓	
f) Community engagement during the development of sub-regions	It is expected that LHINs formalize sub-regions in a transparent and consultative manner. (see 2.3 Form III)	✓	

2.1 Form I: Requirements for LHIN Sub-Regions – Exception Report

Requirement	Exception Description/Rationale
Sub-LHIN region geographies are confined to the current LHIN boundaries	Although the sub-regions are identified as being within current LHIN boundaries, there are recommendations and rationale provided to change the South West LHIN boundary detailed in Section 2.4.

2.2 Form II: Identification of Sub-Regions and Key Characteristics

Name of LHIN: South West LHIN	
Total Number of Sub-Regions: 5	
a) Name of the sub-region	**Grey Bruce sub-region**

b) Geography of the sub-region	Grey-Bruce sub-region
	• All of Grey and Bruce counties that fall within our LHIN boundaries
	• Grey
	  o CDUID – 3542
	  o CDNAME – Grey
	  o Part of the following Dissemination Areas are shared with other LHINs
	  ▪ West Grey
	  ▪ Grey Highlands
	  ▪ Blue Mountains
	  o Southgate (DA) is entirely in the Waterloo Wellington LHIN
	• Bruce
	  o CDUID – 3541
	  o CDNAME – Bruce

c) Population size	148,178 (2011)[1] 157,277 (2011) if all of Grey County included in sub-region
d) Rationale for sub-regions smaller than 40,000 people	n/a
e) Number of acute care hospitals	• Three acute care hospital corporations (11 sites)
f) Estimated number of primary care providers/organizations	• Approximately 102 primary care providers Team based practices include: • 6 Family Health Teams (8 sites) • 1 Aboriginal Health Access Centre (SOAHAC) • 1 Community Health Centre
g) Estimated number of home and community care contracted service providers	• 4 home and community care providers contracted by the CCAC • 13 LHIN funded community support service providers

[1] Population for all sub-regions = from Census of Canada 2011" and is the number of people at the dissemination block level

h) Number and name of affiliated Boards of Health (public health units)	One Board of Health • Grey Bruce Health Unit
i) Objections that stakeholders may raise about the sub-region geography, and planned mitigations	Grey Bruce currently has 2 Health Links. Mitigation: The 2 Health Link geographies currently have one Steering Committee and recently their working groups have combined, so that their work is joint.

Name of LHIN: South West LHIN	
Total Number of Sub-Regions: 5	
a) Name of the sub-region	**Huron Perth sub-region**
b) Geography of the sub-region	Huron-Perth Sub-Region • All of Huron and Perth counties • Huron o CDUID – 3540 o CDNAME – Huron • Perth o CDUID – 3531 o CDNAME – Perth
c) Population size	145,794 (2011)[1]
d) Rationale for sub-regions smaller than 40,000 people	n/a
e) Number of acute care hospitals	• Eight acute care hospital corporations
f) Estimated number of primary care providers/organizations	• Approximately 98 primary care providers Team based practices include: • 9 Family Health Teams
g) Estimated number of home and community care contracted service providers 1. Home and Community contracted providers 2. CSS providers	• 8 home and community care providers contracted by the CCAC • 21 LHIN funded community support service providers
h) Number and name of affiliated Boards of Health (public health units)	Two Boards of Health • Perth District Health Unit • Huron County Health Unit
i) Objections that stakeholders may raise about the sub-region	During the time that the primary care template was being drafted, there was a sentiment that for primary care to be fully

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geography, and planned mitigations	engaged in this large geography, that it needed to be 2 sub-regions. Consultation has resulted in this sentiment being a small number of people with most supporting Huron and Perth being one sub-region. Mitigation: strengthening the Huron Perth Primary Care Network for this geography currently in progress. Patient referral patterns in South West Huron County are not clean, with many shared with Erie St. Clair LHIN. Concerns have been raised by the Grand Bend and Area Community Health Centre that their patient population is in 2 LHINs and can mean inequitable or difficult access to service. They are requesting consideration of a West Coast sub-region. Mitigation: Work with Grand Bend Community Health Centre to ensure seamless patient journey, regardless of boundary.

Name of LHIN: South West LHIN	
Total Number of Sub-Regions: 5	
a) Name of the sub-region	**London Middlesex sub-region**
b) Geography of the sub-region	London-Middlesex Sub-Region • All of Middlesex County o CDUID – 3539 o CDNAME – Middlesex
c) Population size	444,509 (2011)[1]
d) Rationale for sub-regions smaller than 40,000 people	n/a
e) Number of acute care hospitals	• Four acute care hospital corporations (6 sites) (excludes Parkwood and Regional Mental Health Care as they are not acute care facilities)
f) Estimated number of primary care providers/organizations	• Approximately 300 primary care providers (physicians and Nurse Practitioners in Nurse Practitioner Led Clinics) Team based practices include:

[1] Population for all sub-regions = from Census of Canada 2011" and is the number of people at the dissemination block level

	• Two Family Health Teams (14 sites) • One Nurse Practitioner Led Clinic • One Aboriginal Health Access Centre (2 sites) • One Community Health Centre (2 sites)
g) Estimated number of home and community care contracted service providers 1. Home and Community contracted providers 2. CSS providers	• 11 home and community care providers contracted by the CCAC • 23 LHIN funded community support service providers
h) Number and name of affiliated Boards of Health (public health units)	One Board of Health • Middlesex-London Health Unit
i) Objections that stakeholders may raise about the sub-region geography, and planned mitigations	• Very large population for an effective, efficient sub-region • Mix of urban/rural populations • Mix of all levels of care, inclusive of tertiary hospital care • Patient referral patterns in West Middlesex County are not clean, with many shared with Erie St. Clair LHIN Concerns have been raised by representatives of the Middlesex Hospital Alliance regarding the inclusion of rural Middlesex with the city of London. They have expressed concerns that the voice of the rural communities will be overshadowed by the urban centre. Mitigation: • An effective engagement strategy at the sub-region level will be required as well as leveraging organizational knowledge from those who provide service to the full catchment area. • Several conversations have already occurred with leadership and governors of the Middlesex Hospital Alliance who have expressed a desire to have a separate sub-region for Middlesex to address the rural perspective. Dialogue will continue with providers in this area to ensure a seamless journey for all patients, both urban and rural. The LHIN will work closely with Middlesex County providers to create a sub-region

	structure which ensures the active participation of both urban and rural perspectives.

Name of LHIN: South West LHIN	
Total Number of Sub-Regions: 5	
a) Name of the sub-region	**Oxford sub-region**

b) Geography of the sub-region	Oxford & Norfolk Sub-Region
	• All of Oxford County and the portion of Norfolk County that falls within our LHIN
	• Oxford
	  o CDUID – 3532
	  o CDNAME – Oxford
	• Norfolk (split with HNHB LHIN)
	  o CSD – 3528052
	  o CSDNAME – Norfolk County
	  o We have ~21% of the population of Norfolk County within our LHIN

c) Population size	113,943 (2011)[1] 105,719 (2011) if Norfolk moves to Hamilton Niagara Haldimand Brant LHIN Note: If use 21.3% of Norfolk as the number of residents in Norfolk residing in the South West LHIN, the number is 13,456, which is higher than the calculation at the dissemination block level.
d) Rationale for sub-regions smaller than 40,000 people	n/a
e) Number of acute care hospitals	• Three acute care hospital corporations and one private hospital
f) Estimated number of primary care providers/organizations	• 56 active primary care providers (physicians and Nurse Practitioners {in Nurse Practitioner Led Clinics}) Team based practices include: • One Family Health Team (3 sites) • One Nurse Practitioner Led Clinic

[1] Population for all sub-regions = from Census of Canada 2011" and is the number of people at the dissemination block level

	• One Community Health Centre, with several access points
g) Estimated number of home and community care contracted service providers 1. Home and Community contracted providers 2. CSS providers	• 6 home and community care providers contracted by the CCAC • 12 LHIN funded community support service providers
h) Number and name of affiliated Boards of Health (public health units)	One Board of Health • Oxford County Public Health and Emergency Services
i) Objections that stakeholders may raise about the sub-region geography, and planned mitigations	None noted.

Name of LHIN: South West LHIN	
Total Number of Sub-Regions: 5	
a) Name of the sub-region	**Elgin sub-region**
b) Geography of the sub-region	Elgin Sub-Region • All of Elgin County o CDUID – 3534 o CDNAME – Elgin
c) Population size	88,849 (2011)[1]
d) Rationale for sub-regions smaller than 40,000 people	n/a
e) Number of acute care hospitals	• One acute care hospital corporation (Southwest Centre for Forensic Mental Health Care - part of St. Joseph's Health Care, London is in this sub-region)
f) Estimated number of primary care providers/organizations	• Approximately 32 primary care providers Team based practices include: • Two Family Health Teams (3 sites) • Two Community Health Centres (3 sites)
g) Estimated number of home and community care contracted service providers	• 3 home and community care providers contracted by the CCAC • 13 LHIN funded community support service providers

[1] Population for all sub-regions = from Census of Canada 2011" and is the number of people at the dissemination block level

1. Home and Community contracted providers 2. CSS providers	
h) Number and name of affiliated Boards of Health (public health units)	One Board of Health • Elgin St. Thomas Public Health Unit
i) Objections that stakeholders may raise about the sub-region geography, and planned mitigations	None noted

Technical and Analytics Support:

Consultation with Nam Bains, Manager-Capacity Planning and LHIN Support Unit from the Health Analytics Branch of the Ministry of Health and Long-Term Care occurred in order to complete the geography section of the forms.

2.3 Form III: Description of LHIN Process to Formalize Sub-Regions

a) Describe the data and evidence you used to identify and finalize sub-region geographies	• Multispecialty Physician Networks in Ontario (Stukel TA et. al. ICES, 2013) • Primary Care Capacity data developed for the South West LHIN from Human Environmental Analysis Laboratory (HEAL) at Western University • Descriptive profiles developed for full understanding of each sub-region • Stakeholder sessions in Grey and Norfolk Counties to determine local referral patterns in primary care
b) Describe the engagement process you undertook with patients, caregivers and other interested parties in the community. Please include the approximate number of people consulted	Historically, the South West LHIN has an extensive engagement process which includes engaging the pubic and providers on the Integrated Health Services Plan, ongoing relationships with the Area Provider Tables in each sub-region, annual physician engagement strategies and local Board to Board engagement opportunities throughout each fiscal year. In February 2016, the LHIN conducted 5 face to face consultations across the 5 proposed sub-regions to introduce and receive feedback on the Patients First discussion paper. Discussions were tailored for each sub-region Session took place: February 8, 2016 –London (42 attendees) February 16, 2016 –St. Thomas (25 attendees) February 23, 2016 –Woodstock (31 attendees) February 24, 2016 –Stratford (21 attendees) February 25, 2016 –Owen Sound (58 attendees)
c) Describe the engagement process you undertook with providers, including: hospitals, public health boards, primary care providers, home and community care providers, long-term care providers, mental health workers, and other health care providers. Please include the types and approximate number of providers consulted.	**Health Service Provider engagements, inclusive of sub-regions:** Health System Leadership Council (Jan 27, 2016), whose members are leaders involved in the Health Care System or community members interested in the System. Health Links Leadership Collaborative (Feb 3, 2016), which includes key experts in the field as well as the Health Link Leads and Project Managers.

	Board to Board Reference Group (Feb 20, 2016), who represent Health Care governors of LHIN funded organizations.
	Primary Network Executive (Feb, 2016), which is a group of Primary Care physicians who support and advise on the work of the LHIN.
	
	Online self-directed materials sent to all Area Provider Tables, Long-Term Care Forum, Community Health Centre Executive Director group, LHIN/Hospital/CCAC Leadership Forum, Community Support Services Council and Mental Health and Addictions Coalition in Feb 2016
	
	Sub-region consultation
	• Primary care engagements (Nov/Dec 2015); 5 sessions, one in each sub-region with a total of 236 participants (with 49% identifying as a primary care provider [physician or Nurse Practitioner])
	• Executive Advisor Panel (key Health System Leaders, inclusive of Primary Care and community members) consulted and supportive (June, July, August, September 2016)
	• Primary Care Co-leads (June 8 and July 19, 2016)
	• Primary Care Network Executive (24 individuals, where 16 were physicians, consulted and supportive (July 19, 2016)
	• Conducted 2 webinars for health service providers and their governors
	  ➢ August 5, 2016 – 110 sites dialed in
	  ➢ August 8, 2016 – 40 sites dialed in (unable to determine number of people at each site)
	• Meeting with Public Health Medical Officers of Health and/or Executive Directors (April 1, 2016); all 6 public health units from proposed sub-regions were represented
	  • Next meeting is scheduled for October 3, 2016.

	LHIN geography consultation • Hamilton Niagara Haldimand Brant LHIN and health service provider stakeholders regarding Norfolk County (July 2016) • Norfolk HSP stakeholder consultation (Sept 8, 2016) • Grey County stakeholder consultation (Sept. 1, 2016) • North Simcoe Muskoka, and Waterloo Wellington LHIN partners (August 2016)
d) Describe the process you used to incorporate an equity lens into your engagement, including engagement with Indigenous populations, French language populations, newcomers and immigrants, and other minority groups	Over the past 6 months, the LHIN has made a concerted effort to inform and engage both the Indigenous and French Language populations through established meeting with both groups. Specifically: **Indigenous population** • Indigenous health representative on South West LHIN Expert Advisory Panel for Patients First • Conducted engagement around Patients First with Aboriginal Health Committee (Feb 11, 2016) • Updated Aboriginal Health Committee and continued conversation (June 17,2016) • Although conversations have been initiated, we are committed to ongoing two-way consultation with the First Nations and Indigenous people living in the South West as the formation of sub-regions occurs over the next number of months. It is crucial that we are open to understanding the needs of this population and co-design care that is culturally sensitive and reflects the goals of patients and their caregivers. **French language population** • French language representative on the South West LHIN Expert Advisory Panel for Patients First • French Language Health Planning Entity engagement (Feb 3, 2016) (French Language Entity response clearly delineated from other responses)

	• French Language Liaison Committee (includes representation from the French Language Health Planning Entity) Aug 19, 2016) Equity concern expressed by community: London Middlesex is a designated community and has a critical mass of French speaking people. With the focus on this sub-region in respect to equity for French speaking people, there is a concern that boundaries may focus discussions about services for French speaking people in one sub-region and concerns in smaller adjacent sub-regions of Oxford and Elgin will not be addressed – risk of developing a siloed approach to French language planning if not deliberately identified and managed. **Old Order Amish and Mennonite populations**. Several sub-regions have significant numbers of Old Order Amish/Mennonite communities. Formal documentation on demographics and health profile of these populations is difficult to obtain, however health units in Grey Bruce and Perth have gathered information through discussion with leaders from the communities. Continued dialogue with health units will be essential to ensure an equity lens when looking at the needs of this population **Immigrant populations** Less than 7% of the South West LHIN's population identify as a visible minority with the majority of this population living in London. Specific engagements with this community have not taken place in respect to sub-region boundaries, however surveys and focus groups conducted for the South West LHINs primary health care capacity work pointed to the lack of services for ethnic populations beyond London. For example, accessing a primary care provider that speaks a language other than English quickly declines as you move further away from London.

2.4 Form IV: Recommendations for Broader LHIN Boundary Changes

a) A description, map, or other available data that identifies regions or communities within your current LHIN boundaries that, through your sub-region analysis, you would like to identify for consideration as part of any future LHIN boundary review	It is proposed that the following 3 areas be identified for future LHIN Boundary review: 1) Portions of Town of Blue Mountains and Grey Highlands in Grey County currently part of North Simcoe Muskoka LHIN with this area up to the Grey County border, moving to the South West LHIN 2) Portion of West Grey and all of Southgate in Grey County currently part of Waterloo Wellington LHIN with the area up to the Grey County border moving to the South West LHIN 3) Portion of Norfolk County currently in the South West LHIN, moving to the Hamilton Niagara Haldimand Brant LHIN
b) Rationale for broader LHIN boundary changes	Patient referral patterns and provider relationships for local planning could be better aligned in the Grey Bruce and Oxford/Norfolk sub-regions. These same regions are not well aligned with public health and social services boundaries. Highlights of Rationale: The five sub-regions all have history of planning relationships that run along the County boundaries. The proposed border changes would have a positive impact on provider relationships, noting that only one Health service Provider (a Long-Term Care home in Norfolk) would be directly impacted by boundary change in terms of its Service Accountability Agreement relationship. Traditional planning structures had included/excluded these portions of the geography. Southgate/West portion of Grey County in Waterloo Wellington LHIN(2015/16 data) - 80.4% of inpatient admissions for this population are outside the Waterloo Wellington LHIN with 45% coming to hospitals in the Grey Bruce sub-region (highest number coming to Markdale with

	Owen Sound second in total admissions outside the LHIN) - 77.7% of ED visits for this population are outside the WW LHIN with 63% coming to hospitals in the Grey Bruce sub-region (highest number coming to Markdale Hospital and significant numbers also visiting Hanover and Durham Hospitals) - 17% of ED visits to the Markdale hospital are from the Township of Southgate Town of Blue Mountains - 21% of ED visits to the Meaford hospital are from the Town of Blue Mountains Norfolk - Planning for Health Links and Special Needs population for this portion of Norfolk has already shifted to HNHB LHIN In 2014, Statistics Canada advised that its data cannot be analyzed according to the current boundaries in these areas and recommended that accuracy and efficiency in completing analysis would be improved if County boundaries were used.
c) Total number of impacted regions or communities	2 - Grey and Norfolk County
d) Name of the impacted region or community	**Portions of Town of Blue Mountains and Grey Highlands in Grey County**
e) Name of other impacted LHINs	North Simcoe Muskoka
f) Population size	2856 (2011) in Grey Highlands 3175 (2011) in Town of Blue Mountains
g) Number of impacted HSPs	No HSPs address resides within this geography
h) Have the other impacted LHINs been engaged and consulted on the potential change? Are they supportive of the change?	Yes. Dialogue has started and both LHINs are supportive of further conversation.
i) Objections that stakeholders may raise about the recommended boundary change, and planned mitigations	Stakeholder engagement, inclusive of staff of the North Simcoe Muskoka LHIN, held on Sept 1/16. Potential barrier to change noted as the current provider contracts that exist with the

	CCAC. Would need a clear transition plan to ensure there was continuity of patient care and human resource strategies to support potential staff change.
d) Name of the impacted region or community	**Southgate, portion of West Grey**
e) Name of other impacted LHINs	Waterloo Wellington
f) Population size	614 (2011) West Grey 7190 (2011) Southgate
g) Number of impacted HSPs	South East Grey Community Health Centre (satellite in Dundalk) VON Nurse Practitioner Led Clinic (in Dundalk)
h) Have the other impacted LHINs been engaged and consulted on the potential change? Are they supportive of the change?	Yes. Dialogue has started and both LHINs are supportive of further conversation.
i) Objections that stakeholders may raise about the recommended boundary change, and planned mitigations	Stakeholder engagement, inclusive of staff from the Waterloo Wellington LHIN, held on Sept 1, 2016. Potential barrier to change noted as the current provider contracts that exist with the CCAC. Would need a clear transition plan to ensure there was continuity of patient care and human resource strategies to support potential staff change.
d) Name of the impacted region or community	**Portion of Norfolk County**
j) Name of other impacted LHINs	Hamilton Niagara Haldimand Brant
k) Population size	Approximately 14,000 (13,456 in 2011)
l) Number of impacted HSPs	One Long-Term Care Facility and One Family Health Team that has one physician practicing in this geography
m) Have the other impacted LHINs been engaged and consulted on the potential change? Are they supportive of the change?	Yes. Dialogue has started and both LHINs are supportive of further conversation with desire to have Hamilton Norfolk Haldimand Brant LHIN support planning of this portion of Norfolk County now.

n) Objections that stakeholders may raise about the recommended boundary change, and planned mitigations	Stakeholder engagement, inclusive of staff from the Hamilton Niagara Haldimand Brant LHIN, held on September 8/16. Potential barriers to change noted as 1) The current provider contracts that exist with the CCAC. Would need a clear transition plan to ensure there was continuity of patient care and human resource strategies to support potential staff change. 2) Hospitals in Oxford County will also need to ensure that planning occurs for those living closer to those hospitals than hospitals in Hamilton Niagara Haldimand Brant LHIN 3) One Long-Term Care facility would require transfer to Hamilton Niagara Haldimand Brant LHIN