| **Minutes of the Meeting of the Boards of Directors of the 14 Local Health Integration Networks operating as Home and Community Care Support Services (HCCSS) Board of Directors August 4, 2021** | |
|---|---|
| A meeting of the HCCSS Boards of Directors (Board) was held on August 4, 2021, virtually, beginning at 1:00 pm. | |
| | |
| **PRESENT:** | |
| Voting Members: | Joe Parker, Board Chair<br>Glenna Raymond, Vice Chair<br>Carol Annett, Member<br>Anne Campbell, Member<br>Eugene Cawthray, Member<br>Michael Dibden, Member<br>Stephan Plourde, Member |
| Regrets: | |
| Staff in Attendance: | Donna Cripps, Chief Executive Officer<br>Barbara Bell, VP, Quality and Risk<br>Lisa Burden, VP, Home and Community Care<br>Karin Dschankilic, VP, Finance and Corporate Services<br>Miranda Ingribelli, VP, People and Talent Management<br>Marla Krakower, VP People Services, Employee Experience & Public Relations<br>Jeffrey Simser, Legal Director, Agencies Legal<br>Erica Jeffery, Executive Assistant to the Board, Recording Secretary |
| Guests: | Shelley Dagorne, Cindy Ward, Angela Burden, Jutta Schafler Argao, Debbie Roberts, Joel Borgida, Karen Taillefer, Tini Le, Martina Rozsa, Kimberley Floyd, Claire Ludwig, Karyn Lumsden, Mary Grattan Gielen, Karen Ho, Brock Hovey, Daryl Nancekivell, Heidi Maanselka, Melanie Fraser, Amy Olmstead, Catherine Gaulton, Gareth Lewis |

**A. Convening the Meeting**

**A.1. Call to Order**

A quorum was present and the meeting was called to order at 12:59pm.

**A.2 Approval of the Agenda of August 4, 2021.**

It was moved by Joe Parker / Stephan Plourde

That the agenda of August 4, 2021 be adopted, as submitted.

This motion was put to a vote and

CARRIED.

**A.3 Conflict of Interest**

None declared.

**B. Consent Agenda**

**B.1 Consent Agenda**

It was moved by Joe Parker / Carol Annett

That the Consent Agenda of August 4, 2021 be adopted, as amended.

This motion was put to a vote and

CARRIED.

The Board requested to pull the Briefing Note on Quadrant for further discussion. A discussion occurred regarding system maintenance and security from a funding perspective as well as wanting to further understand regarding risk mitigation and how to address uncertainty regarding the ability to manage and purchase IT resources.

**Action: Staff to outline a description of various potential IT Risks that may arise at an operational level if no action is taken and if the system goes down.**

It was moved by Joe Parker / Eugene Cawthray

That the Board of Directors accept the Report on Quadrant.

This motion was put to a vote and

CARRIED.

**C. Board Orientation**

**C.1 Ontario Health Teams**

Melanie Fraser, Associate Deputy Minister, Health Services, Ministry of Health, and Amy Olmstead, Executive Lead (Acting), Ontario Health Teams Division, Associate Deputy Minister's Office, Ministry of Health, presented to the Board a foundational overview of Ontario Health Teams (OHTs) including health system transformation, home care modernization and an update regarding OHTs.

The Board had questions about transformation and evaluation. It was noted that OHTs are conducting small tests of change in order to determine best approaches to roll out initiatives more broadly. The Ministry does not currently have quantifiable data about the performance of OHTs as accountable care systems, but indicated that 90% of the province is covered with OHTs.

Members of the Board expressed the importance of communications to the general public regarding OHTs as well as what is happening with the health care system.

Amy Olmstead and Melanie Fraser excused themselves at 2:02pm. Their presentation is appended to these minutes.

**C.2 HIROC Coverage**

Catherine Gaulton and Gareth Lewis provided a high level overview of insurance coverage for HCCSS Agencies and Directors as well as a summary of claims and trends in home care over the past several years. HIROC confirmed that if a claim arises for an HCCSS patient who is receiving services from a contracted Service Provider Organization, HIROC covers HCCSS, the Service Provider Organization is required to have their own insurance, and a contractual relationship between HCCSS and the Service Provider Organization would delineate such insurance coverage and requirements.

The Interim CEO will be working with the 14 HCCSS Agencies to ensure consistent reporting of risk across the province. HIROC noted the benefit of having one insurer and the same Board and leadership across the province.

**Action: HIROC to follow up with HCCSS leadership regarding consistent coverage for HCCSS Agencies.**

**C.3 Legal Framework for HCCSS**

The Board received a high level overview of the legal framework for the HCCSS Agencies by Jeffrey Simser, Agencies Legal Director. The framework includes the Ethical framework (*Public Service of Ontario Act, 2006*, Conflicts of Interest, Disclosure of Wrongdoing), *Freedom of Information and Protection of Privacy Act* (FIPPA) and the *Personal Health Information and Protection Act, 2004* (PHIPA). The Board was also advised of the Caretaker period which will impact the Board and their roles and responsibilities early next year in advance of the provincial election.

**Action: Agencies legal to provide an education session in the spring regarding the Caretaker period.**

**D. Business Arising**

**D.1 Standing Committees**

It was moved by Joe Parker / Michael Dibden

> In accordance with subsection 8(2) of the *Local Health System Integration Act, 2006* and Local Health Integration Network By-law No. 1, section 5.02, the Board of Directors for each of the 14 LHINs (the "Board") establishes the following four standing committees: Governance; Finance, Audit and Information; Patient Services, Quality and Risk and Innovation; and Human Resources, Diversity, Equity and Communications. Each committee shall be bound by their respective Terms of Reference, all of which are attached substantially in the form of Appendices A through D to this briefing note; and
>
> Subject to the approval of the motion immediately above, in accordance with section 5.08 of LHIN By-law No. 1, the Board appoints the people identified in Appendix E (attached) as members to each of the respective committees.
>
> This motion was put to a vote and
>
> CARRIED.

The Board Chair shared that recruitment is ongoing for additional board members.

**E. New Business**

**E.1 Patient Story**

The Patient Story for August focused on a patient from Champlain and highlighted the patient's experience with the Family Managed Home Care (FMHC) program. FMHC can sometimes be used to support areas where there are challenges with service delivery. While there are strict provisions with the use and management of the program, it can also be a helpful solution to challenging situations.

The Board will receive a variety of patient stories with various outcomes and lessons learned from across the province.

**E.2 Mission, Vision, Values and Annual Business Planning**

An initial engagement regarding HCCSS Mission and Vision was held. A very preliminary draft of the organization's mission and vision, developed in consultation with senior leaders across the organization, was shared for discussion and feedback. The Board wanted to ensure clarity and differentiation between what is the mission and what the vision should be for the agency. The Board felt the draft mission was too lengthy, but noted it also needs to illustrate the uniqueness of HCCSS. The mission needs to articulate a sense of purpose. With regards to the vision, the language should be refined and ensure it includes language regarding seamless care across the system.

The Board discussed the engagement plan and supported the consultation of front line staff for HCCSS's values, along with its mission and vision, too.

As part of this discussion the Board Chair advised that Adalsteinn Brown will be attending the September Board meeting and he has extended an invitation to Chris Sulway and Heather Watt from the Ministry of Health, to a future meeting.

**F. Closed Session**

It was moved by Joe Parker / Mike Dibden

That that the HCCSS Boards move to a closed session to discuss a matters of legal, personnel and public interest at 3:52pm.

This motion was put to a vote and

CARRIED.

**G. Adjournment**

After moving back to open session, it was moved by Joe Parker / Anne Campbell

That the meeting be adjourned.

This motion was put to a vote and

CARRIED.

The HCCSS Boards Meeting adjourned at 4:27pm.

Original signed by

Joe Parker, Board Chair

September 1, 2021

Date

Original signed by

Donna Cripps, Corporate Secretary

September 1, 2021

Date

# Ontario Health Teams

*A Foundational Overview*

Ontario Health Teams Division, Ministry of Health

Ontario

# Purpose

- The purpose of this briefing is to provide the Home and Community Care Support Services (HCCSS) Board of Directors with an overview of:

  - ✓ Health System Transformation in Ontario.
  - ✓ The government's plan to modernize home and community care (HCC) as part of broader health system transformation.
  - ✓ Ontario Health Teams (OHTs)

Ontario

# Health System Transformation

# A Case for Change

- Ontario has world-class health care services, provided by some of the best health care workers. However, the province's health system has become fractured and disconnected over time.

- Demand for home care is rising due to an aging population, increased patient complexity and more people being cared for in the community.

- The capacity challenges across the system have resulted in growing hallway health care in hospitals throughout the province.

- Many of the current health system challenges arise from the disparate ways different health services are planned, managed, and delivered at the local, regional, and provincial levels. This includes:

    - Siloed local care delivery,
    - Fragmented oversight and duplicative administration, and
    - Fragmented and ineffective supply chain management.

Ontario

# Learning from Jurisdictions, Setting Our Own Path

Across international and Canadian jurisdictions, governments face similar challenges:

- Many providers across multiple care sectors, results in gaps in care, duplication and lack of coordination
- Over-reliance on hospitals and under-reliance on primary care
- Little attention to self-management and preventative health care
- Poorly aligned financial incentives that lock value into silos, and do not support care integration

In response, Integrated and Accountable Care Systems have been emerging that share the following features:

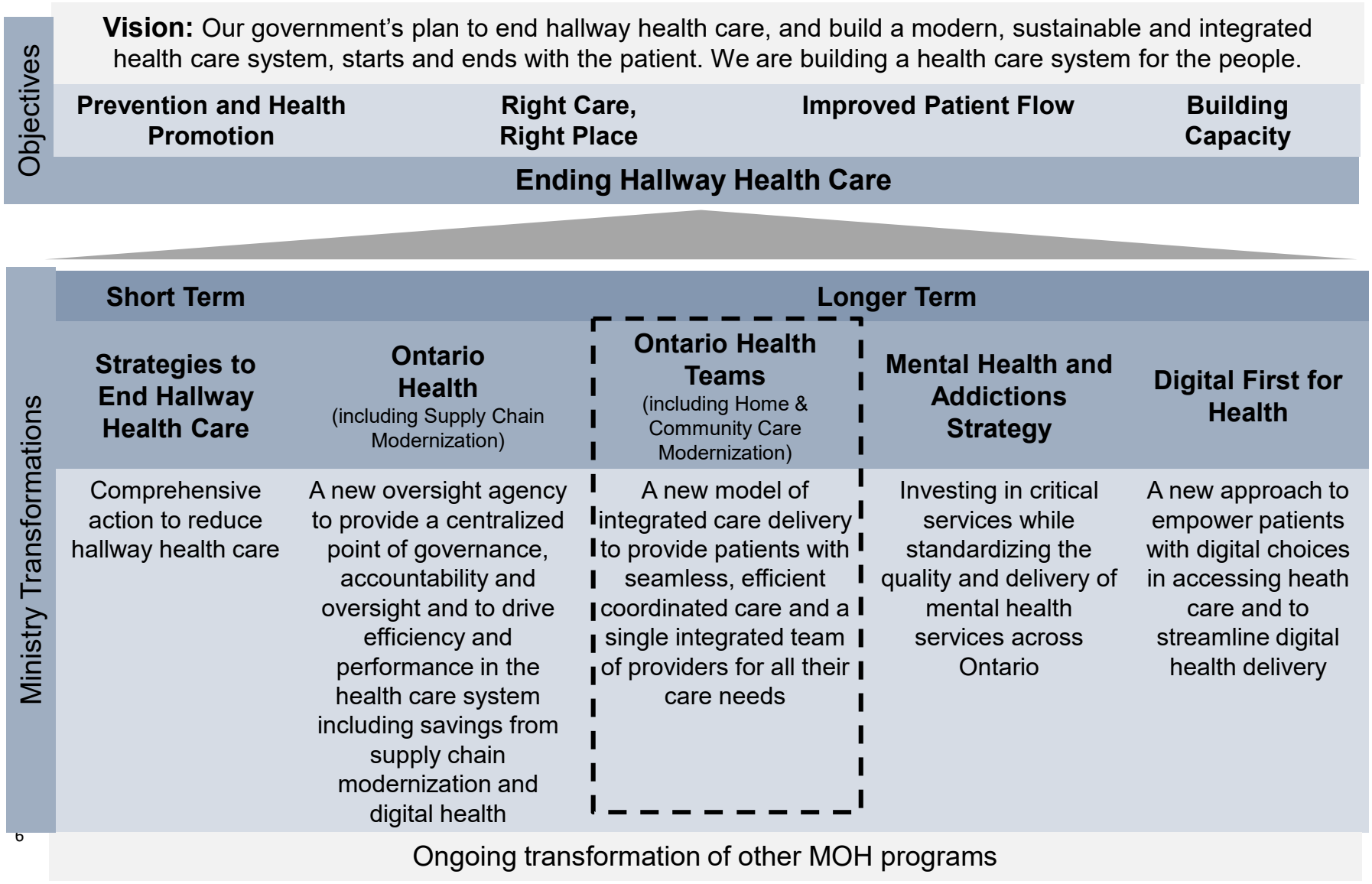
- Organizations share financial and clinical accountability for quality of care, experience and total costs of care for their patients
- Services are integrated, focused on and driven by primary and community care
- Payment methods and incentives are built to deliver value, not simply pay for volume
- Flexible approach that allows for innovation and tests of change

In Ontario, we have been learning from other jurisdictions' implementation of these integrated systems and created an Ontario-based model of care called **Ontario Health Teams.**

Ontario

# Health System Transformation

Home and community care modernization is intended to support broader health system transformation.



# Modernization of Home Care

# Rationale for Change

**Home and community care delivery is rigid and burdensome, stifling innovation and negatively impacting sector capacity to relieve pressure on hospitals and long-term care homes (LTCHs).**

The current home and community care system is falling behind Ontario's broader **health system transformation** which requires flexibility to develop new models that respond to local needs, including virtual care, more self-directed care, congregate care and needs-based care packages.

**Demand** for home care is rising due to an aging population, rising client acuity and limited capacity in LTCH.

## System Drivers

### Patient and Caregiver Experience

- Meet public expectations that the care they need in the community is available by providing more care in the community, without lengthy waits.
- Prevent clients from having to repeat their health histories.
- Provide clients access to their health information and have more control over care planning.

### Provider Experience

- Allow flexibility for providers to respond to changing client needs, without going through a middleman.
- Empower providers to spend less time on administration and more time treating clients .
- Move away from per-visit delivery that makes recruiting and retaining staff more challenging.

### Value and Efficiency

- Improve efficiency of care coordination processes.
- Review procurement model to incent high quality care, innovation and system improvements.
- Reduce duplication and barriers through the introduction of OHTs.

### Patient and Population Health Outcomes

- Reduce unnecessary Emergency Department visits and hospital admissions by improved access to home and community care.
- Reduce the number of patients designated as alternative level of care in hospitals by providing alternative residential and rehabilitative options.

# Service Delivery and Transformation Priorities for HCC

**The ministry is prioritizing service delivery in response to the pandemic and advancing five key home and community care building blocks that will lay the groundwork for OHTs to deliver home and community care.**

**Bolster Capacity to Support COVID Response**

Fund and implement targeted initiatives in HCC as part of the government's broader COVID-19 response plan.

**Modernize Legislation and Regulations**

Create a new and modernized legislative framework for home and community care to enable OHTs and Health Service Providers to assume responsibility for the delivery of home and community care within an integrated and patient-centred service model.

**Improve Accountability in Delivery**

Review and update home care service provider organization procurement and contracting model.

**Develop a Framework for HCC Transition**

Set parameters for the phased transition of HCC to OHTs and establish clear roles and responsibilities for ministry, Ontario Health (OH), OHTs, during transition. Evaluate tests of change to prepare for full provincial scale

**Establish Transitional and Permanent Governance**

Refocus LHINs as interim organizations responsible for maintaining-home care delivery and long-term care placement functions. In the end state OH takes accountability for HCC, and services are delivered through OHTs.

Ontario

# Modernizing HCC Legislation and Regulations

- On February 25th, 2020, the government introduced Bill 175, the *Connecting People to Home and Community Care Act, 2020*. It received Royal assent on July 8th, 2020. It will be proclaimed into force once regulations are ready – expected later in 2021.
- The legislation embeds provisions regarding the delivery of home and community care in the *Connecting Care Act, 2019,* signaling that home and community care is no longer a standalone service.
- The new legislation and regulations will enable Ontario Health to fund Health Service Providers (HSPs) and OHTs to provide more person-centred home and community care services in more flexible, locally-determined ways.

**CURRENT FRAMEWORK**

***Home Care and Community Services Act, 1994 (HCCSA)***

- Care coordination model that creates barriers to responsive, integrated care.
- Service maximums
- Dated Bill of Rights

**NEW FRAMEWORK**

**Amend the *Connecting Care Act, 2019***

✓ Add provisions to enable integration of home and community care with OHTs and the broader health system.

**Create New Regulations**

- Create regulations that build and improve on the current framework, including to:
  - define an expanded scope of home and community care services that Ontario Health may fund,
  - create more flexibility for HSPs and OHTs to coordinate and deliver services at points of care, and
  - establish a more modern Bill of Rights and robust client/patient and caregiver complaints process.

**Create New Guidance and Policies**

- Working with Ontario Health and experts and providers, update and develop guidance and direction for HSPs, OHTs, and contracted service providers regarding care coordination arrangements, care planning considerations, and other aspects of home and community care provision.

Ontario

# Vision for HCC Modernization

## CURRENT STATE

- Access and delivery is siloed in 14 Home and Community Care Support Services (HCCSS) organizations.
- "One size fits all" approach to care planning and delivery.
- Legislative regime a barrier to integrated care.
- Duplication in assessment and care planning between the HCCSS care coordination staff and contracted provider staff.
- Lack of provincial standards that balance innovation and consistency.
- Limited scope to shift funding from higher cost models (e.g., hospitals, LTC) to the community.

## TRANSITIONAL STATE

- Continue to support delivery of home and community care to support the pandemic response.
- Quality home care delivery and workforce stability is prioritized.
- Interim governance model through HCCSS to ensure stability and accountability of home care services, including home care contracts.
- Employment of HCCSS-employed care coordination staff continues through HCCSS.
- Ontario Health assumes responsibility for funding and accountability of community service providers.
- Ministry advances the framework for change through modernized legislation & procurement policies, as well as setting parameters for transition to OHTs.
- Ministry, OH and partners collaborate to test and evaluate new models of integrated care.

## MATURE STATE

- The OHT model delivers integrated care to the population, including home and community care. Services are integrated with hospitals and primary care to provide seamless patient transitions.
- Care models enable HCC providers to deliver digitally enabled, high-quality care supported by effective sharing of information between providers
- Incentives exist for OHTs to shift care to the community where people prefer to be.
- Effective cross-sector coordination, navigation and case management for complex patients - that makes best use of existing resources.
- Ontario Health is responsible for setting standards, accountability and funding.

Ontario

# Overview of Ontario Health Teams

# Ontario Health Teams: An Overview

In April 2019, *The People's Health Care Act, 2019* received Royal Assent. The legislation enacts a new statute (the *Connecting Care Act, 2019)* which establishes Ontario Health Teams as a new model of health care organization, funding and delivery.

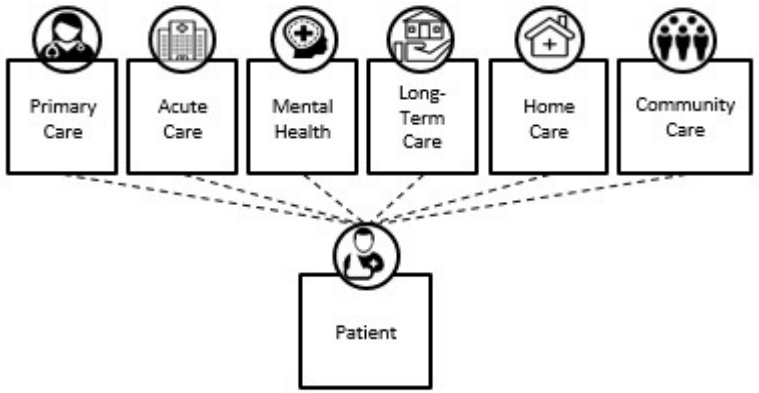
OHTs are a model of integrated care delivery that will enable patients, families, communities, providers and system leaders to work together, innovate, and build on what is best in Ontario's health care system.

Through this model, groups of health care providers will work together as a team to deliver a full and coordinated continuum of care for patients, even if they're not in the same organization or physical location.

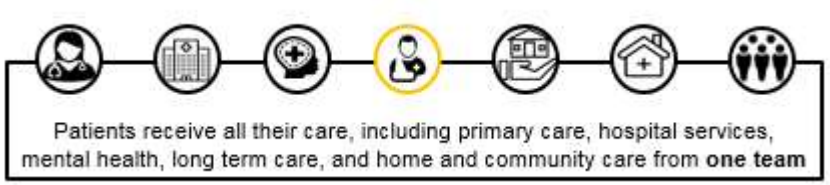
As a team, they will work to achieve common goals related to improved health outcomes, patient and provider experience, and value.

The goal is to provide better, more integrated care across the province.

**Current State**




**Future State**




Ontario

# Vision for Integrated and Coordinated Care

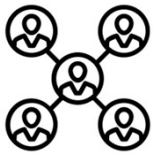
**At maturity, every Ontarian will have access to an OHT that will:**

- ✓ Provide a **full and coordinated continuum of care** for an attributed population;
- ✓ Offer patients 24/7 access to coordination of care and system navigation services and work to ensure patients experience **seamless transitions** throughout their care journey;
- ✓ Be measured, report on and **improve performance** across a standardized performance framework based on the 'Quadruple Aim';
- ✓ Operate within a **single, clear accountability** framework and funded through an **integrated funding** envelope; and
- ✓ Have better access to **secure digital tools**, including online health records and **virtual care options** for patients.

**OHTs will be defined by their ability to provide fully-integrated care to an attributed patient population in a way that delivers on the Quadruple Aim:**

**Better patient & population health outcomes**

**Better patient, family, & caregiver experience**



**Better provider experience**

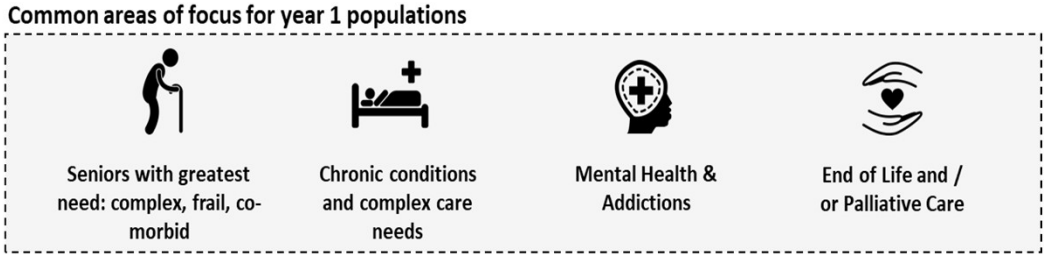
**Better value & efficiency**

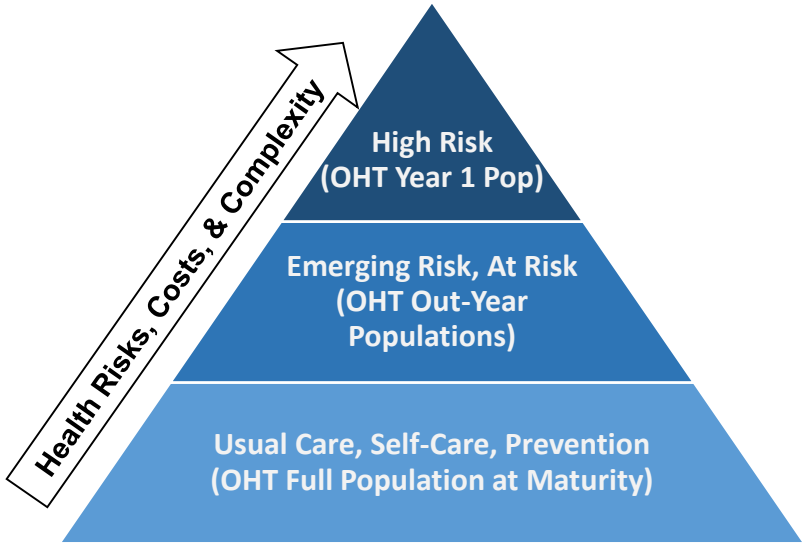
Ontario

# Applying a Population Health Management Approach

**OHTs will transition from siloed, sector-based approaches, to managing the health of a population.**

- OHTs will work to achieve specific targets related to the care experiences and health outcomes for their year 1 target populations.
- They will then build on these experiences by steadily expanding their reach in later years, with the goal of eventually optimizing care experiences and outcomes for their full population.




Modified Kaiser Permanente Population Health Management Pyramid

Ontario

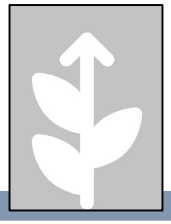
# Journey to Date to Achieve Provincial Coverage

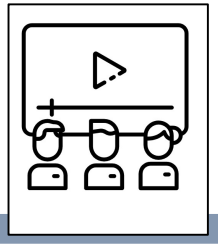
- Achieving provincial coverage of OHTs is a provincial priority so that every person in Ontario can benefit from better coordinated, more integrated care.
- Currently, there are **42** approved OHTs in Ontario. The ministry has shifted to a targeted intake and assessment process to facilitate partnerships in parts of the province where there are not yet approved OHTs.

**April 18, 2019** – Bill 74 passed and receives Royal Assent.

**March 2020 -** COVID-19 Pandemic hits Ontario.







**February 26, 2019**
The Ontario government introduces Bill 74: *The People's Health Care Act*, 2019.

**May 15, 2019**
First call for OHT applications; Over 150 submissions received from across the province.

**November 25 – December 9, 2019**
24 approved OHTs announced.

24 Approved OHTs

**December-February, 2020**
New submissions & progress reports received.

**July 2020**
17 teams invited to full application; 5 additional approved OHTs, Implementation, funding announced.

29 Approved OHTs

**August 5, 2020**
Minister's webinar to reaffirm commitment to achieve provincial coverage.

**November 18, 2020**
13 newly approved OHTs announced

42 Approved OHTs

# OHT Implementation: Near-Term Objectives

The ministry's approach to OHT implementation will ensure **flexibility and nimbleness** for teams, allowing them to **focus on partnerships** to assist both their OHT implementation efforts and COVID-19 responses. Key objectives of near-term OHT activities include:

**COVID Response and Recovery:**

- Supporting local and regional partnerships that contribute to effective preparedness, response and recovery efforts

**Advancing Provincial Coverage:**

- Expanding provincial coverage of OHTs across the province to ensure more Ontarians benefit from integrated care. This will include:
  - Targeted intake and assessment of teams
  - Facilitation of partnerships, **including across the long term care sector**, to ensure teams are able to deliver the full continuum of care
  - Providing tailored supports to teams to help them advance their objectives

**Supporting OHT Maturity:**

- Providing implementation funding to approved OHTs
- Issuing data to teams to enable population health management approaches

**Advancing Policy Model Path to Maturity:**

- In order to ensure that OHTs can deliver on the vision and benefits of an integrated care system, specific policy model elements and enablers (i.e., integrated accountability, integrated funding, performance measurement) will need to be defined and phased in over time.

**Promoting Effective Engagement with Diverse Communities:**

- Coordinating supports to help OHTs effectively engage with vulnerable, marginalized, Francophone, and First Nations, Indigenous and Metis (FNIM) patient populations

**Supporting Primary Care and Physician Engagement:**

- Supporting OHTs in their primary care and physician engagement efforts, with the support and collaboration of sector partners

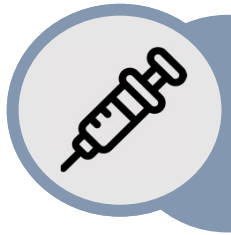


Ontario

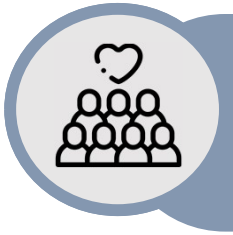
# OHTs Response to COVID-19 and Lessons Learned

OHTs have demonstrated remarkable responsiveness and exemplary resilience throughout the pandemic. Feedback from the field has reinforced widespread commitment to the OHT model, with teams highlighting ways in which an integrated care system enabled their COVID-19 responses.

The cross-sectoral partnerships have helped OHTs mobilize quickly, effectively, and innovatively throughout COVID-19, giving them a “head start” in pandemic planning, response, and recovery. COVID-19 has emphasized the importance of building local, trust-based partnership structures.



A strong pandemic response has been enabled by OHTs’ ability to share resources across the team to make advancements on various domains including: vaccine rollout, the acquisition and distribution of personal protective equipment supplies, staffing assessment centres, expanding remote physician care, and supporting long-term care homes and congregate care settings.



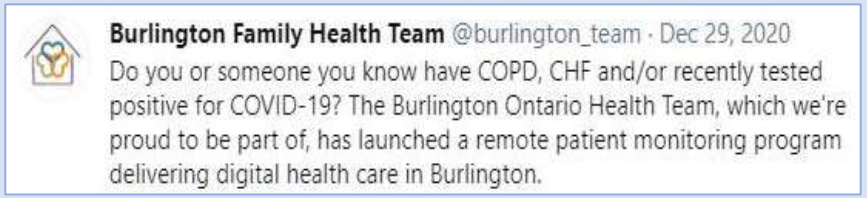
OHTs have showcased commitment to addressing the unique needs of underserved communities who have been disproportionately impacted by COVID-19 by accelerating community outreach efforts and co-designing targeted health interventions (e.g., multilingual educational materials).

Ontario

# Showcasing OHTs Innovative Response Efforts to COVID-19

**Virtual Care**

Leveraging ministry funds for remote home monitoring, **Burlington OHT** virtually monitors COVID-19 positive patients with mild symptoms while they isolate at home. The program connects patients with a multiskilled team using an app, tablet or smart phone.




**Caring for High-Risk Populations**

**East Toronto Health Partners, Mid-West Toronto OHT, and North York Health Partners** recently executed a pilot program aimed at vaccinating vulnerable seniors in the lobbies of apartment buildings. Their target was to vaccinate 500 high-risk seniors over the course of a few days.


**Mass Immunization**

**Many OHTs, including Couchiching OHT, Algoma OHT, and Toronto-based OHTs, are leading vaccination efforts in their local communities.** Working together with partners, **OHTs** are acquiring mass immunization clinic space, organizing providers to deliver injections, and booking patient appointments.


**IPAC & PPE**

**All Nations Health Partners** established isolation centres in First Nations communities. They also collaborated to develop 17 assessment teams to conduct testing and coordinated distribution of PPE.

**East Toronto Health Partners** team created a COVID-19 response plan, and are working together to combat outbreaks in their network community and coordinate support across local long-term care homes, hospitals, family doctors' offices, and home and community care partners.

**Guelph & Area OHT** established free distribution of personal protective equipment for vulnerable residents in the community, including homeless, vulnerably housed and low-income residents.

# Implementation Planning

# 2021-22 Priorities Snapshot: OHT Implementation and Supports

**Advance Provincial Coverage**
- Spread and scale up OHTs so that more Ontarians can benefit from better integrated, more coordinated care

**Support OHTs**
- Provide a coordinated network of generalized and customized supports for teams at all stages of implementation

**Showcase Early Successes**
- Recognize and demonstrate the value and contributions of OHTs to date to communities and patients

**Assist System Recovery and Response**
- Recognize OHTs as an important vehicle for system recovery and provide supports as appropriate

| 21/22 Q1 | 21/22 Q2 | 21/22 Q3 | 21/22 Q4 |
|---|---|---|---|
| Intake and Assessment for Cohort 3 Approved OHTs (Spring/Summer 2021) | | | |

**Ongoing:** Support providers to come together in areas of the province without approved OHTs to advance provincial coverage.

**Ongoing:** Implementation funding supports for approved OHTs

**Ongoing:** Roll out of digital health funding opportunities for OHTs

**Ongoing:** Coordination and delivery of OHT supports to teams at all levels of implementation

OHT Virtual Engagement Series events: Guidance to Support TPA Deliverables; OHT Learnings through COVID-19; Harmonized Information Management Plans; Data Supports; cQIPs

OHT Virtual Engagement Series events (Patient Declaration of Values; Home and Community Care, etc.)

**Ongoing:** Identify opportunities to showcase early successes through additional public communications

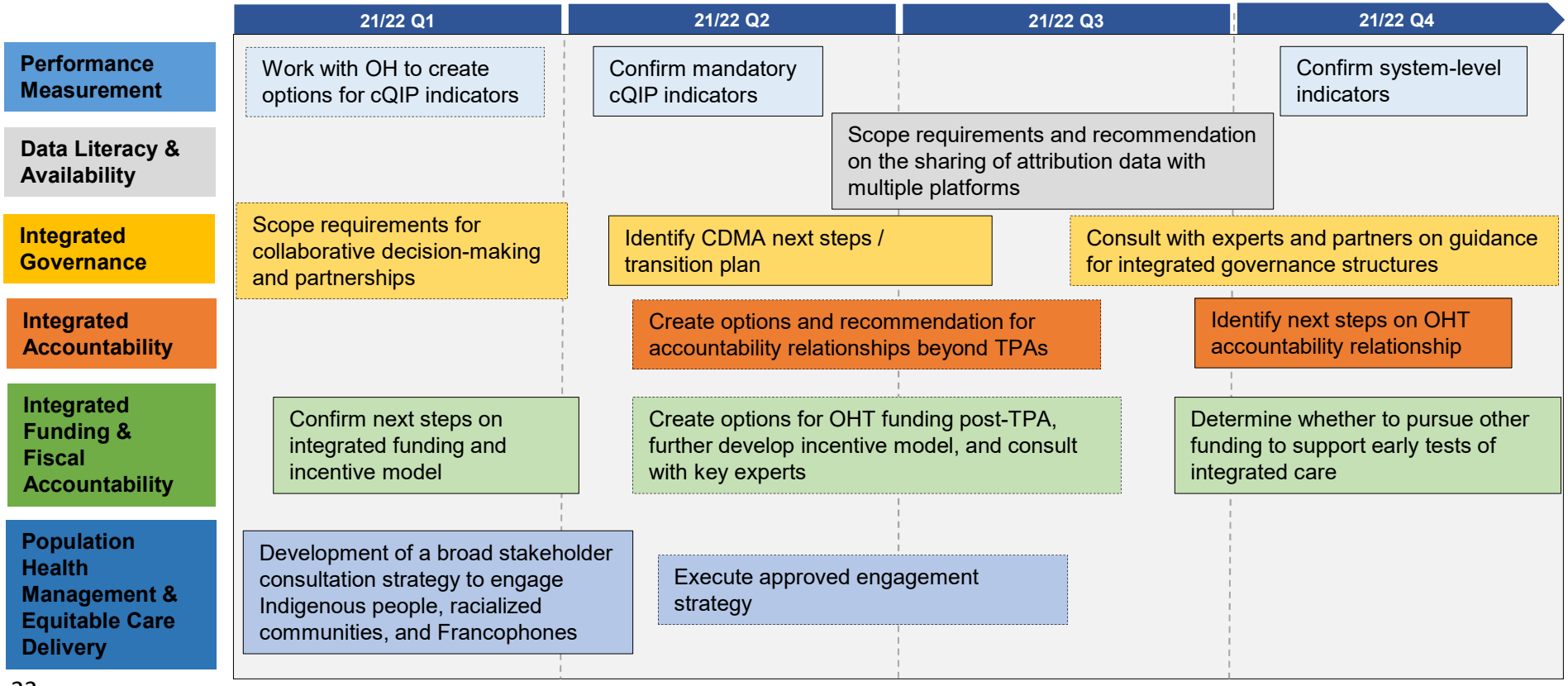
**Ongoing:** Work with Ontario Health to identify COVID recovery opportunities that can be implemented through OHTs



Ontario

# 2021-22 OHT Policy Pathway

| | | | | | |
|---|---|---|---|---|---|
| ***Aim*** | **Performance Measurement:** Develop a robust performance measurement framework that effectively assess the extent to which OHTs are delivering more integrated care. | **Data Literacy and Availability:** OHTs have access to attribution data on an ongoing basis. | **Integrated Governance:** Support the formation of integrated governance structures | **Integrated Accountability:** Introduce accountability mechanisms that outline OHT obligations | **Integrated Funding and Fiscal Accountability:** Establish incentive model to enable progress toward integrated funding envelopes that feature risk-adjusted, capitated funding | **Population Health Management and Equitable Care Delivery:** Introduce supports and identify policies that ensure OHTs deliver equitable, culturally sensitive care to their diverse patient populations. |



# 2020-21 Pathway for Home and Community Care Modernization

**Modernize Legislation and Regulations**
- Legislative framework supports integrated and patient-centred HCC delivery by OHTs
- Simultaneous development of HCC polices

**Improve Accountability in Delivery**
- Ensure home care procurement and contracts support improved care delivery by OHTs
- Requires implementation planning with Home and Community Care Support Services and OH

**Develop a Plan for HCC Transition**
- Co-designing the pathway for graduated home care transfer to OHTs
- MLTC to determine future state for LTCH placement in consultation with partners

**Establish Transitional and Permanent Governance**
- Support Home and Community Care Support Services governance, leadership and accountability as a stable platform for delivery and modernization
- Supported by PwC (to September 30, 2021)*

April 2021 — July — October — January 2022

CCA Reg engagement (*June – July 2021*)

Regs approved *(est Dec 2021)*

*Connecting People to Home and Community Care Act* proclaimed *(est Dec 2021)*

Procurement engagement begins *(TBC)*

Finalize procurement model *(Fall 2021)*

Continued implementation planning

Planning for the pathway for graduated home care transfer to OHTs *(Fall 2021)*

Additional tests of home care change underway

New HCCSS board and interim CEO *(July 1)*

Evolution of MOH-OH-HCCSS accountability framework

Recruitment of permanent CEO and planning and implementation of HCCSS structures (*Summer – Fall 2021*)

**Note: Ongoing work of PwC consultant team includes development of a strategic human resources communications plan, assessment of corporate structure and design, executive recruitment, and development of HCCSS board governance training framework.*



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