

# LHINC Council Meeting

## February 5, 2010

### Key Messages

*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.*

The LHINC Council had its second meeting on February 5, 2010 to discuss LHINC's work plan and priorities for 2010. The proposed work plan includes two categories of projects: activities currently being supported by LHINC; and an initial group of new projects that were identified as high priorities by LHINC Council and LHIN CEOs.

### **Current Activities**

LHINC is currently involved in supporting the following activities:

#### *1. Service Accountability Agreements:*

- The development of service accountability agreements for hospitals (H-SAA) and long-term care homes (L-SAA);
- Two activities to be started in 2010 include the evaluation of the multi-sectoral accountability agreement (M-SAA); and support for the preparation and development of the next H-SAA and M-SAA.

#### *2. Indicators:*

- The development and implementation of a coordinated, system-based approach to the ongoing development of indicators related to service accountability agreements and other LHIN initiatives.

#### *3. Implementation of the CCACs' enhanced role in placement and alignment of priorities:*

- The development of a common approach to the implementation of CCACs' enhanced role and alignment of LHIN and CCAC strategies to maximize the overall impact of ER/ALC initiatives.

#### *4. The MOHLTC's Long-Term Care Homes Funding Review.*

- Specific activities related to the LHINs' participation on this initiative.

### **New Projects**

The following is an initial group of new projects that will be undertaken by LHINC in 2010:

#### *1. Primary Care/Public Health:*

- Develop a consistent/common approach for engaging health service providers (HSPs) not funded by the LHINs in LHIN activities. The initial focus will be primary care physicians and then public health.

#### *2. Access to and coordination of health services:*

- Develop tools and processes, as well as an accountability framework, to improve access to and coordination of health services by special populations. The initial focus will be mental health/addictions clients and then the frail and elderly that have chronic conditions.

### 3. *Priority Setting Framework:*

- Develop a consistent/common framework to support priority setting and decision-making by the LHINs.

### 4. *Approaches to Fiscal Challenges:*

- Identify best practice models to assist the LHINs in dealing with fiscal challenges.

Other projects may be added based on LHINC's available resources.

### **Next Steps:**

The next steps relating to the new projects include:

- Developing project charters, including key project activities, deliverables and timelines.
- Establishing a working group of each project. The role of the working groups will be to provide expert advice to and develop recommendations for LHINC Council. Working groups will be LHIN led and will include representatives from the LHINs and HSPs.
- Once the project charters are finalized, LHINC Council members representing HSPs will liaise with their sector Associations to identify suitable working group members.