

LHINC Council Meeting April 29, 2010 Key Messages

The LHIN Collaborative (LHINC) Council had its third meeting on April 29, 2010 to discuss the progress made on LHINC's 2010/11 priorities. The following is a summary of key project activities and status.

The projects are grouped under four value streams that are aligned with the LHINs' mandate:

- Integration, System Alignment and Coordination
- Planning and Engagement
- Accountability and Performance
- Allocation Methodology

Integration, System Alignment and Coordination

PROJECTS: IMPROVING ACCESS TO AND COORDINATING HEALTH SERVICES

- Two projects have been identified that will deal with improving access to and coordinating health services required by special populations.
- *Mental Health and Addiction Services:*
 - Work has been started on the first project that will develop tools and processes based on best practice models to improve access to and coordination of services across health sectors for mental health and/or addiction clients. The work will also include the development of an accountability and evaluation framework within LHIN structures for the provision of coordinated access across providers.
 - A working group has been established that includes representation from the LHINs and health service providers (HSPs). It is chaired by Marion Emo, Senior Director, Hamilton Niagara Haldimand Brant LHIN. The first meeting will take place in May 2010.
 - A survey of current practices and models in the LHINs is currently underway.
 - The targeted project completion is October 2010.
- *Frail and Elderly with Chronic Conditions:*
 - Work on the second project that will focus on the Frail and Elderly with chronic conditions will start in the Fall of 2010.

PROJECT: CCACS' ENHANCED ROLE

- The focus of this project is to develop options for a consistent approach to the enhancement of the role of Community Care Access Centres (CCACs), consistent with enabling regulations under the

Community Care Access Corporations Act. Key areas that will be addressed include determining what the enhanced role means, how it should be implemented across the LHINs, and the role of other stakeholders.

- A small working group of LHIN and CCAC CEOs has been established. It is chaired by Sandra Hanmer, CEO, Waterloo Wellington LHIN. It held its first meeting on May 6, 2010. Other sectors will be engaged as the project progresses.

Planning and Engagement

PROJECTS: STAKEHOLDER ENGAGEMENT

- Two projects have been identified to develop best practice model(s) for engaging HSPs that are not funded by the LHINs in LHIN processes.
- *Primary Care Physicians:*
 - The first project focuses on identifying best practice models for engaging primary care physicians.
 - A preliminary survey of current primary care physician engagement practices in the LHINs has been conducted.
 - Paul Huras, CEO, South East LHIN will chair the working group once it is established. The targeted project completion is August 2010.
- *Public Health:*
 - The second project that will develop best practice model(s) for engaging public health will start in August 2010. Dr. Rob Cushman, CEO, Champlain LHIN will chair the working group once it's established this summer.

Accountability and Performance

PROJECT: PRIORITY SETTING/DECISION MAKING FRAMEWORK

- The purpose for this project is to develop a consistent or common framework for priority setting that can inform decision making by the LHINs; and promote the use of a best practice model(s) that support a consistent and transparent approach to decision making and priority setting for LHINs.
- Work has been started. A working group has been established that includes representation from the LHINs and health service providers (HSPs). It is chaired by Mimi Lowi-Young, CEO, Central West LHIN. The first meeting will be in May 2010. Also, a survey of current practices and models in the LHINs is currently underway.
- The targeted project completion is August 2010.

SEVERAL PROJECTS THAT SUPPORT THE DEVELOPMENT OF SERVICE ACCOUNTABILITY AGREEMENTS

- *LHINC is supporting several projects related to the development of Service Accountability Agreements that the LHINs have with the various sectors:*
 - *Long-Term Care Home Service Accountability Agreement (L-SAA)* - Support the completion of the 2010/13 L-SAA process (April to July/10)
 - *Hospital Service Accountability Agreement (H-SAA)* – Support the development of and provide communications support for the HAPS and the H-SAA processes for 2011-13 (Spring 2010 to March 2011)
 - *Multi-Sectoral Service Accountability Agreement (M-SAA):*

- Evaluate the 2009/11 CAPS & M-SAA processes;
- Support the development of and provide communications support for the CAPS and M-SAA processes for 2011-13 (Spring 2010 to March 2011)

PROJECT: COORDINATED SYSTEM APPROACH FOR INDICATOR DEVELOPMENT

- The focus of this project is to consolidate indicator identification, development, maintenance and reporting activities for the service accountability agreement processes and other LHIN initiatives under one entity, to ensure a consistent approach.
- The Health System Indicator Steering Committee (HSISC) has been established and held its first meeting on April 22, 2010. Membership includes representation from the LHINs, Ministry of Health and Long-Term Care (MOHLTC), Ontario Health Quality Council, Institute for Clinical Evaluative Sciences, Canadian Institute for Health Information, and Health System Performance Research Network. Cancer Care Ontario will be invited to participate. HSPs will be engaged to help identify, develop and implement indicators through participation in the working group structure.
- Sandra Hanmer, CEO, Waterloo Wellington LHIN and Dr. Rob Cushman, CEO, Champlain LHIN are the CEO sponsors. Mark Brintnell, Senior Director, South West LHIN is the Chair of the HSISC.

NEXT STEPS:

- Develop a project charter for the Engagement of Public Health in LHIN Processes project.
- Establish the working group for the Primary Care Physicians Engagement project.
- For discussion at the next meeting on June 4th, 2010:
 - Approach to identifying future priorities for LHINC.
 - Options for a long-term funding model for LHINC that may involve contributions from participating members in addition to those from the LHINs and MOHLTC.
 - Approach to LHINC Council membership after the first year.

The LHIN Collaborative (LHINC) is an advisory structure formed to work at a provincial level to strengthen relationships among health service providers (HSPs), their Associations and the LHINs collectively, and support system alignment. LHINC provides a system structure to engage HSPs on system-wide health issues. LHINC is led by a Council and supported by a Secretariat.