Hamilton Niagara Haldimand Brant
Local Health Integration Network

Minutes of the Business Meeting of the Board of Directors August 31, 2016

A meeting of the Board of Directors of the Hamilton Niagara Haldimand Brant (HNHB) Local Health Integration Network (LHIN) was held on August 31, 2016, at the Boardroom, Hamilton Niagara Haldimand Brant Local Health Integration Network, 264 Main Street East, Grimsby, Ontario, and beginning at 4:00 p.m.

Present:	Michael P. Shea, Board Chair Mervin Witter, Vice Chair Laurie Ryan-Hill, Vice Chair Bill Thompson, Member Dominic Ventresca, Member Madhuri Ramakrishnan, Member Janine van den Heuvel, Member
HNHB LHIN Staff in Attendance:	Donna Cripps, Chief Executive Officer Helen Rickard, Corporate Coordinator, Recording Secretary Steve Isaak, Director, Health System Transformation Derek Bodden, Director, Finance Rosalind Tarrant, Director, Access to Care Linda Hunter, Director, Health Links and Strategic Initiatives Trish Nelson, Director, Communications, Community Engagement and Corporate Services Emily Christoffersen, Director, Quality & Risk Management Dr. Jennifer Everson, Physician Lead, Clinical Health System Transformation
Guests:	Mr. Doug Kane, Board Treasurer, Brain Injury Community Re-entry Mr. Scott Paulin, Board President, Brain Injury Services Mr. Mark Farrow, Vice President HITS and CIO, Hamilton Health Sciences, Vice President and CIO, St. Joseph's Healthcare Hamilton, Regional eHealth Lead & CIO, HNHB eHealth Office

A. Convening the Meeting

A.1 Call to Order

A quorum was present.

A.2 Amendment to Agenda

MOVED: Bill Thompson
SECOND: Dominic Ventresca

That the Board of Directors of the Hamilton Niagara Haldimand Brant Local Health Integration Network adds a Closed Session at the adjournment of the Open Session entitled Closed Session and be added to the agenda as Item G.

A.2 Approval of the Agenda

MOVED: Bill Thompson
SECOND: Dominic Ventresca

That the agenda of August 31, 2016, be adopted, as amended.

CARRIED

A.4 Declaration of Conflicts

No conflicts were identified at this time.

B. HNHB Board Delegation

B.1 Brain Injury Community Re-entry and Brain Injury Services

Presenters: Mr. Doug Kane, Board Treasurer, Brain Injury Community Re-entry
Mr. Scott Paulin, Board President, Brain Injury Services

Key Points of Discussion:

- Brain Injury Services (BIS) is a community based rehabilitation service for individuals that have a sustained brain injury. BIS has been serving the Hamilton area for 29 years and has 7 residential facilities and 350 clients. The agency provides a full-range of integrated services including 24 hour residential care as well as community outreach services.
- Brain Injury Community Re-entry (BICR) provides rehabilitation and support services to individuals, families and care-givers in the Niagara who are living with the effects of an acquired brain injury. BICR has been serving the Niagara are for 28 years.
- Both presenters spoke about the process and concerns they have regarding the activities that have been initiated in the development of a system-wide HNHB LHIN Acquired Brain Injury Strategy and the Request for Proposal for a Transitional Acquired Brain Injury Stroke Program.
- It was clarified that in June 2015 the HNHB LHIN Board of Directors approved, in principle, $2,000,000 funding to Hamilton Health Sciences for the development of the Acquired Brain Injury Stroke Community Transitional Program, subject to board approval of the program model proposed. No funding has been provided to Hamilton Health Sciences at this time.

C. Education Session

C.1 Proposed Bill 210 Implementation Update

(Presentation is appended to original set of minutes and labelled as Appendix 1)

Key Points of Discussion:

- The proposed Bill 210, Patients First Act, 2016, must pass 2nd and 3rd reading before being proclaimed into law.
- Review of the project framework was provided that included the HNHB LHIN initial preparation tasks that have been developed and the activities that have taken place to date.

- It was noted that further community engagement will be taking place locally and a review of the community engagement to date was provided. The community engagement process includes webinars, symposiums, HNHB LHIN website, blog, and LHINsight.
- It was noted that further engagement and data are required with respect to the Six Nations of the Grand River and Mississaugas of the New First Credit Nation for sub-region development.
- An overview was provided of the Functional Integration Teams that have been developed with HNHB LHIN and CCAC staff and the activities to date in preparation for Bill 210.
- It was noted that the Sub-Region formation should be completed for Board approval in September and then submitted to the ministry by September 30.

D. Minutes of the Last Meeting

D.1 Approval of the Minutes of June 29, 2016

MOVED: Michael Shea
SECOND: Mervin Witter

That the minutes of the Board Meeting – Business of June 29, 2016, be adopted as circulated.

CARRIED

E. Reports

E.1 Report of the CEO

MOVED: Michael Shea
SECOND: Laurie Ryan-Hill

That the Report of the Chief Executive Officer (CEO) be received and filed.

CARRIED

Key Points of Discussion:

- The CEO advised that the HNHB LHIN organized a tour of mental health providers for the minister's staff on August 24.
- Dr. Jennifer Everson advised the Board of the following information:
  i. First voluntary integration of two family health teams in Niagara.
  ii. The areas of St. Catharines/Thorold have been designated as a high needs area under the Managed Entry Program and now qualifies for three new physicians.
  iii. Family Health Teams, Hamilton Family Health Team, Public Health, and several Physicians are working together to resolve an issue with skin testing.
  iv. New graduate residents from the Northern Medical school want to train in Niagara.
  v. Brant Community Healthcare System has developed a common after hours group involving two Family Health Teams and others.
- The CEO noted the upcoming Indigenous Cultural Competency training session for Board members being held on November 3.

E.2 Report of the Chair

MOVED: Dominic Ventresca
SECOND: Janine van den Heuvel

That the Report of the Chair be received and filed.

CARRIED

Key Points of Discussion:

- The Chair advised the Board that the postings on the Public Appointment Secretariat website for Board Chair and Board Member have been extended to September 13, 2016.
- July 25: The Board Chair and CEO met with Ted McMeekin, MPP / Hon. Indira Naidoo-Harris / MPP, Eleanor McMahon, MPP.
- July 26: The Board Chair and CEO met with Mayor Bentley/Grimsby, Mayor Easton/Lincoln, and Mayor Joyner/West Lincoln
- August 29: The Board Chair and CEO met with Mayor Redekop/Town of Fort Erie to discuss the future of healthcare in Fort Erie. During the meeting Mayor Redekop expressed concerns regarding the area of Fort Erie and that Fort Erie has been forgotten in Niagara Health System planning.
- August 30: The Board Chair attended the LHIN Board Chair Council Meeting.

E.3 Report of the Audit Committee Chair

MOVED: Michael Shea
SECOND: Mervin Witter

That the Report of the Audit Committee Chair be received and filed.

CARRIED

E.3(a) Approval of Audit Committee Minutes of June 22, 2016

- The Audit Committee held a meeting on August 31, 2016. The minutes of the Audit Committee meeting of June 22, 2016, were approved by the Audit Committee for receipt by the Board of Directors.

MOVED: Laurie Ryan-Hill
SECOND: Bill Thompson

That the minutes of the Audit Committee meeting of June 22, 2016, be received and filed.

CARRIED

E.3(b) Consent Agenda of August 31, 2016

MOVED: Dominic Ventresca
SECOND: Bill Thompson

That the Audit Committee reviewed the consent agenda of August 31, 2016 consisting of:

i. CEO Delegation for Syrian Refugee Review

That the consent agenda of August 31, 2016 be received and filed.

CARRIED

E.3(c)(i) Community Care Access Centre Funding
(No Motion)

The Ministry of Health and Long-Term Care notified the Hamilton Niagara Haldimand Brant Local Health Integration Network that it would receive up to $14,399,500 in new annualized based funding, effective April 1, 2016. This funding it to support investments in the community sector.

Of the $14,399,500 up to $10,421,700 funding has been identified for the Hamilton Niagara Haldimand Brant Local Health Integration Network Community Care Access Centre. Of this amount $8,337,400 is to expand service provision of high needs Community Care Access Centre clients and $2,084,300 to provide respite services for caregivers in greatest need.

Approval of this new funding is associated with a number of conditions of which the Community Care Access Centre will be required to meet and report back to the Hamilton Niagara Haldimand Brant Local Health Integration Network.

E.3(c)(ii) 2016-17 Community Investment Funding Update
(No Motion)

Staff presented an update on the 2016-17 Community Investment Funding (Presentation circulated in your meeting materials).

The update included the breakdown of the $14,399,500 in new annualized base funding received from the Ministry of Health and Long-Term Care on April 1, 2016. In addition to the funding allocation of $10,421,700 to the Hamilton Niagara Haldimand Brant Community Care Access Centre the Hamilton Niagara Haldimand Brant Local Health Integration Network received $3,977,800 in new base funding for local priorities to expand community services capacity, support government priorities and Local Health Integration Network specific service requirements.

Funding is for the community sector only and cannot be allocated to hospital operations or long-term care homes.

The Hamilton Niagara Haldimand Brant Local Health Integration Network leadership team will utilize the Decision Making Framework criteria to review proposals and make funding recommendations. The funding recommendations will be presented to the Board for consideration and decision starting in September.

F. New/Other Business

F.1 Information Systems Update

MOVED: Laurie Ryan-Hill
SECOND: Bill Thompson

That the Board of Directors of the Hamilton Niagara Haldimand Brant Local Health Integration Network receive and file the Report of the HNHB eHealth Office.

CARRIED

Key Points of Discussion:
(Presentation is appended to original set of minutes and labelled as Appendix 2)

- It was noted that the term ehealth will be changing to digital health
- Advances in ClinicalConnect were highlighted including not only benefits for patients but also the value for providers.

F.2 Hospital Broader Public Sector Accountability Act, 2010 – Hospital Annual Report on Consultant Use

MOVED: Janine van den Heuvel
SECOND: Mervin Witter

That the Board of Directors of the Hamilton Niagara Haldimand Brant Local Health Integration Network receive and file the Hospital Broader Public Sector Accountability Act, 2010 – Hospital Annual Report on Consultant Use.

CARRIED

Key Points of Discussion:

- It was noted that hospitals not in compliance would be investigated and that there is the Board approved LHIN escalation process would be implemented if a hospital was deemed not in compliance with the legislation.

F.3 St. Joseph's Healthcare Hamilton Interventional Angiography Unit Capital Project

MOVED: Michael Shea
SECOND: Laurie Ryan-Hill

That the Board of Directors of the Hamilton Niagara Haldimand Brant Local Health Integration Network endorses the Pre-Capital Part A Programs and Services submission for St. Joseph's Healthcare Hamilton proposed Interventional Angiography Unit Capital Project.

CARRIED

Key Points of Discussion:

- It was noted that this request supports renovation to existing space within the Diagnostic Imaging Department to extend the suite from 505 square feet to 1,012 square feet.
- Service volumes will not be adjusted as the unit is currently extending hours to accommodate the downtime.

F.4 Capital Update (Niagara Health System and Hamilton Health Sciences Corporation)
(No Motion)

Key Points of Discussion:

- The Niagara Health System Stage 1 Part A Proposal assesses the future need (5, 10 and 20 year outlook) for the programs and services needed for the population served in the Niagara area.
- It was noted that HNHB LHIN is continuing to work with the ministry and Niagara Health System regarding the proposal and to address specific concerns regarding the ambulatory component.
- Concerns were raised regarding the reduction of Niagara Health System sites, ambulatory services available, demographics, community expectations, and transportation.
- It was noted that during the winter months accessibility to Niagara Health System sites could be an issue for residents in outlying areas such as Fort Erie.

G. Closed Session

MOVED: Mervin Witter
SECOND: Madhuri Ramakrishnan

That the Board of Directors of the Hamilton Niagara Haldimand Brant Local Health Integration Network move to a closed session at 6:36 p.m. to discuss a legal matter.

CARRIED

G.1 Report of the Chair on the Closed Session

During the closed session, the Board discussed a matter of personal and public interest.

MOVED: Mervin Witter
SECOND: Madhuri Ramakrishnan

That the Board of Directors of the Hamilton Niagara Haldimand Brant Local Health Integration Network moved to a closed session at 6:36 p.m. to discuss a legal matter and returned to an open session at 6:52 pm.

CARRIED

H.2 Adjournment

The Board of Directors – Business meeting be adjourned at 6:52 p.m.

Original Signed by: September 28, 2016

Michael P. Shea, Chair **Date**

Original Signed by: September 28, 2016

Donna Cripps, Corporate Secretary **Date**

Putting Patients First in the HNHB LHIN
Bill 210, Patients First Act, 2016

Update to HNHB LHIN Board of Directors
August 31, 2016

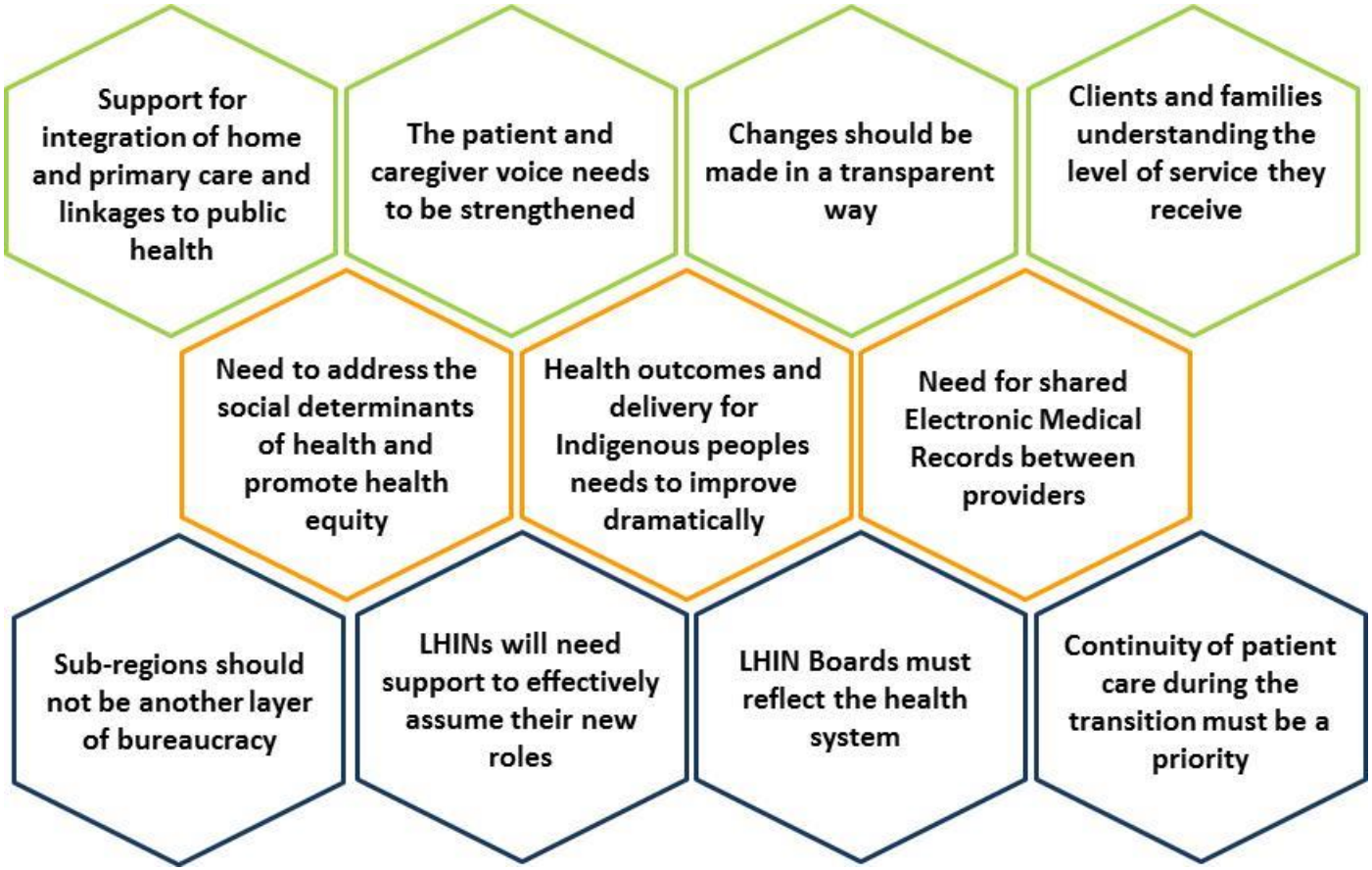
Ontario
Local Health Integration Network

Where are we now?

- *Patients First: A Proposal to Strengthen Patient-Centred Health Care in Ontario* - released December 17, 2015.
- Broad public and provider consultation across the province including ~1245 people in HNHB LHIN.
- *Bill 210, Patients First Act, 2016* - introduced in the Ontario legislature June 2, 2016.
- *Patients First: Reporting Back on the Proposal to Strengthen Patient-Centred Health Care in Ontario* -released June 2, 2016.
- *Bill 210, Patients First Act, 2016,* must pass 2nd and 3rd readings before being proclaimed into law.

Patients First Consultation and Engagement: Key Themes

- Ministry and LHINs held engagement sessions with stakeholders, and gathered feedback and ideas on the proposal.
- More than **6,000** individuals and organizations were consulted by the ministry in **six** regional sessions, as well as nearly **250 LHIN-led regional sessions**.



Vision – A Truly Integrated Health System through Patients First

The vision for the health care system in Ontario is a higher-performing, better connected, more integrated and patient-centred system for patients and care providers.

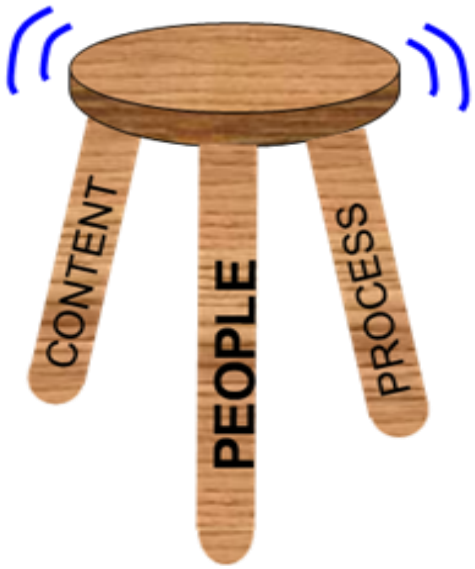
Guiding Principles for Future Integrated Health System

- Allow the health experience and **voice of the patients** we serve within the HNHB LHIN guide planning and decision making.
- Reflect the HNHB **LHIN values** of *Respect, Integrity, Accountability, and a Commitment to Transparency, Collaboration, Innovation, and Real conversation* in all interactions and activities.
- Focus on **improving health outcomes** for patients and communities. Set and strive to meet high expectations.
- Discover the best of current practices and processes, and **work collaboratively** to create something even better, constantly tracking performance.
- Use evidence and **best practice** if they exist; don't be afraid to innovate if they don't.
- Seek **alignment** and synergy with changes being implemented across the provincial health system.
- Standardize key deliverables and outcomes, encouraging **innovation** in how those are achieved.
- Maximize and **optimize** the use of financial, human, and facility **resources** to enable sustainability.
- Leaders will clearly and consistently **articulate the vision**, expected benefits, and principles underlying the changes.
- Connect and **communicate** with stakeholders on a regular basis.
- **Celebrate** the accomplishments.

Bill 210: An act to amend various Acts in the interest of patient-centred care proposes:

Effective Integration of Services and Greater Equity	Identify **LHIN sub-regions** as the focal point for integrated service planning and delivery. LHINs would take on accountability for sub-region health service planning, integration and quality improvements.
Timely Access to, and Better Integration of, Primary Care	LHINs would take on responsibility for **primary care planning and performance improvement**, in partnership with local clinical leaders.
More Consistent and Accessible Home & Community Care	**Transfer responsibility** for service management and delivery of home and community care from Community Care Access Centres (CCACs) to the LHINs.
Stronger Links to Population & Public Health	**Linkages between LHINs and boards of health** would be formalized to integrate a population health approach into local planning and service delivery across the continuum of health care.
Inclusion of Indigenous Voices in Health Care Planning	The LHIN system will be more inclusive of Indigenous voices through **a stronger role in system planning** and service delivery that will enable culturally appropriate care and incorporating traditional approaches to healing and wellness.

The Three Legs of Change



Content of Change

The organizational focus of the change (structure, strategy, business process, technology, culture, product or service)

People in Change

People's mindsets, emotional reactions, behavior, degree of engagement, acceptance, commitment and cultural dynamics impacting the change

Process of Change

The way in which change is planned, designed and implemented; how it unfolds; its roadmap, governance and course corrections

Content of Potential Change and Deliverables

Ongoing/Current LHIN Mandate and Operations

LHIN Sub-Region Development

Effective integration of services and greater equity through sub-regions

Sub-regions would be the focal point for integrated service planning and delivery to improve care coordination and transition

Primary Care

Timely access to, and better integration of, primary care

LHINs would take on responsibility for primary care planning and performance improvement in partnership with local clinical leaders

Home and Community Care

More consistent and accessible home and community care

LHINs would drive the implementation of the 10 point plan outlined in "Patients First: A Roadmap to Strengthen Home and Community Care"

CCAC Transfer to LHIN

More consistent and accessible home and community care

Direct responsibility for service management and delivery would be transferred from CCACs to the LHINs

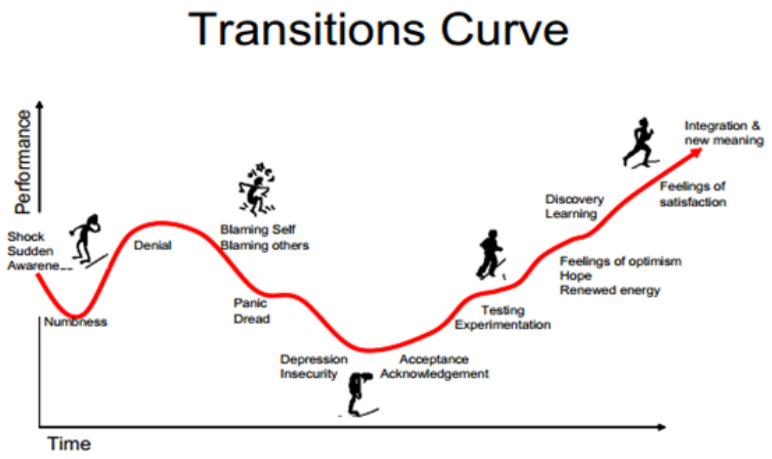
Public Health and Population Planning

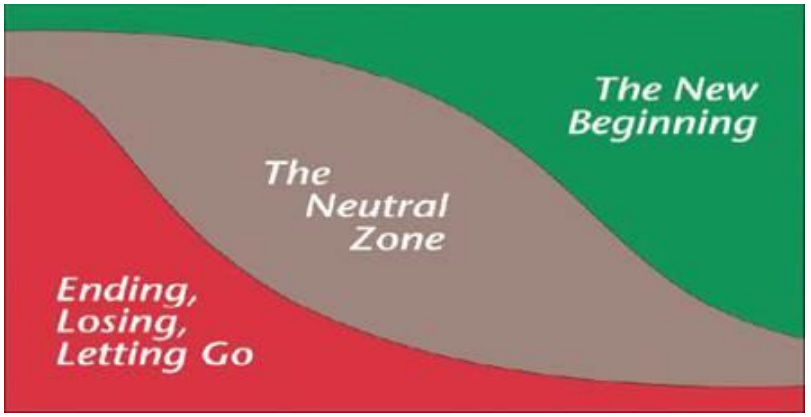
Stronger links to population and public health

Linkages between LHINs and Boards of Health would be formalized

Boards of Health would augment, at the LHIN and sub-region level, the commitment to health equity for our most vulnerable populations

People of Change





William Bridges' Transition Model (1991)

"Change is something that happens to people, even if they don't agree with it. Transition, on the other hand, is internal: it's what happens in people's minds as they go through change. Change can happen very quickly, while transition usually occurs more slowly."

It's not so much that we're afraid of change or so in love with the old ways, but it's the place in between that we fear. It's like being between trapezes……It's like Linus when his blanket is in the dryer. There is nothing to hold on to.

– Marilyn Ferguson, American Futurist

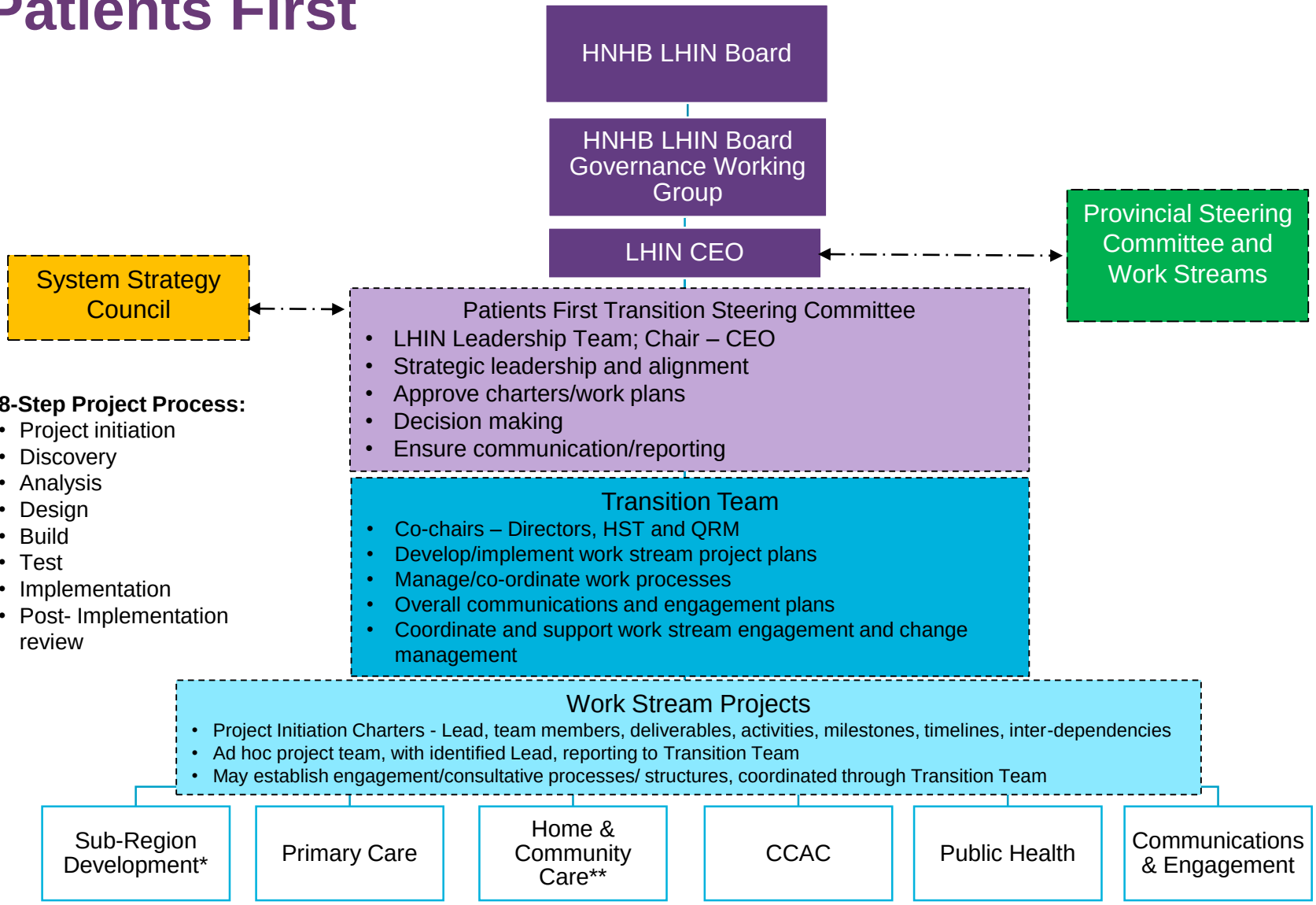
Process of Change – Provincial Oversight and Resourcing for Implementation Planning

- To oversee implementation planning of work streams emerging from the proposed legislative changes, a joint Ministry of Health and Long-Term Care (ministry)-LHIN Steering Committee, composed of ministry and LHIN executive leadership, has been established.
    - The Steering Committee will consult with LHIN Board Chairs, Community Care Access Centre (CCAC) Board Chairs and other external advisors.
- Implementation of work streams is being led by a dedicated ministry secretariat, and supported by a transition team of senior LHIN resources.
- Each work stream is guided by a Terms of Reference (TOR) and supported by a multi-sectoral project team, co-led by the ministry and LHINs, and including representation from the Ontario Association of Community Care Access Centres (OACCAC) and CCAC to deliver on critical elements of the implementation plan.
    - Work stream deliverables will also be informed by active engagement with stakeholders and key informants.

Provincial Work Streams

- LHIN Governance
- LHIN Management
- LHIN Corporate Services Entity
- LHIN Capacity and Readiness
- Sub-Region Formation
- Clinical Leadership
- Integrated Clinical Care Council
- Unionized Workforce
- Performance and Data
- Primary Care
- Home and Community Care
- Public Health
- Patient and Family Engagement
- Indigenous Engagement
- French Language Services

Local Transition Leadership Structure for Patients First



8-Step Project Process:
- Project initiation
- Discovery
- Analysis
- Design
- Build
- Test
- Implementation
- Post- Implementation review

*LHIN sub-region development would include all sectors- hospitals, primary care, home and community care, long-term care
**Work already underway continues. Ensure synergy and alignment with other work streams

Process of Change: 8 Step Framework

Step	Purpose	Key Activities (examples)
1. Project Initiation	The purpose of this stage is to identify vision, objectives, and guiding principles, establish the structure, deliverables, and timelines for the project	• Determine structure and framework • Identify and obtain necessary resources • Establish milestones, targets and indicators used to monitor progress
2. Discovery Stage	The purpose of this stage is to determine the current state and begin the process of understanding the impacts and opportunities within each component of the project	• Identify the "current state" for functions, care and service delivery • Articulate the model of service delivery, resources • Communicate the key issues and challenges • Create a shared understanding of what successful implementation of the project looks like
3. Analysis	The purpose of this stage is analyze the data and determine the gaps between current and future state and current and ideal state	• Conduct a comparative analysis, identifying gaps and duplications • Scan the literature and environment to identify best practices
4. Design	This is the process re-engineering phase where the new transformed system is designed	• Create ideal or most appropriate new state and practices • Draft a comprehensive project plan for transitioning to future state • Obtain consensus and support from work stream group members • Seek approval from steering committee/leadership team regarding design
5. Build	This is the phase when new processes, procedures, and practices are built	• Develop the structures, processes and practices as outlined in the plan • Identify key indicators for monitoring successful implementation of structures, processes or practices • Determine ongoing accountability and oversight for sustainability of the new state
6. Test	This is the phase when the processes and procedures are tested. Technology is also a large component of this phase.	• Determine which structures, processes and practices would benefit from testing • Identify various test environments and methods • Use rapid tests of change as appropriate
7. Implementation	The project is implemented. Although implementation may be gradual or sequenced, important to clearly identify date(s)	• Announce the start of "new state" structures, processes and practices • Celebrate the work to achieve implementation • Be vigilant and support sustainable change
8. Post Implementation Review	Evaluate the implementation and outcomes based on criteria established. Course correct as required	• Periodically monitor key processes and outcomes to ensure sustainability • Monitor balance measures for the impact of change on other processes and practices • Course correct as needed

Patients First Project Work Streams – HNHB LHIN Initial Preparation for Bill 210

Provincial work streams

HNHB LHIN

Sub-Region Development

- Propose sub-region areas
- Sub-region engagement sessions with health service providers and physicians
- Develop sub-region profiles and 'basket of health services'

Primary Care

- Engagement of primary care providers
- Determine outcomes for primary care
- Identify leaders in primary care
- Co-design model for primary care

Home & Community Care

- Continuation of work related to the Patients First Roadmap to Strengthen Home and Community Care (10-point plan)

CCAC

- Establish joint workgroup
- Identify project plan and teams
- Initiate LHIN-CCAC discovery meetings

Public Health

- Engage with local PH Units to identify opportunities for partnering
- Further scope to be defined by Expert Panel

8-Step Project Process:

- Project initiation
- Discovery
- Analysis
- Design
- Build
- Test
- Implementation
- Post- Implementation review

Work in Progress

Communication and Engagement

- HNHB LHIN Board – regular quarterly updates; more frequently as required
- HNHB LHIN staff – regular updates; participation on work groups; additional focus groups on specific topics
- Health service providers and physicians – engaging providers over the summer/fall
- Public – public feedback on sub-regions over the summer/fall

Sub-Region Development – Initial Preparation for Bill 210

Goal: ***Effective integration of services and greater equity through sub-regions***

Activities to-date:

- Developed methodology to define sub-region geographies
- Completed data analysis to describe our geographic areas
- Developed communications and engagement plan for community consultation
  - Webinars
  - Face to face ‘symposium’ sessions
  - Indigenous; French Language
- Community consultation on sub-region geographies nearing completion
- Developing a sub-region framework for service planning and delivery

Sub-Region Development – Initial Preparation for Bill 210

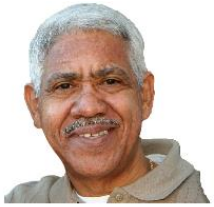
Goal: ***Effective integration of services and greater equity through sub-regions***

Next steps:

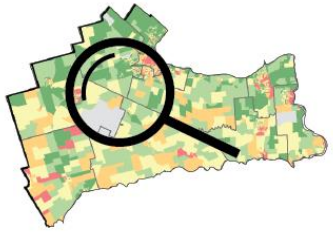
- Finalize proposed Sub-Region areas, and submit to:
  - LHIN Board of Directors – for approval
  - Ministry – for approval
- Develop initial sub-region population data profiles and service inventories for use by sub-region Leads to identify initial improvement opportunities for sub-regions
- Align with provincial work stream deliverables on performance measurement framework; sub-region functioning and lead roles

How would LHINs include a Sub-Region context in planning?

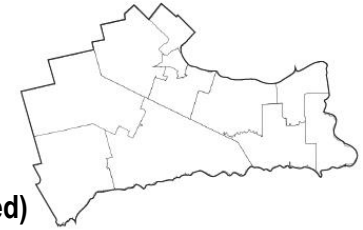
Individual
Integration of health services to meet individual care needs



Neighbourhood
Integration of health services at the neighbourhood level



Sub-Region
Integration of health services within sub-regions
(Sub-region areas to be determined)



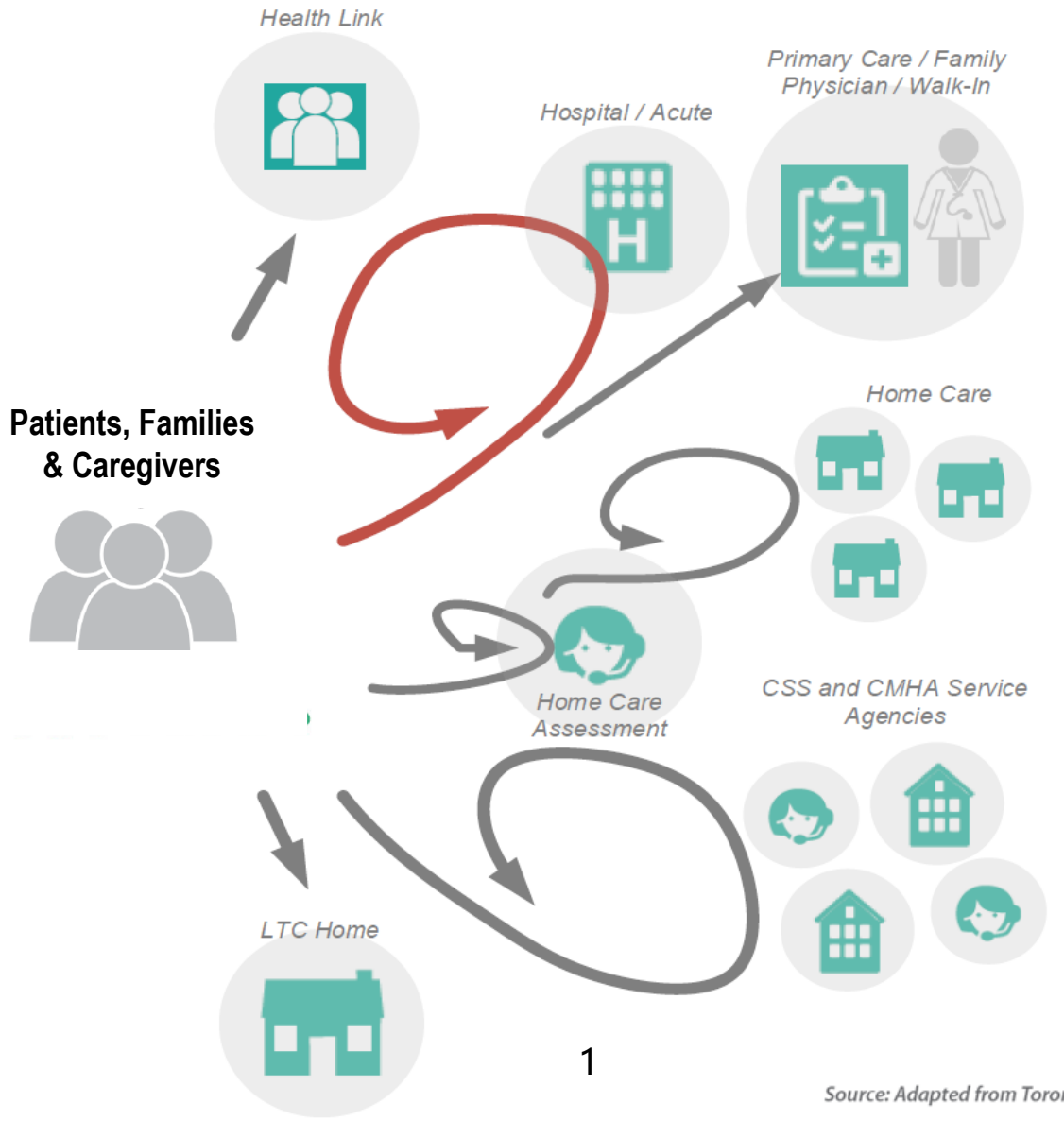
LHIN
LHIN-wide integration strategies for populations and programs

Province
Integration of programs and services at the provincial level

Planning, resourcing, and integration of services will occur at all levels, dependent upon population need.

Providers will work together at all levels to ensure seamless transitions throughout a person's care journey and equitable access to high quality and consistent care.

Current experience of patients, families, and caregivers



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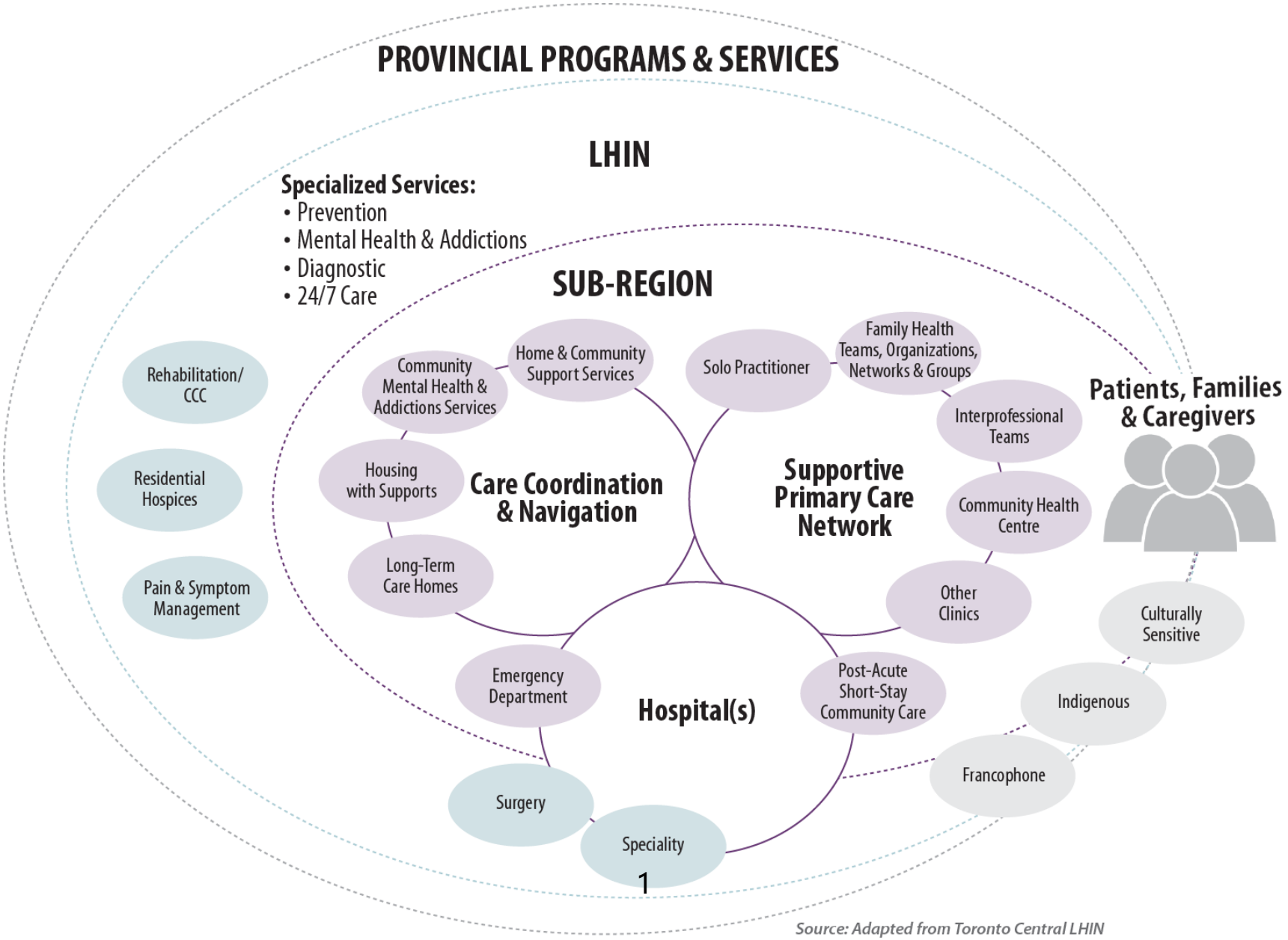
Source: Adapted from Toronto Central LHIN

Future vision how patients, families and caregivers would experience health care

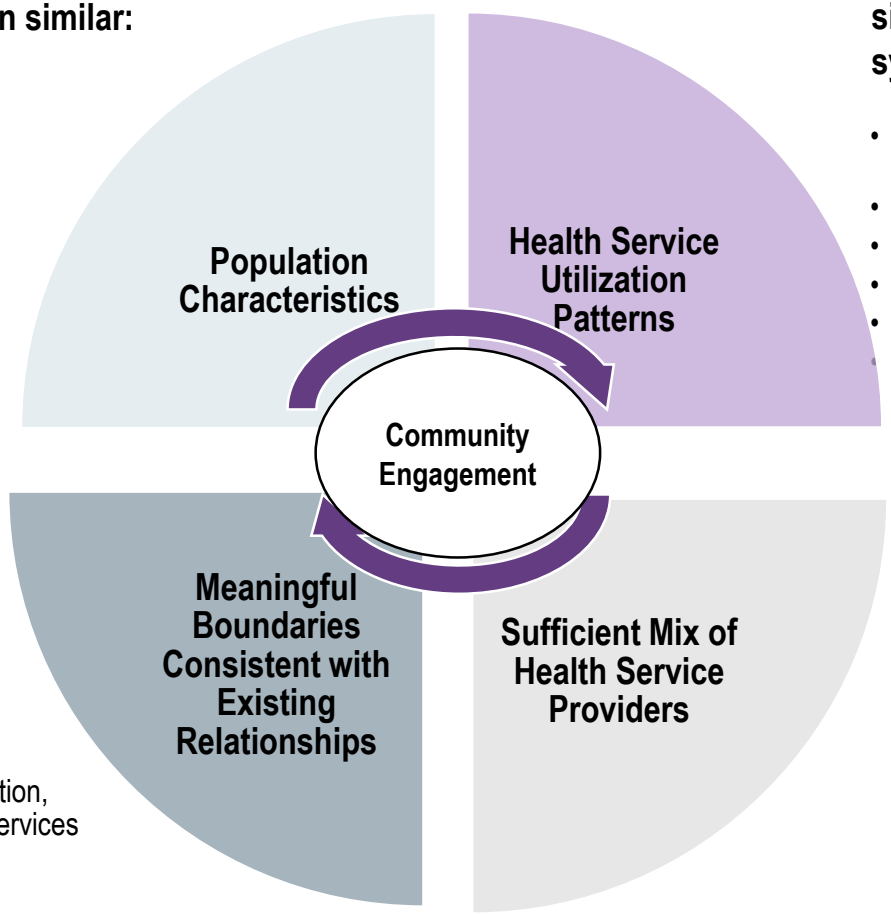


Source: Adapted from Toronto Central LHIN

Criteria for the development of LHIN sub-regions

Grouping Populations based on similar:

- Demographics
- Health Status,
- Health Behaviours
- Socio-Economic Status,
- High user cohort characteristics



Grouping Populations based on similar utilization of the health system:

- Top Case Mix Group (CMG) admission and separation rates
- Unscheduled ED visit rates
- Mental Health case rates
- Home Care case rates
- High user cohort utilization patterns
- Physician networks

Grouping Populations based on other services that affect population health:

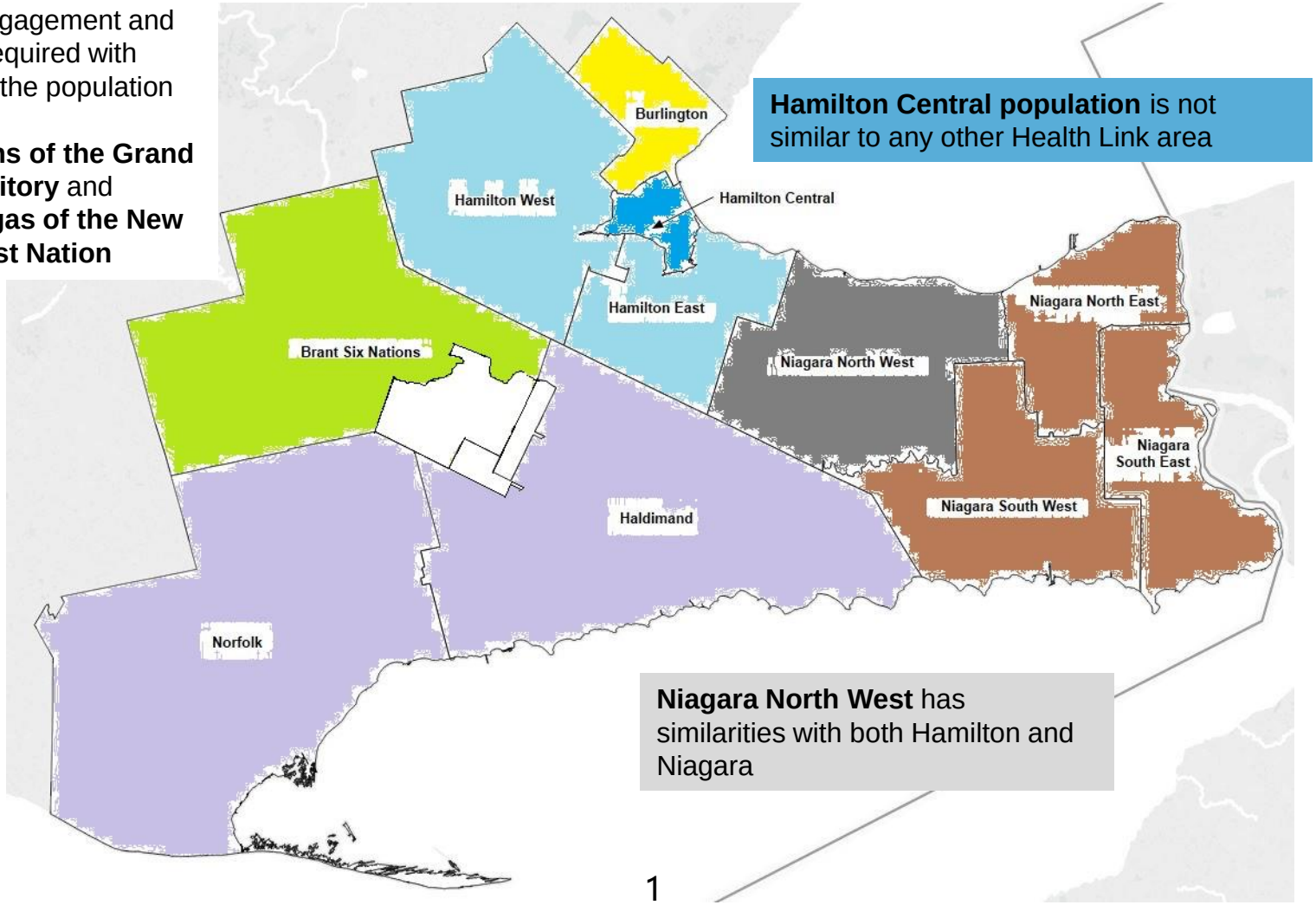
- Health Links
- Public Health Units
- Municipal Boundaries (transportation, police and Emergency Medical Services (EMS) services)
- Home Care regional offices

Grouping Populations to ensure that core services are available:

- Primary Care Providers
- Hospitals
- Community Health Centres
- Mental Health & Addictions Services
- Community Support Services
- Long Term Care Facilities

Overall Summary of Sub-Region Data Analysis

Further engagement and data are required with respect to the population living on **Six Nations of the Grand River Territory** and **Missisaugas of the New Credit First Nation**



Hamilton Central population is not similar to any other Health Link area

Niagara North West has similarities with both Hamilton and Niagara

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Some Initial Feedback From Community Engagement on Sub-Regions

Opportunities:

- Integration and shared accountability, based on common metrics – breaking down silos.
- Will allow a closer look at service delivery at a more local level – can lead to:
  - Identifying and eliminating duplication
  - Reducing variation across the HNHB LHIN
  - Stronger links with municipalities by focusing on neighbourhoods
- Implies a change to the way providers work now – a radical improvement to coordination of transitions – status quo with a new manager won't work!

Challenges/Risks:

- Sub-regions taking on their own 'personality', creating variation across the LHIN.
- System capacity – could actually lose ground/progress that has been made.
- Loss of integration across sub-regions, at the LHIN level.

Some Initial Feedback From Community Engagement on Sub-Regions

- Engagement not yet complete, however, results to date are leaning towards:
  - Burlington, Brant, and Haldimand-Norfolk as sub-regions
  - Hamilton as one sub-region
  - Two sub-regions in Niagara, including one with a focus on Niagara North West, with strong links to both Niagara and Hamilton sub-regions
  - Continuing engagement with Indigenous populations within the HNHB LHIN, in alignment with provincial engagement

Primary Care – Initial Preparation for Bill 210

Goal: ***Timely access to, and better integration of, primary care***

Activities to-date:

- Updated available Primary Care Physician data throughout the LHIN.
- Developed contact list for other primary care practitioners in HNHB LHIN.
- Developed Communications and Engagement Plan for Primary Care consultation.
- Completed initial consultations on Bill 210 with Primary Care Physicians.

Primary Care – Initial Preparation for Bill 210

Goal: ***Timely access to, and better integration of, primary care***

Next Steps:

- Continue LHIN-wide engagement of Primary Care Physicians.
- Align with provincial directions, once finalized, on specific action areas to improve access to, and integration of, primary care, including:
  - Recruitment of Clinical and Administrative Leads (requires provincial agreement on role and resourcing model)
  - Working with Clinical Leads on specific Sub-Region physician engagement

CCAC– Initial Preparation for Bill 210

Goal: ***More consistent and accessible home and community care***

Activities to-date:

- Finalized Project charter, including guiding principles, commitment statements, and project structure.
- Established Implementation Working Group comprising LHIN and CCAC leadership to oversee the project.
- Confirmed functions within project scope, and identified those critical to ensuring the success of the project on/following date of transfer.
- Established Functional Integration Teams (FITs) to begin work on the Eight-step Framework; initiated Phase One meetings.
- Initiated consistent communication to HNHB LHIN and CCAC staff (first communication has been included in the Board members blotter).

CCAC– Initial Preparation for Bill 210

Goal: *More consistent and accessible home and community care*

Activities to-date – outline of Functional Integration Teams

Governance	**Human Resources and Labour Relations**
Finance and Payroll	**Information Communication and Technology**
Purchasing, Procurement, Contracts	**Placement Services**
Service Provider Contracts and Accountability	**Resource Matching and Referrals**
Legal and Risk Management	**Clinical Care and Case Management**
Decision Support	**Quality and Performance**
Patient Relations	**Facilities**
Health Records	**Policies and Procedures**
Communications	**Education and Organizational Development**

CCAC – Initial Preparation for Bill 210

Goal: ***More consistent and accessible home and community care***

Next Steps:

- Local activities regarding the proposed transfer of CCAC to the LHIN will be mindful of, and aligned with provincial directions.
- Activities include:
  - Complete initiation, discovery, analysis, and design (steps 1-4 of the framework) for Phase One FITs
  - Make recommendations to Implementation Working Group and start to build, test, and implement (steps 5-7) as directed by Implementation a working group and in alignment with provincial activities
  - Complete initiation and discovery (steps 1-2) for Phase Two FITs
  - Complete Readiness Assessment as directed by the ministry
  - Continue communication and change management activities

Home and Community Care Initial Preparation for Bill 210

Goal: *More consistent and accessible home and community care*

Patient's First: A Roadmap to Strengthen Home and Community Care – A three-year, 10-Step Plan - Each step includes consultation:

1. Develop a statement of home and community care values
2. Create a 'levels of care' framework
3. Increase funding for home and community care
4. Move forward with bundled care
5. Offer self-directed care
6. Expand caregiver supports
7. Enhanced supports for personal support workers
8. More nursing services
9. Provide greater choice for palliative and end-of-life care
10. Develop a capacity plan

Red: Ministry-led
Red & Black – Early implementation
Black: LHIN-led

Home and Community Care Initial Preparation for Bill 210

Goal: *More consistent and accessible home and community care*

Activities to Date:

- **Levels of Care Framework (2) & Increase Funding for Home and Community Care (3):**
  - Allocation of $8.3M in 2016-17 to HNHB CCAC to expand access to home and community care for clients with complex needs in alignment with the Levels of Care Framework and invested $7M in “One Sector” model in 2015-16 increasing capacity for clients with low to moderate care needs.
  - Implemented a Health Links service stream in the “One Sector” model for clients requiring higher coordination with lower care needs.
  - A provincial levels of care framework discussion paper has had limited release and feedback within stakeholder groups.
- **Bundled Care (4):**
  - Integrated Comprehensive Care program now available to patients with Chronic Obstructive Pulmonary Disease (COPD) and Congestive Heart Failure (CHF) at all acute care hospital sites (136 patients enrolled from April-June 2016). Early results indicate reduced Length of Stay (LOS) by approximately one day.
- **Enhanced Supports for Personal Support Workers (7):**
  - Implemented final year of a three year workforce stabilization strategy for personal support workers.

Home and Community Care Initial Preparation for Bill 210

Goal: ***More consistent and accessible home and community care***

Activities to Date:

- **Expand Caregiver Supports (6):**
  - Allocation of $2M to HNHB CCAC to augment/expand respite to reduce caregiver distress.
  - Funded training/education program for caregivers (“Self-Care for the Caregiver”) specifically tailored towards those caring for individuals with dementia – 29 group sessions, 42 unique individuals and 276 hours of respite provided.
  - Adoption of caregiver distress criteria for accessing respite and in-home personal support services.
- **More Nursing Services (8):**
  - Allocation of $567,100 base funding to HNHB CCAC to support new nursing service maximums.
- **Provider Greater Choice for Palliative and End of Life (9):**
  - Increased residential hospice palliative care services in Brantford.
  - Increased funding for residential hospices.

Home and Community Care Initial Preparation for Bill 210

Goal: *More consistent and accessible home and community care*

Next Steps:

- Provincial work on an implementable Levels of Care Framework.
- Review CCAC's plan expansion of home and community care services to individuals with complex care needs in alignment of the provincially approved Levels of Care Framework.
- Ongoing implementation of a "one sector" model for home and community care and work with First Nations home care providers.
- Continue implementation of the Integrated Comprehensive Care (ICC) bundled care program.
- Work with CCAC and ministry plan for caregiver respite, including standard criteria for assessing need as well as methodology for allocating service.
- Inform planning for new residential hospice palliative care services.
- Expand opportunities for provision of hospice palliative services on Six Nations of the Grand River Territory.
- Align LHIN Regional Hospice Palliative Care Council to Provincial Framework.
- Complete environment scan of existing Home and Community Care Services by defined geographic areas.

Public Health – Initial Preparation for Bill 210

Goal: ***Stronger links to population and public health***

Activities to-date:

- Engaged with five local Public Health Units (PHU) to identify current and additional opportunities for partnering.
- Agreed to common definitions and approach for population health.
- Developed structure for ongoing collaboration:
  - LHIN/PHU Steering Committee for Collaboration
  - Data/epidemiology working group

Public Health – Initial Preparation for Bill 210

Goal: ***Stronger links to population and public health***

Next Steps:

- Review directions from provincial expert panel.
- In alignment with provincial directions:
  - Determine strategy, objectives and outcomes for collaborative efforts to support local health planning and service delivery decision-making
  - Develop and approve a work plan shared between the LHIN and the five PHUs

Communications and Engagement– Initial Preparation for Bill 210

Goal: *Open, transparent, two-way communication regarding LHIN changes*

Activities to-date:

- Internal Communication:
  - LHIN Staff – regular meetings, frequent updates, special focus groups, use of intranet and 'Runway to Patients First' – a storyboard wall space within the office.
  - LHIN Board of Directors – overview/updates at June and August Board meetings.
- External Communication:
  - Special focus on Sub-Regions (July/August):
    - Five webinars open to any and all participants (special invites to the Citizen's Reference Panel members)
    - Three webinars targeted to physicians
    - Two face to face sessions open to all Health Service Providers
    - Face to face session with French Language Service provider organizations
    - Face to face session with Six Nations healthcare providers (other sessions scheduled for later this Fall)
- Ongoing External Communication:
  - Regular updates on LHIN website and LHINsight; physician newsletter; Donna's Blog; Twitter activity including re-tweeting Minister of Health and Long-Term Care (Minister) and Ministry tweets
  - Board Chair and CEO meetings with elected representatives

Communications and Engagement– Initial Preparation for Bill 210

Goal: *Open, transparent, two-way communication regarding LHIN changes*

Next Steps:

- Internal Communication:
  - Continue regular updates to LHIN Board of Directors and LHIN staff

- External Communication:
  - Continue ongoing external communication using existing tools
  - Additional 'special focus' communications/engagement activities to be determined as project work streams proceed further with the 8-step project process in their particular area, for example:
    - Sub-Region development
    - Primary Care
    - Home and Community Care
    - CCAC transfer to LHIN
    - Public Health
    - Indigenous engagement (sessions scheduled with Mississaugas of the New Credit and the Indigenous Health Network)
    - French Language Services
    - Patient/Family Advisory Council

Next Steps (September)

- Completion of Sub-Region formation submission for Board approval and submission to the ministry (by September 30):
  - Compilation of data and engagement results to inform recommended sub-region geographies
  - High level implementation plan for sub-regions
- Updates on other local work stream activities, including LHIN-CCAC FITs.
- Updates on provincial work stream activities.