South West Local Health Integration Network
Board of Directors' Meeting
Tuesday December 18, 2018, 1:30 pm to 3:30 pm
South West LHIN, 201 Queens Ave, Suite 700, London – Main Boardroom

AGENDA				
Item	**Agenda Item**	**Lead**	**Expected Outcome**	**Time**
1.0 COVENING THE MEETING				
1.0	**Call to Order, Recognition of Quorum**	Chair		1:30
1.1	**Approval of Agenda**	Chair	Decision	1:30-1:32
1.2	**Declaration of Conflict of Interest**			
2.0 APPROVAL OF MINUTES				
	2.1 November 20, 2018 Board of Director Minutes	Chair	Decision	1:32-1:35
3.0 /PATIENT STORY/PRESENTATION				
	3.1 Patient Story	Jen Row	Information	1:35-1:50
4.0 APPROVAL of CONSENT AGENDA				
	Approval of Consent Agenda 4.1 Board Committee Reports	Committee Chairs	Information	1:50-1:55
5.0 DECISION ITEMS				
	5.1 2019-2020 Annual Business Plan	S McCutcheon	Decision	1:55-2:15
6.0 INFORMATION ITEMS				
	6.1 2019-2022 Strategic Plan & Integrated Health Service Plan 6.2 October 2018 Financial Update	S McCutcheon H Anderson	Discussion Discussion	2:15-2:35
BREAK				2:35-2:45
7.0 CLOSED SESSION				
	7.1 Closed Session	Chair	Decision	2:45-3:30
8.0 FUTURE MEETINGS/EVENTS				
	South West LHIN Board of Directors Meeting, Tuesday January 22, 2019.			
9.0	**Adjournment**	Chair	Decision	3:30

South West LHIN Board of Directors' Meeting

Tuesday November 20, 2018
South West LHIN, 201 Queens Ave, Suite 700, London – Main Boardroom

Minutes

Present: Andrew Chunilall, Vice Chair, Acting Board Chair
Linda Ballantyne, Vice Chair, Board Director
Jean–Marc Boisvenue, Board Director
Myrna Fisk, Board Director
Allan MacKay, Board Director (via teleconference)
Wilf Riecker, Board Director
Jim Sheppard, Board Director
Leslie Showers, Board Director
Cynthia St. John, Board Director

Regrets: Glenn Forrest, Board Director
Lori Van Opstal, Board Chair

Staff: Hilary Anderson, Vice President, Corporate Services
Dan Brennan, Communications Director
Mark Brintnell, Vice President, Quality, Performance & Accountability
Donna Ladouceur, Executive Advisor, Home & Community Care
Daryl Nancekivell, Interim Vice President, Home & Community Care
Sue McCutcheon, Acting Vice President, Strategy System Design and Integration
Ron Sapsford, Interim CEO
Stacey Griffin, Executive Office Coordinator (Recorder)

1.0 Call to Order – Welcome and Introductions

The Chair called the meeting to order at 1:30 pm. There was quorum and three members of the public, which included health service providers, were in attendance for parts of the meeting.

1.1. Approval of Agenda

MOVED BY: **Myrna Fisk**
SECONDED BY: **Cynthia St. John**

THAT the Board of Directors' meeting agenda for November 20, 2018, be approved as presented. A closed session will be held

CARRIED

1.2 Declaration of Conflict of Interest

No conflicts were declared

2.0 Approval of Minutes
2.1 October 16, 2018 South West LHIN Board of Directors Meeting

MOVED BY: Wilf Riecker
SECONDED BY: Jim Sheppard

THAT the October 16, 2018 South West LHIN Board of Directors' meeting minutes be approved as presented.

CARRIED

2.2 October 22, 2018 South West LHIN Special Meeting of the Board of Directors Meeting

MOVED BY: Cynthia St. John
SECONDED BY: Myrna Fisk

THAT the* October 22, 2018 South West LHIN Special Meeting of the Board of Directors Meeting *minutes be approved as presented.

CARRIED

2.2 October 26, 2018 South West LHIN Special Meeting of the Board of Directors Meeting

MOVED BY: Leslie Showers
SECONDED BY: Myrna Fisk

THAT the* October 26, 2018 South West LHIN Special Meeting of the Board of Directors Meeting *minutes be approved as presented.

CARRIED

3.0 Presentation
3.1 South West LHIN Self-Management Program

Sally Boyle**,** South West LHIN Occupational Program Lead provided a brief overview of the South West LHIN Self-Management Program. The goal of the program is to have a coordinated approach to support clients, caregivers and health care providers with self-management. The South West Self-Management Program offers free programs for people with chronic conditions. These workshops provide participants with the skills, tools and confidence to better manage their conditions such as diabetes, arthritis, chronic pain, heart disease and other ongoing conditions. Self-referrals are welcome. The South West Self-Management Program offers programs for health service providers to assist with the integration and implementation of self-management best practices. This is achieved through communication skills workshops, education and skills training in self-management support, tools, resources and consultation on how to best integrate principles into clinical programs.

4.0 Approval of Consent Agenda

MOVED BY: Wilf Riecker
SECONDED BY: Cynthia St John

THAT the consent agenda items be received and approved as circulated in the agenda package.

CARRIED

5.0 Decision Items

5.1 September 2018, Quarter 2 Financial Update

MOVED BY: **Myna Fisk**
SECONDED BY: **Leslie Showers**

THAT the South West LHIN Board of Directors provide the senior leadership team approval through the CEO to initiate and complete, in this fiscal year, initiatives in the table (Appendix E) utilizing the priority setting tool for all initiatives. The leadership team will ensure that the LHIN is not put into a deficit position.

CARRIED

5.2 Small and Rural Transformation Fund

MOVED BY: **Jean-Marc Boisvenue**
SECONDED BY: **Jim Sheppard**

THAT the South West Local Health Integration Network Board of Directors approves the allocation of $4,311,900 in one-time funding in 2018/19 to support Small and Rural Hospital Transformation Fund projects.

CARRIED

5.3 Governance Policy Harmonization

MOVED BY: **Wilf Riecker**
SECONDED BY: **Cynthia St John**

THAT the South West LHIN Board of Directors amend governance policies A-6 Code of Conduct, A-7 Conflict of Interest, A-8 Confidentiality, C-1 CEO/Board Relationship, B-1 Board Meetings/Attendance, and A-9 Committee Structure & Responsibilities as recommended by the Governance and Nominations Committee subject to further revisions/amendment to code of conduct policy.

CARRIED

5.4 Terms of Reference, Finance, Audit & Risk

MOVED BY: **Jim Sheppard**
SECONDED BY: **Cynthia St. John**

THAT the South West LHIN Board of Directors approve the Terms of Reference for a Board Finance, Audit and Risk Committee to replace the Audit Committee and Finance Committee of the Whole.

CARRIED

5.5 South West LHIN Board Committee Composition

MOVED BY: **Wilf Riecker**
SECONDED BY: **Leslie**

THAT the South West LHIN Board of Directors appoint Board Directors to the committees of the board effective January 1, 2019 as recommended by the Governance & Nominations committee. Board Committee membership will be reviewed on an as needed basis and at least annually.

CARRIED

The Audit Committee has been renamed the Finance, Audit & Risk Committee. An email call for an additional Board member will be sent out to the Board for the Finance, Audit & Risk Committee which will be sent on behalf of the Governance Committee.

6.0 Information Items

6.1 Home & Community Care Health Human Resource Challenge

The board was provided with a status update on health human resource challenges within South West LHIN Home and Community Care, specifically personal support workers (PSWs) and registered nurses (RNs), and the organization's plans to manage, monitor and prioritize associated strategies. The management of this issue will also include clear communication of the steps that have already been taken without minimizing the ongoing seriousness of the issue.

6.2 Home and Community Care Review Update

The Board received an update on the final Home and Community Care review and recommendations. As part of the review, Donna Ladouceur reported consulting with a large number of stakeholders, doing a literature review, study of existing models and recent Home and Community Care reports. Donna engaged with front line staff, service providers, patients, system partners, primary care physicians and provincial leaders was completed to understand current gaps and opportunities to work differently together. Based on the comprehensive review and feedback, a number of recommendations have been identified and outlined.

- Modernization of Service Provider Contracts
- Service Provider – Health Human Resources Capacity
- Shared Services – Creating Shared Efficiencies
- Modernization of the Care Coordination Model
- Innovative Alternate Models of Care
- Value Add of the RAI Tool
- Technology
- Review of Existing Models of Care

The LHIN will work with staff and providers to develop and share an action plan that tackles the priority recommendations and encourages thoughtful discussion and engagement with a view to concrete action.

Break

The Board took a short break from 3:30 pm to 3:40 pm

7.0 Closed Session

MOVED BY: Wilf Riecker
SECONDED BY: Leslie Showers

THAT the Board of Directors move into a closed session at 3:30 pm pursuant to s. 9(5)(a)(g)(h) of the Local Health System Integration Act, 2006

CARRIED

**LHIN Staff members Ron Sapsford attended portion of the meeting, Stacey Griffin departed the meeting at 3:42 pm and Ron Sapsford departed at 4:14pm*

MOVED BY:
SECONDED BY:

THAT the South West LHIN Board of Directors rise from closed session at 4:41pm and returned to open session.

CARRIED

7.1 Report of the Chair on Closed Session

The Chair reported that the Board received a verbal update from the Interim CEO and Acting Board Chair. The Board received a verbal update from the CEO Search Committee.

The Board approved the following motion related to the Acting Chair position as a recommendation from the Governance Committee.

MOVED BY: Linda Ballantyne
SECONDED BY: Leslie Showers

THAT the South West LHIN Board of Directors approves the recommendation made by the Governance and Nominations Committee that Andrew Chunilall, Acting Chair, remain in the position of Acting Chair until his term expires in April 2019, at the earliest.

CARRIED

8.0 Dates and Location of Next Meeting

The next regular meeting of the South West LHIN Board of Directors Meeting will be held on Tuesday December 18, 2018 at the South West LHIN office, located at 201 Queens Avenue, Suite 700, London – Main Boardroom.

9. Adjournment

MOVED BY: Cynthia St John
SECONDED BY: Leslie Showers

THAT the South West LHIN Board of Directors adjourned the meeting at 4:43 pm

APPROVED: _____
Andrew Chunilall, Acting Board Chair

Date: _____

South West LHIN | RLISS du Sud-Ouest

Patient Story

Don and Doris

Ontario
Local Health Integration Network
Réseau local d'intégration des services de santé

October 2018

[redacted]

I have written this letter on behalf of my husband in hopes that other families have a better experience with the services. Don't get me wrong, we appreciated everything that was done. At first we were sympathic with staff that said they were short staffed/over worked, but we too were sick of hearing the same thing every visit. In regards to accessing services that are advetised but nothing (no one) available.

To me, the service is broken and people can fall through the cracks so quickly. We built our home together and all Don wanted was to stay @ home. be comfortable, familiar, to be with people who loved him. I wanted to give him his last wishes and peace of mind.

Respect fully
Doris [redacted]

My name is Doris [redacted] and my husband was receiving SPO ; CCAC home support. I never called and communicated any concerns my husband or I had. The home care was inconsistant and sparse. Truthfully we didn't want to say anything in case visits became less. I learned as much as I could so Don could remain at home - and I could continue to care for him - he was my priority

Background: Don

- Referral to Home Care May 21, 2018 for 65 year old male with small bowel T-cell lymphoma.
- Documented Diagnosis / Prognosis (curative intent/ transition/ palliative): File reviewed on Clinical Connect noted repeated CT scans showed large mass at region of ileocecal valve with diffuse infiltration into mesentery and aggressive nature of intestinal T-cell lymphoma. Client was provided with IV antibiotics after presenting with a fever as well as pushing to start chemo earlier in the hospital for his 'aggressive, rapidly progressive lymphoma'.
- Knowledge / Understanding of diagnosis and prognosis: Oncologist informed client that he may receive up to 6 weeks of chemotherapy and told that it is *'the worst kind of cancer to have*' and *'very aggressive*'.

Care Plan

- Don had 2 hospitalizations shortly after his diagnosis for a DVT, and a GI bleed.
- On a call to a care coordinator on June 15:
  - Wife Doris explains she has opted to take a compassionate care leave starting in June. She explains she is trying to enjoy every day with Don. Doris tells CC that his last scope showed 3 'spots' vs 1 'spot' with previous scope. She explains that the cancer is extremely aggressive and that Don was unable to tolerate his most recent chemo at the same dose as previous, so he is taking a reduced dose now.
  - End of Life preference is home; spouse plans to care for patient during EOL. Funeral Home is undecided, spouse aware to notify CC when this is decided upon. This will allow CC and nursing to complete the EDITH documents. - Spouse reports that Don and her discussed his wishes around CPR and that he is wanting to complete DNRc and Plan of Treatment for CPR paperwork. CC had left these documents in the home for patient/spouse to review last week following HV.

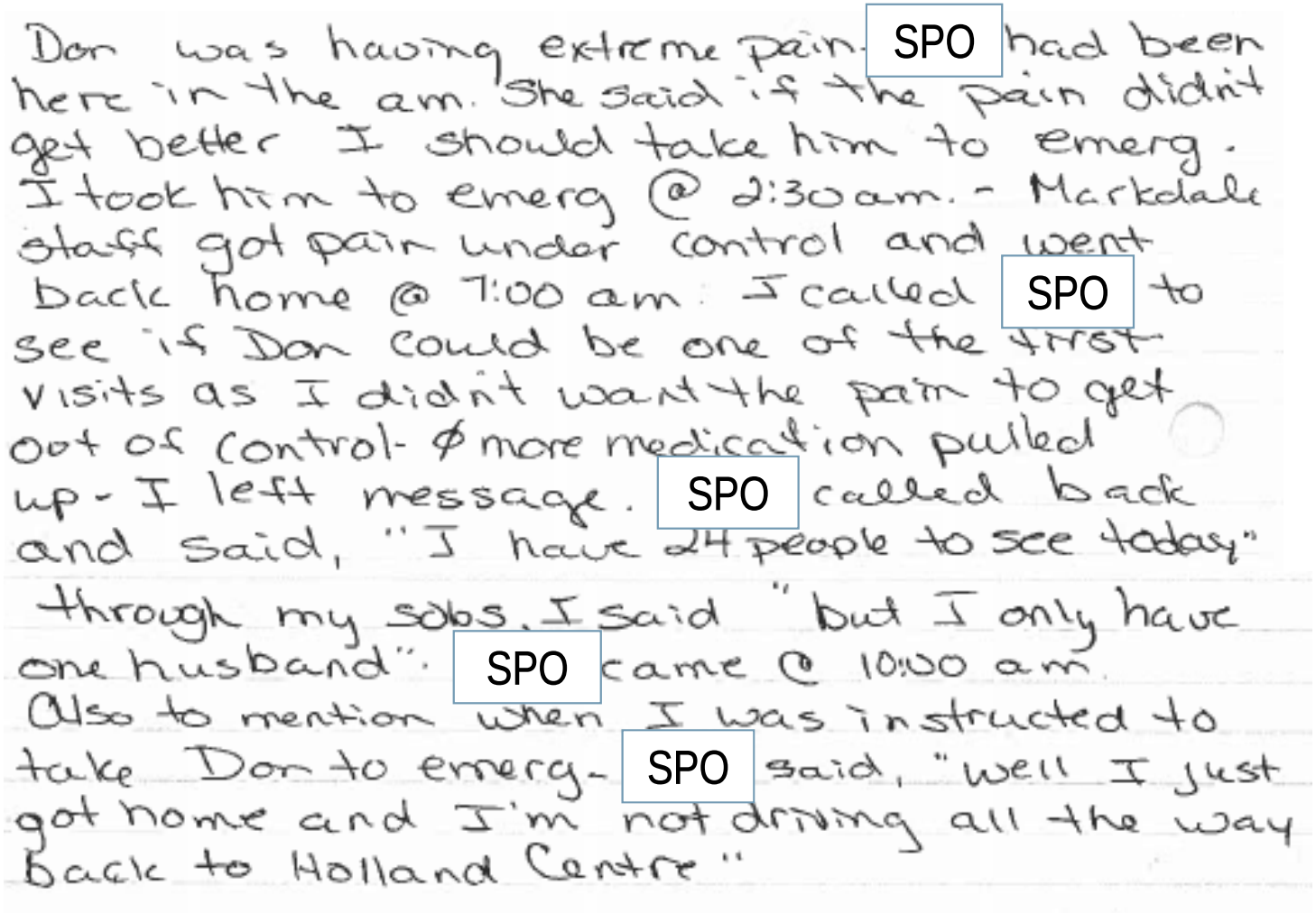
Care Plan- June 3 to September 25

- Care Plan includes nursing (starting in June) and eventually OT (for some supportive equipment- in early September). Patient and spouse are not interested in PSW.
- Over the course of the summer, Don experiences multiple emergency room visits due to unmanaged pain and symptoms related to 3 inoperable bowel obstructions and disease progression.
- Palliative Care Outreach Team (PCOT) is engaged starting in late August, providing shared care with the FHT Nurse Practitioner.
- Attempts to get E-Shift at end of life- but no provider available
- Patient died at home, preferred location, on September 25.

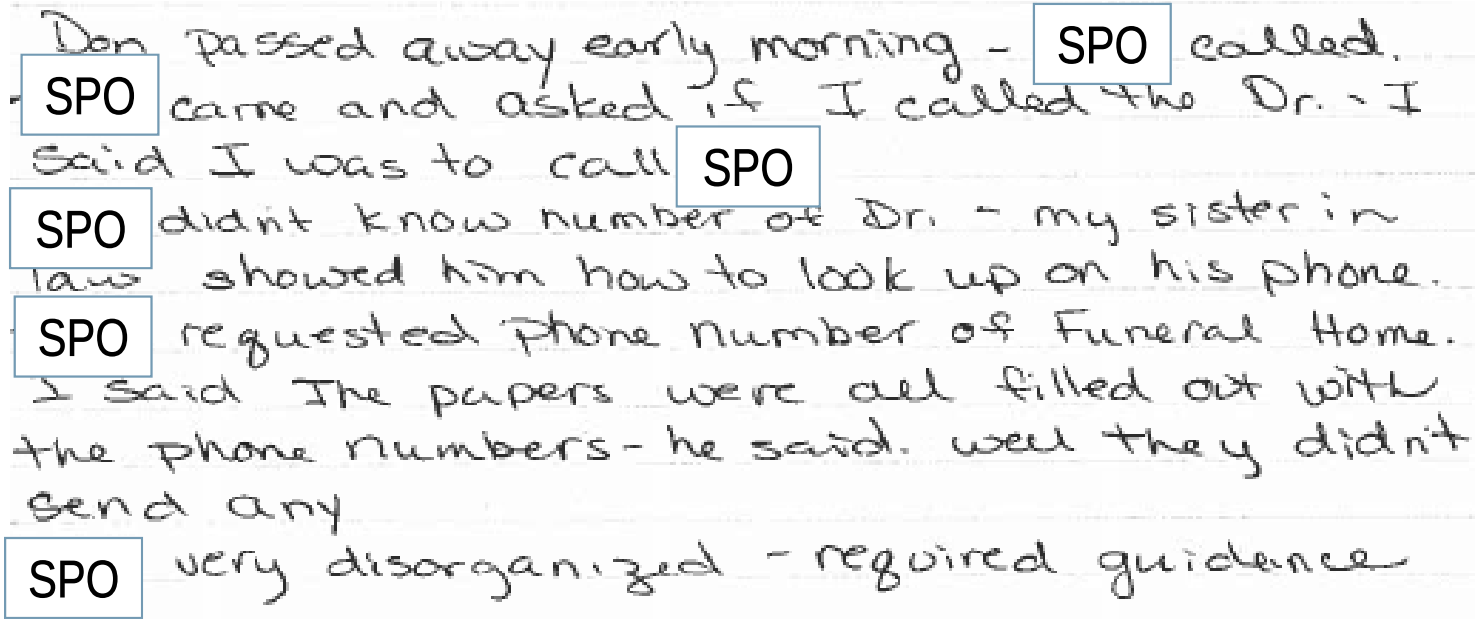
July 27

Don hates being in the hospital - he was very sick (septic) Dr. said he would respond better @ home and SPO could come and administer the IV drugs. SPO came Friday night - the first thing she said was - "I'm the only one on for the weekend I don't need this". The SPO showed me how to administer the medication, I asked are you coming back tomorrow - she said "NO" call me if you have any problems.

September 9


Don was having extreme pain. SPO had been here in the am. She said if the pain didn't get better I should take him to emerg. I took him to emerg @ 2:30 am. - Markdale staff got pain under control and went back home @ 7:00 am. I called SPO to see if Don could be one of the first visits as I didn't want the pain to get out of control- ∅ more medication pulled up - I left message. SPO called back and said, "I have 24 people to see today" through my sobs. I said "but I only have one husband". SPO came @ 10:00 am. Also to mention when I was instructed to take Don to emerg- SPO said, "well I just got home and I'm not driving all the way back to Holland Centre"

September 25



Summary of Don's final month

- Aug 26- Face to face visit by care coordinator. LHIN requested nursing complete end of life paperwork (DNR and EDITH). Although home was the preferred location for death, the care coordinator completed a Hospice application with the family as back up plan
- Aug 31- PCOT referral put in due to decline and increased pain and symptoms related to 3 inoperable bowel obstructions. Nursing is ordered daily, a pain pump initiated, IV hydration, pain and symptom management
- Sept 9- Pain crisis, ER visit to Markdale Hospital
- Sept 17- Don in bed all the time. A new pressure sore to right hip identified by palliative physician (had not been identified by nursing). OT added
- Sept 21- EDITH still not done. Care Coordinator initiated the EDITH and once again this is sent to nursing
- Sept 23- Don unable to lie flat, secretions ++ attempt for e-shift- no e-shift available. Calls from spouse to nursing to assist with secretions- not properly managed
- Sept 24- CC did joint visit with palliative physician, found patient with PPS 30. PPS update had not been provided to CC or physician by nursing. EDITH still not complete
- Sept 25- Patient died in early morning at home, with wife supporting
- NO NURSING VISITS SEPTEMBER 4,5,6,7,14,

Issue identification

- Lack of staff. GB service providers have experienced a high level of turnover, and has vacancies. Extremely challenging area for recruitment
- Too many visits in one day for one nurse
- Lack of compassion – Due to ?? Overwork ??
- Missed Care
- Lack of knowledge about communication processes
- Lack of Palliative Care expertise

I think the SPO is okay for dressings, needles, ed. but when it comes to palliative. end of life care. there is much work to be done.

What is the LHIN doing to address these issues?

2017/18 Strategies:

- CAPCE bursary for Service Providers (LHIN paid for Palliative Education for nursing service providers)
- New “visit rate” for palliative visits (visit rate equivalent to 2 visits, incentivizing longer visits that are required for EOL discussions, EDITH completion, management of complex pain and symptom issues)
- Palliative Nurse Liaison position pilot (3 LHIN hired, CAPCE trained nurses, working with PCOT teams, SPO’s, Care Coordinators- *recruitment underway*)
- Increased service guidelines for complex palliative patients nursing
- Referral management- prioritizing care for high priority populations including Palliative

What is the LHIN doing to address these issues?

Surplus Strategy 2018/19:

- *"Therapy Supports for Palliative Populations"* (pilot in Oxford County, focused on increased education for therapy SPO's, increased therapy supports for palliative patients)

- *"Palliative Care Program Expansion"* (across the South West, provider to recruit 5 Palliative Resource Educators/Coaches in their service areas)

Agenda item 4.1

Report to the Board of Directors

Board Committee Reports

Meeting Date: **December 18, 2018**

Submitted To: ☒ **Board of Directors**

Purpose: ☒ **Information Only**

Finance, Audit and Risk Committee

The new Finance, Audit and Risk Committee will meet the afternoon of Friday, February 8 to review the draft 2019/2020 budget, the 2018/2019 audit service plan, and Q3 Financial and Privacy Reports.

Board-to-Board Reference Group(s)

The sub-region groups in both of London Middlesex and Huron Perth held their inaugural meetings in November agreeing to meet again in the new year to further the work proposed. On November 7, the applicants for each of the Elgin and Oxford Sub-region Board-to-Board Reference groups were interviewed and while the conversations were encouraging all understand that more interest is sought before those groups can be launched. On December 4, a short survey was issued to board chair contacts in Elgin, Oxford, and Grey Bruce to gain an understanding of the barriers and to seek suggestions on how to launch similarly successful leadership groups in those sub-regions. A meeting of the South West LHIN Board-to-Board Reference Group is being planned for January to review the results of the November meetings and to confirm recruitment communications for the remaining sub-regions.

Governance & Nominations Committee

The Governance & Nominations Committee is next scheduled to meet on Friday, February 8. Preliminary agenda items include board and committee meeting evaluation results, policy development, 2019/2020 work plan development for both the committee and board, board portal review, and CEO Performance Review Task Force Terms of Reference amendments. All board members are encouraged to complete the short meeting evaluation survey after each of their board and committee meetings.

Quality Committee

The Quality Committee is next scheduled to meet on Thursday, January 10. Preliminary agenda items from the work plan include target setting for the Quality Improvement Plan (QIP), a review of results and improvement activities related to patient complaints, a review of results/trends on clinical risk events, and a review of the organizations' key activities to foster a quality culture.

Agenda item 5.1

Report to the Board of Directors
2019/20 Annual Business Plan

Meeting Date: December 18, 2018

Submitted By: Sue McCutcheon, Interim Vice President, Strategy, System Design & Integration
Kristy McQueen, Director System Design, Integration & Digital Health
Malvin Wright, Manager Planning & Integration

Submitted To: ☒ Board of Directors ☐ Board Committee

Purpose: ☐ Information Only ☒ Decision

Suggested Motion:
THAT the South West LHIN Board of Directors approves the 2019/20 Draft Annual Business Plan for submission to the Ministry of Health and Long-Term Care by December 31, 2018.

Purpose:
The 2019/20 Draft Annual Business Plan (ABP) is being brought forward to the Board for approval. The ABP is due to the Ministry of Health and Long Term Care (MOHLTC) by December 31, 2018 and operationalizes the first year of the 2019-2022 Integrated Health Services Plan (IHSP).

Ministry/LHIN Accountability Framework:
- The ABP is a key component of the ministry/LHIN accountability framework
- The accountability and reporting relationship between the ministry and LHINs is grounded in the legal requirements in the Local Health System Integration Act, 2006 (LHSIA), the Memorandum of Understanding (MOU) between both parties and the Ministry LHIN Accountability Agreement (MLAA), in addition to government directives such as the Agencies and Appointments Directive (AAD)
- The AAD requires all provincial agencies with governing boards, including Local Health Integration Networks (LHINs), to provide an ABP to the Minister for approval
- The 2019/20 ABP outlines plans to deliver on the priorities outlined in the LHIN 2019-2022 Integrated Health Service Plan
- In addition to the requirements outlined in the AAD, the high level Ministry priorities and LHIN IHSP, the ABP takes into consideration:
    - Patients First Act, 2016;
    - Local Health System Integration Act, 2006 (LHSIA);
    - Home and Community Care Services Act;

- LHIN's role in the delivery of home and community care and as a health-system manager, including the context of regional digital health delivery;
- French Language Health Services;
- Indigenous Peoples; and,
- The Memorandum of Understanding and Accountability Agreement between the Ministry and each LHIN.

2019/20 Annual Business Plan:
The 2019/20 Annual Business Plan format aligns to the Ministry of Health and Long-Term Care guidelines/template and reflects the key considerations listed above and includes:

- ***Context*** including the LHIN's mandate; alignment of ABP with the new Integrated Health Service Plan and Ministry priorities; overview of current and planned programs/activities aligned with the IHSP; and an environmental scan
- ***Health System Oversight and Management*** capturing priorities, key goals and action plans of the LHIN as health system managers and planners
- ***LHIN-delivered Home and Community Care*** capturing priorities, key goals and action plans of the LHIN as the service provider of LHIN-delivered home and community care.
- ***LHIN Sub-Regions*** capturing priorities, and planned activities for each of the sub-regions focused on the needs of the population, addressing provincial and LHIN priorities.
- ***French Language Services*** outlining the LHIN's plan to ensure the effective provision of French language health services
- ***Indigenous Health***: demonstrating how Indigenous people were included in health care planning and how the LHINs took into consideration their health care needs and services, including culturally safe care for Indigenous people
- ***Health Equity*** demonstrating how the LHIN will promote health equity including equitable health outcomes, to reduce or eliminate health disparities and inequities, to recognize the social determinants of health and to respect the diversity of communities and the requirements of the French Language Services Act in the planning, design, delivery and evaluation of services
- ***Performance Measures*** identifying operational and outcome-focused measures and quantified annual targets for the priorities, key programs, services and goals/plans noted above
- ***Risks and Mitigation Plans*** identifying key risks/barriers including mitigation approach to the successful implementation of priorities, key programs, services and goals/plans.
- ***LHIN Spending and Staffing Plans***
- ***Integrated Communications Strategy*** outlining the overall communications strategy including objectives, target audience, strategic approach, key messages, tactics or vehicles that the LHIN will use to get its messages across to the public and stakeholders
- ***Community Engagement*** describing plans for community engagement and plans for specific initiatives for which the LHIN receives additional operational funding
- Given the timing of submission of the draft ABP, the spending and staffing plan for the LHIN are preliminary drafts and will be finalized in February as part of the budgeting cycle in early 2019.

Draft Priorities of the ABP for 2019-20
The Annual Business Plan adheres to the ministry guidelines and is our operational plan outlining how we will deliver priorities outlined in the IHSP. The LHIN's strategy management approach links the IHSP, internal Strategic Plan and ABP to ensure the organization can translate its strategy into operations of the LHIN. This means that though the IHSP, Strategic Plan and ABP are separate strategic documents, they are related. The goals and priorities described within them all cascade from our Mission, Vision, and Values down to how we work on a day to day basis.

We are in a unique position this year given the significant time, effort and engagement both internally and externally that has been invested this year in the development of our new IHSP and internal Strategic Plan much of the information necessary to complete the requirements of our ABP have already been gathered and documented. The priorities, key goals and action plans of the LHIN as health system overseer and manager, as the service provider of LHIN-delivered home and community care, and our work within sub-regions are key components of the draft ABP. In support the strategic priorities of the IHSP we have chosen to articulate the priorities of the ABP in the context of the four key success factors identified in our draft internal strategic plan:

1. Strengthen Patient Care
2. Foster a Responsive Culture
3. Enable Local Priorities and Accountability
4. Lead Partnerships for Impact

Focusing our efforts on these key success factors including the role, behaviours and actions that we as a LHIN need to take, position us to be successful in achieving the strategic priorities of 2019-2022 IHSP while addressing Ministry areas of focus.

Next Steps:

- Subsequent to the LHIN Board's approval, the draft ABP will be submitted to the Ministry of Health and Long Term Care prior to December 31, 2018.
- The LHIN will await the Ministry's response to the draft ABP which is expected by the end of January 2019. At that time, necessary revisions will be made, and the completed operations spending and staffing plan will be updated so that the Board can approve the final ABP at the February 19, 2019 Board meeting.
- The final Board approved ABP will be submitted to the Ministry on or before March 1, 2019.
- It is expected that the Minister's final approval will occur by April 1, 2019.

South West Local Health Integration Network

Annual Business Plan
2019-2020

Table of Contents

1. Context

A. Transmittal Letter from the LHIN Board Chair

To: Tim Hadwen, Assistant Deputy Minister
Community, Mental Health and Addictions and French Language Services

Subject: South West Local Health Integration Network – Annual Business Plan, 2019/20

The South West LHIN is pleased to share it's 2019/20 Annual Business Plan (ABP) with the Ministry of Health and Long-Term Care for review and feedback. Aligned with the Local Health Systems Integration Act (2006), Home and Community Care Service Act, the Patients First Act (2016), our new Integrated Health Service Plan (IHSP) 2019 – 2022, Action for Impact, this document details our business plans and key activities for the coming fiscal year.

Over the past several months, our LHIN undertook a collaborative and inclusive strategic planning process to develop the 2019-2022 IHSP and internal Strategic Plan. Through extensive engagement with our staff, partners, and our community, we learned what people value most when it comes to healthcare, and have developed a plan that truly expresses their views and priorities.

We have worked hard to ensure that the activities reflected in this annual business plan align with provincial priorities and direction that affect all LHINs, while still reflecting the unique opportunities and challenges facing the South West. Our Plan addresses the important issues: hospital overcrowding, long-term and home care supply shortages, mental health and addictions, home care and capacity planning – and does so through a unique South West LHIN lens that emphasizes our growing seniors population, our rural communities, and our cultural diversity.

A major objective in the development of the 2019-2022 IHSP and internal Strategic Plan was to ensure they were clear and actionable. We have strived to these plans easily understandable for the public, patients, providers, and partners alike while still providing a level of information that can be acted upon. Moreover, it includes concrete actions for health service provides and the LHIN itself, ensuring that everyone is working towards the same common goals. Improving the patient experience, addressing health inequities, embracing innovation, and driving efficiencies and effectiveness are all core priorities for us moving forward.

We thank you in advance for taking the time to review this ABP; we look forward to your feedback.

Sincerely,

[signature]

Andrew Chunilall, Acting Board Chair
South West LHIN Board of Directors

cc: Renato Discenza, Interim CEO, South West LHIN

B. Mandate and Strategic Directions

LHINs are committed to improving the health of Ontarians through better access to high quality, coordinated health care services, and effective and efficient management of the system overall. In addition to planning, funding and integrating the broader health system, all LHINs are responsible for delivering home and community care services and forming stronger partnerships with public health units and primary care.

The value of LHINs to the health system in Ontario is their ability to listen and respond to the health needs of the local communities they serve. Often, local challenges require local solutions, but there are certain universal challenges that the Ontario health care system is facing that will require significant focus and transformative change to overcome. This transformation will only occur if we involve patients as partners when prioritizing local solutions for local challenges.

LHINs must ensure that all residents have access to the primary care, home and community care, long-term care, and mental health and addictions supports that they need in the right place at the right time. Innovative ways of delivering care need to be explored to efficiently use health resources and make the best use of the capacity available in the system. Doing so will require working in partnership with patients, providers and other partners on initiatives that are important to them, with a focus on capacity planning.

One of the major challenges health care in Ontario is plagued with is hospital overcrowding; this issue contributes to poor patient experiences, decreases access to care, impacts provider satisfaction and is not an efficient or effective use of healthcare funding. Hospital overcrowding is interrelated to mental health and addictions crisis, long-term care supply shortages and homecare resource shortages.

These challenges come at a time when LHINs have taken on a direct role in patient care. Previously, the role of LHINs was to plan, integrate, and fund local health care; with the amalgamation of Community Care Access Centres in 2017, the LHINs are now also responsible for delivering and directly coordinating home and community care. In this plan we outline areas of focus and actions for service providers in the South West LHIN. Now, the South West LHIN, delivers services along-side hospital, long-term care, mental health and addictions, and home and community care partners such as community support services and contracted service providers. This presents a tremendous opportunity to integrate and coordinate care better than ever before, and for the LHIN to lead by example in delivering high-quality, timely and inclusive services to our residents.

The work that lies ahead involves challenging assumptions, making difficult decisions, partnering with patients and across sectors, and innovating in ways that our system has not before. Our vision is to create a healthier tomorrow for everyone. Achieving this requires an action-oriented focus and partnership between the province, LHINs, patients, and providers.

C. Alignment with the Priorities of the LHIN's Integrated Health Services Plan

Our new Integrated Health Services Plan (IHSP) 2019-2022 sets the local strategies and actions we will undertake over the next three years to improve the delivery of health care services in our region, with the ultimate goal of improving the health of those living in the South West LHIN. While our internal strategic plan reflects how we, as the South West LHIN organization, will work together to achieve our IHSP and our vision for the future of healthcare in our region.

While developing the new IHSP we shared our vision – A healthier tomorrow for everyone and our mission to work with communities to deliver quality care and transform the health care system. In order to inspire shared ownership of achieving this vision we actively engaged with patients, caregivers, providers, partners and our own staff in the development of priorities for the next three years.

Our IHSP for 2019-2022 outlines the strategies and priority populations all service providers, sectors and networks will need to consider in their strategic and operational plans to collectively advance health system improvements within the South West LHIN. Our 2019 IHSP Strategic Priorities are:

1. Improve the patient experience
2. Address health inequities by focusing on population health
3. Reduce the burden of disease and chronic illness
4. build and foster health communities through integrated care closer to home
5. Drive innovation through sustainable new models of care and digital solutions
6. Drive efficiency and effectiveness

Our internal strategic plan framework contains four internal success factors that align to the IHSP strategic priorities and will support us in our commitment to improve the patient family experience across the healthcare system. These internal success factors outline the priorities, roles and actions that we need to take in order to improve our local health system and achieve the 2019-2022 IHSP. Together with patients, service providers and partners, we will anticipate and respond to the evolving needs of South West LHIN residents over the next three years.

D. Overview of the LHIN's current and forthcoming programs/activities

To meet the health care and social support needs of residents, a variety of services from LHIN and non-LHIN funded organizations are available in the South West including LHIN-delivered home and community care. Our services include, but are not limited to, care coordination, nursing and personal care, allied health, direct nursing, placement, information and referral, and medical supplies and equipment services.

The following LHIN-funded organizations also play a critical role in delivering health services to South West LHIN residents:
20 hospital corporations (33 sites)
79 long-term care homes
5 community health centres
1 Aboriginal health access centre
48 community support services agencies
26 mental health and addictions services providers
14 Home and Community Care Service Providers Organizations and
4 Medical Supply/Equipment Vendors

Approximately 1030 family physicians practice within the South West LHIN of which approximately

62% provide comprehensive community-based primary care. The remaining 38% of family physicians work in alternative practice models including hospitals, focused practices and walk in clinics. Half of the primary care practitioners that provide comprehensive primary care in the community are affiliated with team-based care through 19 family health teams, five community health centres, two nurse-practitioner-led clinics, and one Aboriginal health access centre.

E. Environmental Scan

To understand the ability of the health system to meet the health care needs of the population, it is important to understand the demographics and population characteristics of the South West LHIN. The following provides a brief summary. A detailed environmental scan was completed as part of the Integrated Health Service Plan 2019-2022. [link]

We serve the 962,539 people who live in the South West LHIN, nearly 40% of whom live in the City of London or another large urban centre and another 28.4% who live in rural areas or small towns. The South West LHIN has a significantly higher proportion of residents who live in rural areas or small towns than the provincial average. The region's population is growing at a slower rate (3.2%) than the provincial average (5.4%) and the rate of seniors (65+) residing in the region has grown to 18.8% of the LHIN's total population.

The South West LHIN serves an ever growing and diverse population where 14.6% of the population are immigrants and 9.6% of its population are visible minorities – both rates are lower than the provincial average. The highest proportion of recent immigrants came from Syria, India and China. The South West LHIN is also home to approximately 22,000 individuals who identify as Indigenous.

The South West LHIN has the third highest percentage of individuals who consider English to be their mother tongue (85.1%). London is a designated French Language Service area with 1.3% of those residents considering French to be their mother tongue.

In 2016, 41.5% of our residents report having at least one chronic condition and 17% had multiple conditions (a 2.4% increase over 2013). The leading causes of death in the South West LHIN are Ischemic heart disease, dementia and Alzheimer's disease, and lung and bronchial cancers. The South West LHIN also saw the second highest rates of influenza and pneumonia in the province (21.3 deaths per 100,000).

The South West LHIN has the second lowest unemployment rate amongst those 15 years and over (6.4%) of any LHIN. Despite 60% of our residents completing a post-secondary education, 15% of individuals and 21.7% of children under the age of 6 live in households with low income.

As the South West LHIN continues to work toward patient driven high-quality care within the five Sub-regions, it is also important to understand the characteristics and needs of these Sub-region populations as well as existing care patterns. Descriptive Profiles for each Sub-region can be found on the South West LHIN website.

2. Health System Oversight and Management and LHIN Delivered Home and Community Care

To succeed in transforming the health care system, all health service providers and the LHIN must share a collective plan of action and have a shared focus. Identifying top areas of focus in the form of overarching priorities helps to focus our work efforts and move forward. Over the next year through a collaborative and inclusive effort we will work with patients and families, clinical leadership, service providers and partners to anticipate and respond to the evolving needs of South West LHIN residents.

The LHIN holds a unique position in the Ontario healthcare system. We have a dual role: to enable transformational change within the South West LHIN healthcare system and to deliver high-quality home and community care. We are a convener, a catalyst and a contributor that builds capacity, shares technical expertise, and collaborates with patients and partners. We are committed to leveraging our resources to plan, fund and integrate the health system and to deliver home and community care.

The South West LHIN's focus for the next three years is to improve the patient and family experience across the system by:

- Integrating care within sub-regions
- Making the bold and necessary changes to strengthen home and community care, and
- Optimizing the use of existing resources to improve equitable access to care.

We have identified four success factors that align to the South West LHIN Integrated Health Service Plan strategic priorities, will support our commitment to improve the patient and family experience, and position us to address provincial priorities around hospital overcrowding, mental health and addictions crisis, home care resource shortages and long-term care supply shortages. These success factors, reflected below as priorities, reflect the integrated vision of the South West LHIN as it successfully delivers on its dual role.

Together with patients, service providers and partners, we will respond to the evolving needs of South West LHIN residents over the next three years. With a collaborative and inclusive effort across all levels of the organization, with patients and families, clinical leadership and partners, we will transform the health care system.

PART 1: IDENTIFICATION OF PRIORITY
Priority #1
Strengthen Patient Care
Priority Description
Patient care is at the core of everything we do. Patient-driven care means that, above all else, each decision made and action taken must consider what is best for patients. We are responsible for: improving patients' experience of care, ensuring services are high quality and effective, delivering care that is culturally and linguistically safe, and empowering patients to take an active role in their healthcare decisions. We will hold ourselves accountable for the experience of care that patients receive when accessing LHIN-delivered homecare and other care that we fund in the community. We will develop an effective accountability framework, continue to build more transparent public reporting, engage in monitoring and assessment of health outcomes, and prioritize and adopt evidence-based standards of care.
Current Status
What we heard: • Patients trust and have confidence in their care providers • The health system is complex and challenging to navigate – residents would like more team-based and coordinated care • Indigenous people experience communication barriers and poor relationships with care providers • Residents and providers do not always know where to find resources and information on available services and programs

- Indigenous people report experiencing racism, discrimination and a lack of cultural understanding that leads to lack of trust, avoidance and delays in seeking care
- Language barriers for Francophones impact quality of care and patient safety including assessment, delayed treatment and incomplete understanding of patient condition and prescribed treatment
- Service providers ranked improving access to mental health and addictions services the number one priority for the LHIN
- 54% of residents are not satisfied with mental health and addictions services in their region
- Some patients are having challenges accessing senior-care services, programs and community supports, particularly those related to dementia
- Coordinated care planning has been very effective in connecting providers and providing team-based care to complex patients
- Self-management workshops are increasing residents' ability to manage their own health and should be expanded
- 89% of residents are satisfied with primary care, but some residents are unable to find a suitable primary care physician or experience long-wait times to see their physician

The LHIN-delivered Home and Community care team provides more than 64,000 people with the care they need every year. In 2017-18 we received more than 70,000 referrals to home and community care. Each month, the LHIN:

- helps more than 3,200 patients get from hospital to home
- helps more than 280 patients find a place in a long-term care home
- supports 2,000 children
- provides services to more than 25,000 patients

The patients we serve in homes and communities across the region include:

- Seniors who want to stay in their homes and live independently
- Younger adults and children with health-care issues or injuries, chronic disease, and students who need support at school
- Patients needing support to recover at home after hospital discharge
- Patients whose needs are better met by community care than in hospital or long-term care
- People who need support through their end-of-life experience

Current health human resource shortages with personal support workers and community based nurses are resulting in both resource availability and quality of care issues.

PART 2: GOALS AND ACTION PLANS

Goal (s)

Patients and families in the South West LHIN have a positive experience, while receiving high quality, culturally and linguistically safe, and effective care.

Government Priorities:

One of the major challenges health care in Ontario is plagues with is hospital overcrowding; this issue contributes to poor patient experiences, decrease access to care, impacts provider satisfaction and is not an efficient or effective use of healthcare funding.

Strengthening patient care across the system, particularly Home and Community Care is a way to provide upstream support for patients to prevent inappropriate emergency room visits, decreasing length of stay, reducing readmits all of which support ending hallway medicine. Addressing

homecare resource shortages to create stronger system of support in the community reduces hospital overcrowding and may also positively impact long-term care supply shortages.

Action Plans	**Expected Status (as of Mar 31, 2020)**	**Expected Completion Date**
Modernize the Care Coordination Model	In progress	March 31, 2020
Evaluate and spread innovative and effective outcome-based models of care	In progress	March 31, 2021
Establish a transparent performance management process	Completed	March 31, 2020
Conduct capacity planning for LTC and implement recommended actions from recent capacity planning reports for primary care and mental health and addictions	In progress	March 31, 2022
Advance a culture of patient engagement	In progress	March 31, 2021

PART 1: IDENTIFICATION OF PRIORITY

Priority #2

Foster a Responsive Culture

Priority Description

To succeed in supporting the delivery of care in the South West LHIN, our organization must attract and retain the right people, and take action to support our partners to attract and retain their own staff. Fostering an inclusive work environment that keeps employees motivated and driven is key to our success and is proven to provide better patient outcomes. We will strive to create a culture that supports staff and enables us to accomplish our best work together. By investing in our staff, we will create a culture that is capable, action oriented and responsive to the needs of our communities.

Current Status

What we heard:

- Patients trust and have confidence in their care providers, and feel they are involved in the planning of their preferred care
- The health system is complex and challenging to navigate – residents would like more team-based and coordinated care
- Activities carried out by the LHIN are aligned with its vision and mission
- The LHIN is open to receiving feedback from its clients and providers
- Programs and services should be more patient-driven
- Some patients are being declined access when referred to mental health and addictions services outside of their community
- The LHIN and its providers are open to innovation, change and challenging the status quo to ensure that patients are receiving equitable, quality care

PART 2: GOALS AND ACTION PLANS

Goal (s)

The South West LHIN culture is motivated, action oriented and responsive to the needs of our communities, and supports individuals across the health system to accomplish our best work together.

Government Priorities:

There are several contributing factors to hospital overcrowding including home care resource shortages, long-term care supply shortages and the mental health and addictions crisis.

LHINs must improve home and community care by developing a health human resource collaborative to better use and increase the skills of nursing and personal support worker capacity. This will help to alleviate the negative impact that current capacity issues have on patients, and health service utilization such as emergency room visits and hospital admissions and readmissions and support safe effective discharges back to community settings.

Action Plans	**Expected Status (as of Mar 31, 2020)**	**Expected Completion Date**
Develop a new organizational approach that enables us to attract, retain and grow talent	Completed	March 31, 2020
Create a health human resources collaborative to develop and test effective models and approaches to address resource shortages across the system	In progress	March 31, 2022
Expand the use of virtual systems and processes	In progress	TBD
Advance culturally and linguistically safe care through the provision of training and skills development for our own staff as well as service providers	In progress	March 31, 2022

PART 1: IDENTIFICATION OF PRIORITY

Priority #3

Enable Local Priorities & Accountability

Priority Description

Investing in the development of sub-regions with a clear understanding of local population health and the collective actions needed to reduce health inequities. This will be achieved by providing resources, and developing processes and mechanisms to enable sub-regions to take action to improve the health system locally. Active, transparent performance management and strengthened local accountability will create an environment where local systems can respond to shifting priorities, implement necessary reforms and prioritize integration.

Current Status

What we heard:

- Sub-region development with cross-sectoral engagement is critical to ensuring the LHIN and its partners are working collaboratively toward a common goal
- Timely access to care is a concern in primary care, specialist care and home and community care
- The LHIN needs to find a balance between being directive and or prescriptive with sub-region planning
- Some providers perceive that there are currently too many service provider organizations which has resulted in siloes between providers
- The health system is complex and challenging to navigate – residents would like more team-based and coordinated care
- Some providers do not perceive funding allocations allow for the local flexibility to adequately support quality service delivery
- The quality of services varies depending on the service provider and care received

PART 2: GOALS AND ACTION PLANS

Goal (s)

The LHIN and service providers are more responsive to local needs and held accountable to a transparent set of specific goals, actions and outcomes to improve patient care.

Government Priorities:

In order to reduce hospital overcrowding LHINs much focus on optimizing existing resources, strengthening accountability and performance management within sub-regions to increase capacity and access to care in the most appropriate setting to meet patient needs. This will result in increased access to care, reducing provider frustration, improves patient and family experiences and a more efficient use of healthcare funding.

Action Plans	**Expected Status (as of Mar 31, 2020)**	**Expected Completion Date**
Develop and implement an integration-based, collaborative care model in sub-regions	In progress	TBD
Establish common quality aims at the sub-region level with a focus on measuring impacts and outcomes that matter to patients	In progress	March 31, 2021
Develop and implement an active, transparent performance-management process	Completed	March 31, 2020
Standardize funding, services and measurement provided for similar services delivered to patients with comparable needs	In progress	March 31, 2022

PART 1: IDENTIFICATION OF PRIORITY

Priority #4

Lead Partnerships for Impact

Priority Description

Effective partnerships are critical to providing safe, accessible and equitable care. Patients, families, providers, the LHIN and other non-health providers must be partners in health system improvement and are all jointly responsible for a patient's care journey. Our approach must reflect the diversity and complexity within the South West LHIN. This means planning must be in step with our population health partners: public health, housing, social services, justice, municipalities, first responders and many more partners in the community.

As a LHIN, we will lead the way in collaborative local governance, the development of strong partnerships guided by locally developed partnership objectives and the provision of patient care. Shared responsibility for health outcomes is a crucial step toward exceptional patient care and improved population health. It is our responsibility to lead the way forward in our region.

Current Status

What we heard:

- Providers are collaborating and contributing to planning at the local level and have identified local priorities for sub-regions
- The Patient and Family Advisory Committee (PFAC) is engaged and working collaboratively with the LHIN to ensure that care is provided patient-centric
- Providers feel that the LHIN is committed to expanding successful partnership that enhance coordination and break the existing siloes in the local health system
- Some patients and providers perceive the local health care system is uncoordinated, unstructured and challenging for patients and families to navigate
- Some providers believe the LHIN could engage and have a stronger presence in the community
- Patients and families who live in rural areas and some geographic locations feel that they are not always receiving access to timely, quality services and programs
- The LHIN should take a stronger role in partnering with Public Health units and non-traditional partners to enhance health prevention, promotion and self-management of chronic conditions

PART 2: GOALS AND ACTION PLANS

Goal (s)

The South West LHIN works actively and inclusively with patients, families, caregivers, governors, providers and partners to improve population health, integrate services within sub-regions and improve the patient's experience of care.

Government Priorities:

Working collaboratively within sub-regions to advance the integration of care that reduces health disparities will have a positive impact on the draw on resources within the system. An effective way to move forward is for the LHIN to lead, support and enable patients, families, service providers and non-traditional partners to come together and creatively address shared system challenges.

The demand for mental health and addiction services and supports has seen a major increase particularly as the opioid epidemic has grown. We need to partner to address social determinants of health that are contributing to the crisis including health disparities due to race, housing, justice, and food security.

Action Plans	**Expected Status (as of Mar 31, 2020)**	**Expected Completion Date**
Expand successful partnerships and build new strategic partnerships to support meaningful population planning and integration	In progress	March 31, 2022
Co-create a sub-region governance model to integrate providers around the needs of patients and families at the community level	In progress	March 31, 2022
Increase adoption and spread of prioritized digital health solutions that improve access to shared information	In progress	TBD
Develop and implement Indigenous and Francophone action plans, as well as community engagement guidelines	In progress	March 31, 2021

3. LHIN Sub-Regions

Sub-Regions Local Priorities

To help better understand and address patient needs at the local level, the LHIN has developed smaller geographic planning regions called sub-regions. Sub-regions have been created across the LHIN as a focal point for integrated service planning and delivery of seamless, consistent, high-quality care.

In the South West LHIN we have established five sub-regions:

- Grey Bruce
- Huron Perth
- London-Middlesex
- Elgin
- Oxford

By applying a population health approach at the local level, the providers and patients in the South West LHIN are able to better identify and respond to community needs, create more integrated services and ensure that patients across the entire LHIN have access to the care they need, when and where they need it to create a better patient experience. This includes the needs of Francophone Ontarians, Indigenous communities, newcomers and other individuals and groups within the South West LHIN whose health care needs are unique and who often experience challenges accessing and navigating the health care system.

Our vision is that by 2022, providers and partners within sub-regions would take the responsibility for ensuring their local health system is demonstrating better outcomes, improved patient experience, improved provider satisfaction and lower cost; while developing plans that fit the local context and meet the needs of the population. This future is one where within sub-regions patients, providers and partners are working to address the major issues facing our LHIN while also responding to their local needs. As the first step to achieving this vision, we have established Sub-Region Integration Tables,

partnerships of patient, family, and caregiver partners and local providers focused on defining priorities and actions in their local communities. Ultimately, we want our sub-region approach to achieve:

- A single budget for health care services delivered within that sub-region
- Resources shared across sub-region partners
- Aligned clinical and operational policies and procedures
- A single plan to achieve shared quality aims
- A single measurement plan with common performance measures
- A shared culture and collaborative leadership
- A commitment to community engagement and continuous quality improvement
- Integrated health care delivery

To achieve this the LHIN will:

- Year 1: Conduct engagement at the governance and leadership levels and educate on the goals of sub-regions and the vision for the health system of tomorrow
- Year 2: Drafting, ratification and implementation of the sub-region collaborative model
- Year 3: Implementation of the new collaborative model

GREY BRUCE SUB-REGION

Population Profile

The Grey Bruce sub-region is located in the north of the South West LHIN. The sub-region is comprised of two counties, Grey and Bruce with a population of 147,187. Just over 73% of the population live in rural or small town locations and just under 15% live in small or medium population centres. Seniors over 65 comprise 24.4% of the population with 10.4% being over 75 years of age.

There are two First Nations communities in Grey Bruce: Saugeen First Nation and Chippewas of Nawash Unceded First Nation (Cape Croker). In addition, Indigenous peoples live in communities throughout Grey Bruce with 7.3% of the population self-reporting.

Grey Bruce has several Mennonite and Amish communities. Although exact population numbers are not available, the Grey Bruce Public Health has indicated that this population is growing as more people are moving into the area.

The majority of the population's mother tongue is English with 1.1% reporting French as their mother tongue. Although 7.8% of the population are immigrants, 2.5% of the population identity as a visible minority.

The percentage of the population living below the low-income measure is 14.5% which was lower than Ontario average.

There are 7,765 people in Grey Bruce living with four or more chronic conditions, of which arthritis, diabetes, asthma and high blood pressure are most prevalent. Obesity is reported at 33% for adults and 28% of youth (2015/16 Grey Bruce Health Unit).

There is also a significant prevalence of mental health challenges and reported substance use with 13% of residents having had suicidal ideation, 22% of residents who drink heavily, and 36% who have used illicit drugs (2015/16 Grey Bruce Health Unit).

Services Inventory

South West LHIN funded

- 3 Hospitals (11 sites)
- 1 Community Health Centre
- 1 Aboriginal Health Access Centre
- 5 Community support services agencies
- 19 Long-term care homes
- 1 Mental health and addictions provider
- 1 Residential hospice

Other services (not South West LHIN funded)

- 1 Public Health Unit
- Approximately 105 active community-based family physicians
- 6 Family Health Teams
- 1 Child and youth mental health agency
- 1 Indigenous Friendship Centre

Sub-region Priorities

1. Identify and support implementation of recommendations from the South West LHIN Mental Health and Addictions Capacity Planning Report that have cross sector implications in Grey Bruce.
2. Improve knowledge and utilizations/embedding of programs and services that support prevention and management of chronic conditions, with an initial focus on Chronic Obstructive Pulmonary Disease (COPD).
3. Spread Indigenous culturally safe care in organizations through such activities as policy, education and the Ontario Indigenous Cultural Safety (ICS) training program.

HURON PERTH SUB-REGION

Population Profile

The Huron Perth sub-region is located in the middle of the South West LHIN. The sub-region is comprised of two counties, Huron and Perth, and one settlement qualifying as urban, Stratford. The population of Huron Perth (134,212 inhabitants) is predominantly rural (62.3%) and is characterized by a high proportion of seniors 65 year and older (18%) and 8.7 % over 75 years of age.

A small proportion of the population in this area self-identify as Aboriginal or belonging to other ethno-cultural minority populations.

Almost 11% of the population live below the low income cut off. Of residents between 25 and 64 years old, 17.1% do not have a high school diploma and 11.5% of families are lone parent families.

There are 6,105 people in Huron Perth living with four or more chronic conditions, of which arthritis, diabetes and high blood pressure are most prevalent.

Services Inventory

South West LHIN funded

- 8 Hospitals
- 14 Community support services agencies
- 19 Long-term care homes
- 5 Mental health and addictions providers
- 1 Residential hospice (2 sites)

Other services (not South West LHIN funded)

- 2 Public Health Units
- Approximately 101 active family physicians

- 9 Family Health Teams
- 1 Child and youth mental health agency
- 1 Residential hospice

Sub-region Priorities

1. Integrate and adapt mental health and/or addictions best practice service delivery models to enhance capacity in Huron Perth.
2. Improve support for patients and caregivers as they navigate the healthcare system.
3. Spread and integrate best practice models to create capacity in all sectors, including primary care to mitigate the impact of chronic diseases.
4. Leverage existing models of care and resources to ensure individuals are receiving culturally sensitive care regardless of care setting, specifically regarding the Anabaptist population.

OXFORD SUB-REGION

Population Profile

The Oxford sub-region comprises Oxford County and is located in the south-east corner of the LHIN. Oxford's population is 110,862, with 38 % of residents living in rural areas of the county and the remaining 62% of the population being located in Woodstock, Tillsonburg and Ingersoll. The population consists of 18.7% who are 65 years or older, 1.9% self-identifying as Indigenous, 3.2% as visible minorities and 1.2% who have French as their mother-tongue.
There are 25.4% of families with lone-parents and 10.8% of people who live below the income-level cut off. Also, 14.3% of individuals aged 25 to 64 do not have a high school diploma or equivalency certificate (2016 Census of Canada)

There are 5,180 people in Oxford living with four or more chronic conditions, of which arthritis, high blood pressure and asthma are most prevalent.

Services Inventory

South West LHIN funded

- 4 Hospitals (one is private and will be closing in March 2019)
- 1 Community Health Centre
- 7 Community support services agencies
- 8 Long-term care homes
- 5 Mental health and addictions providers
- 1 Residential hospice

Other services (not South West LHIN funded)

- 1 Public Health Unit (covers both Oxford and Elgin Counties)
- 1 Nurse Practitioner-led Clinic
- Approximately 51 active family physicians
- 1 Family Health team
- 1 Child and youth mental health agency

Sub-region Priorities

1. Broaden access to inter-professional resources through collaboration and partnerships
2. Create a shared understanding of current initiatives and available programs and resources to improve patient access and flow.
3. Improve access to assisted living and supportive housing to ensure priority populations are receiving the right supports, in the right settings, at the right time.
4. Improve transitions for complex patients being discharged from hospital through system partnerships and collaboration.

ELGIN SUB-REGION

Population Profile

The Elgin sub-region is home to 88,980 people where seniors account for 18% of the population and youth represent 25%. Of the total population, 13-17% identifies as Mennonite, 2.2 % as Indigenous, 2.9% as visible minorities and 1.1% who have French as their mother tongue. There is one First Nation Community, Oneida of the Thames within Elgin County.

Factors that impact the health and wellness of Elgin residents and their utilization of health services are:

- Over 9,900 people in Elgin live in low income households. Approximately 4% of the population are supported by Ontario Disability Support Program and 3% receive support through Ontario Works.
- The unemployment rate is 5.8% in Elgin County.
- Elgin has a very low vacancy rate for housing (<0.5%) and a large number of families and individuals on wait lists for geared-to-income housing (some people waiting 1-2 years)
- Approximately 4,380 people in this sub-region are living with four or more chronic/high cost conditions with arthritis, high blood pressure and asthma being the most prevalent.

Services Inventory

South West LHIN funded

- 1 Hospital
- 2 Community Health Centres
- 9 Community support services agencies
- 8 Long-term care homes
- 5 mental health and addictions providers

Other services (not South West LHIN funded)

- 1 Public Health Unit (covers both Oxford county and Elgin County)
- Approximately 40 Active family physicians
- 2 Family Health teams
- 1 child and youth mental health agency

Sub-Region Priorities

1. Enable patients to access the appropriate level of care to meet their care needs along the spectrum of home and community care, supportive housing, assisted living, hospital, and long-term care.
2. Enable providers and patients to better understand how to access mental health and addiction services and how to ensure continued and appropriate support where the patient presents.

Enablers implemented are:

- Addition of two new members to reflect the priorities of Elgin, representing the Mennonite population and Social Services, and
- Embedding strong partnerships in the areas of mental health and addictions, falls prevention, self-management, wound care and primary care provider continuing education.

LONDON MIDDLESEX SUB-REGION

Population Profile

The London Middlesex sub-region has 439,151 residents, many who live in the city of London, the largest municipality in the South West LHIN. There is a diversity of rural and urban living with 13.7% of people self-identifying as visible minorities, 2.3% as Indigenous and 1.6% of people have French as their mother tongue. There are 14.8% of people who are 65 years of age or older and 16.0% who live below the low income cut-off. The London Middlesex sub-region includes 2 First Nation Communities: Munsee Delaware nation and Chippewas of the Thames.

There are 21,945 people in London Middlesex living with four or more chronic conditions, of which high blood pressure, arthritis and asthma are most prevalent.

The prevalence of mental health illness is 20.9% of the population. These residents experience higher repeat visits to the emergency room within 30 days than other sub-regions in the South West with 19.9% returning for mental health reasons and 26.6% returning for substance abuse reasons.

Services Inventory

South West LHIN funded

- 3 Hospitals (6 sites)
- 1 Community Health Centre
- 1 Aboriginal Health Access Centre
- 23 Community support services agencies
- 23 Long-term care homes
- 11 Mental health and addictions providers
- 1 Residential Hospice

Other services (not South West LHIN funded)

- 1 Public Health Unit
- 1 Nurse Practitioner-led Clinic
- Approximately 300 active primary care physicians
- 3 Family Health Teams
- 1 Child and youth mental health agency
- 1 Indigenous Friendship Centre

Sub-Region Priorities

1. Leverage existing tools to ensure patients are receiving culturally safe care regardless of setting, specifically for those who are Indigenous.
2. Create a shared understanding of current initiatives and available programs and resources to improve patient experience and flow starting with primary care.
3. Spread/integrate existing models to ensure priority populations are receiving the right supports in the right settings at the right time.
4. Elevate existing practices to improve transitions for complex patients being discharged from hospital through system partnerships and collaboration.

Sub-Region Risk/Barrier	Mitigation Plan
General	
Difficulty building relationships and trust between providers and across sectors	• Continue to develop relationships among members of the sub-region integration table, including information sharing of current initiatives, pressures and solutions • Leverage subject-specific tables and forums to encourage collaboration between and across sectors

Skepticism from Primary Care Providers about Ministry and LHIN-driven initiatives	• Continue to have LHIN staff attend Primary Care Alliance meetings to support the Clinical Lead to develop a robust and active membership. • Ensure that primary care is appropriately woven into the work of the sub-region integration table • Partner with Health Force Ontario to support local physician recruitment needs
Non LHIN-funded providers are not well integrated into the health care system	• Continue to develop relationships with providers outside the health care sector to identify common populations and challenges that can be supported through collaboration
Engagement of health sector partners at all levels	• Support engagement at the governance and leadership levels within the organizations • Develop an engagement and communication framework that enables stakeholder involvement
Lower levels of collaboration and integration across partners	• Continue to refine a bottom up approach to priority setting and work plan development maintaining Integrated Health Service Plan alignment. • Ensure 2-way communication between sub-region integration table members and partners • Build and maintain executive relationships and communication to maintain sub-region focus
Alignment of local priorities and the South West LHIN Integrated Health Services Plan	• Strengthen relationships with health system partners to promote integration within the broader health care system • Develop local work plans that align with the South West LHIN's Integrated Health Service Plan
Sub-regions have a multitude of groups, networks and /or tables, with varying mandates for influencing and improving health and wellness	• Establish a list of all of the groups, networks and tables in each sub-region • Build understanding of function and relationships to maximize effective use of resources and communication

4. French Language Health Services (FLHS)

The Francophone community in the South West region is vibrant and diverse. It includes schools, community centers, organizations and a growing population. The South west LHIN is committed to work toward improving access to quality services in French by ensuring we are planning for access to high quality services for Francophones across the region, throughout the system and delivering culturally and linguistically safe home and community care services. This enables us to remove and prevent further language barriers for Francophone individuals seeking access to local health services in their preferred language. The South West LHIN has maintained a strong working relationship with the French Language Health Planning Entity ("the Entity") and is committed to improve how we work together, developing a joint action plan and collaborating on projects and initiatives. We are also working closely with the Entity to advance the objectives from our Joint Action Plan. This partnership is important to creating a health system that takes into consideration the specific needs of this population and to ensure cultural and linguistic safety.

For that reason, in collaboration with the Entity, we engage the Francophone community and Francophone providers to amplify their voices and inform us of the needs and challenges they face. Francophones have been actively participating in diverse community engagement activities;

planning, advisory and governance committees; and as participants in health surveys.

In collaboration with the French Language Planning Entity, our 3 year Joint Action Plan focuses on improving access to, and accessibility of health services in French for these priority populations: Francophones living with Mental illness and addictions, Francophone seniors and adults with complex needs, and Francophones living with chronic disease. Our plan also include specific actions to enhance French Language services capacity across the system such as:

- Deploying Cultural and Linguistic Sensitivity Training and videos,
- Providing leadership for a community of practice for bilingual professionals and French speaking students, and
- Leveraging information and findings from the 2017-18 OZI data related to French language service capacity and improving service provider data collection.

We continue to work in partnership with the Erie St. Clair LHIN in the development of cultural linguistic competency training. The goal is to provide Board, Leadership, staff, and service providers within our LHIN with the knowledge and tools they need to better understand the concept of an active offer of French Language Services (FLS) to serve the Francophone population as well as to help organize, develop, and plan for French Language Services.

The South West LHIN along with the Entity and other community partners have launched an online community of practice for bilingual human resources. The purpose of this community of practice is to support bilingual human resources in our region: giving them access to information, resources and opportunities to connect through a health chat portal.

We continue to work to advance the extent to which health service providers understand who their clients are, including their linguistic identity, to provide them with the best possible services. This includes working with identified agencies to develop and implement their French Language Service plan; working with those non-identified agencies towards capacity to identify; tracking and reporting on the number of Francophone clients served; their internal bilingual capacity to serve clients in French; and the number of requests for services in French.

Through the Service Accountability Agreements, the South West LHIN asks service providers to use formal mechanisms to identify, track and report annually on the number of Francophone patients served. This information helps with establishing an environment where people's linguistic backgrounds are collected to inform the provision of services in ways that meet their cultural and linguistic needs. The information will also be linked with existing health service data and used for health system planning to ensure services are culturally and linguistically sensitive.

The LHIN is committed to and has been working towards improving access to information and to quality services in French for Francophones in our region. We created partnerships to encourage collaboration, provided platforms and support to the community and to agencies to come together in creative ways to maximize and built on existing capacity, develop and implement new protocols, and share best practices as it relates to active offer of FLS.

For example in order to improve the French speaking population experience of care and help them access information, programs and services in French, a group of identified agencies in our region, including the South West LHIN are currently testing a Francophone health and social service hub. This culturally and linguistically safe access point aims to help Francophones navigate the system and refer them to appropriate services and supports to meet their needs. The hub will also make is easier to service providers who are still working to build their French language capacity to connect and provide best care to their identified francophone patients.

As the LHIN, we embrace understanding and ensuring that home and community care services are available in French, in accordance with the French Language Services Act. In order to achieve this and to ensure Francophone components and principles are integrated into our work, internal structures such as an internal FLS Committee, will need to be created. This committee will be responsible for developing an FLS implementation plan which will include processes to assess

capacity to provide Home and Community Care, internal guidelines, standard operational procedures and policies in accordance with the FLS Act.

To help strengthen and support our Home and Community Care services our LHIN will develop an FLS policy which will includes deliverables such as the creation of an internal FLS committee which will be responsible to develop a French Language services plan. This plan will help review standard operational procedures, clarify processes to support Francophone accessing services in their language of choice, and ensure progression in the implementation of an active offer of French languages services.

5. Indigenous Health

Within the geography of the South West LHIN, there are 5 distinct First Nations communities, including: Chippewas of the Nawash Unceded First Nation and Saugeen First Nation in the north of the LHIN, and Chippewa of the Thames First Nation, Munsee Delaware First Nation, and Oneida Nation of the Thames in the southern part of the LHIN. All have their own ways of doing and being, their own rich and beautiful history, and all are still contending with the ongoing impacts of colonialism, including dealing with a healthcare system that, for many Indigenous people, is neither safe nor accessible. There are also sizeable numbers of Indigenous people in urban centers throughout the LHIN, including populations in Owen Sound, London, and Strathroy. London, because it is a hub of high quality and specialized health care in the province, is also a landing spot for Indigenous people from all over Ontario who come to access health care.

Compared to the average Ontarian, Indigenous people experience far worse health outcomes in virtually every possible measure, including hard measures such as life expectancy; and measures of social determinants of health, such as socioeconomic status, access to employment, and food security. These health disparities can be tied to systemic issues such as racism within the healthcare system, inconsistency of opportunities for Indigenous input into health care planning and delivery, and a lack of Indigenous led care. However, improvements have been made across the system to address these, with the understanding that there is still much work to do to achieve an equitable health status for Indigenous people.

There are also impacts of colonialism that are not health care related, yet still impact Indigenous people's access to equitable healthcare, that the LHIN has to consider when planning and delivering healthcare for Indigenous people. For instance, the reservation system saw to it that Indigenous communities were isolated from not only health services, but also from opportunities to access Canada's economic prosperity through employment. The resulting poverty on a community scale continues to act as a barrier to improving health outcomes for Indigenous people in the South West LHIN.

The past 5 years have seen the relative alignment and consensus from federal, provincial, and municipal governments, as well as the Truth and Reconciliation Commission to recognize the role various institutions including government must play in mitigating the harmful impacts done to the health of Indigenous people through deliberate and thoughtful action. The Southwest LHIN, as a decision maker, leader in health care and deliverer of home and community care embraces its responsibility to collaborate with Indigenous communities to co-create solutions to improve the health of Indigenous people.

The Southwest LHIN's plan to honour this commitment is detailed in the Roadmap for Indigenous Inclusion and Reconcili-ACTION. The plan was co-created with the Indigenous Health committee. The Indigenous Health committee consists of Indigenous health leaders from the five First Nations and from Indigenous health organizations through the South West LHIN. The committee serves to guide the collaborative work of the South West LHIN in

addressing systemic/structural issues that contribute to health inequities for Indigenous people that act as a driver of poor health outcomes. The plan sets the direction at a systems level for how the LHIN will work collaboratively with Indigenous communities to change.

LHIN Sub-Region staff have been invited by the Indigenous Health Committee to attend their meetings and create an ongoing knowledge exchange, as well open up a two-way consultation process whereby Indigenous health leaders can advise the sub-regions on Indigenous issues, and the sub-regions can provide updates and advise the Indigenous Health Committee on matters impacting Indigenous people in their sub-regions. The committee serves numerous functions, including:

- Advising how to safely and effectively engage with Indigenous communities
- Advising on planning, delivering, and evaluating health services that impact Indigenous people
- Providing direction on how to address systems issues that serve to aid or detract to the health of Indigenous people
- Support the development of healthcare programs in the community that directly impact Indigenous people
- Support sub-region integration tables in moving forward priorities that impact Indigenous people

When providing recommendations and advice to the South West LHIN, the Indigenous Health Committee considers the impact of long standing systemic gaps and barriers to quality health care. Examples here include jurisdictional wrangling, poverty, systemic racism, poorer socio-economic status, gender, levels of isolation, intergenerational trauma and the legacy of residential schools.

Within the Roadmap is a matrix consisting of recommendations that focus on addressing systems barriers that impact care, with an emphasis on improving home and community care. Recommendations fall into 5 categories: primary, structural, human resources, reporting and accountability, and Indigenous engagement and inclusion.

Below are examples of some of the work that is under way that highlight the level of collaboration, the deliberate and ongoing involvement of Indigenous people in planning and delivery of health care, and the commitment to facilitating a safe experience for Indigenous people in the health care system.

1. Indigenous Cultural Safety Program (ICS)

Administered by the South West Ontario Aboriginal Health Access Centre (SOAHAC), the Indigenous Cultural Safety (ICS) program is funded by the LHIN. It is dedicated to addressing racial bias within the health care system, which includes front line staff, management, leadership, and board. To date, the majority of LHIN managers, leadership, and board members have taken the ICS training, and plans are currently underway within LHIN delivered homecare teams to ensure that 100% front line home care staff are trained. The LHIN understands the role it plays in modeling cultural safety both as a system, and as a provider of health care, and will continue to demonstrate leadership in the area by setting a goal to have all of the roughly 600 home care staff trained by the summer of 2021.

Additionally, the LHIN works collaboratively with SOAHAC to support health service providers in accessing the training. The is supported by a provincial mandate to train all health practitioners in ICS, as well as a new condition in LHIN funding agreements that each health service provider that receives money from the LHIN, must have a cultural safety plan that includes training for its staff. This condition is serving as a catalyst to motivate health service providers in developing cultural safety plans.

2. Indigenous Palliative Care Team (In-PaCT)

This project was supported by the Indigenous Health Committee as well as the Indigenous Clinical Frontline Expert Committee. The impacts of this home care initiative have been significant, in only a short period of time.

Launched in March 2018, The Indigenous Palliative Care Team (IN-PaCT) provides care to Indigenous patients in London Middlesex, including the First Nation communities of Oneida Nation of the Thames, Munsee Delaware Nation and Chippewas of the Thames First Nation. The team includes physician support, a nurse practitioner, registered nurse, traditional healer, and mental health counsellor. On-call support is available 24 hours a day, seven days a week. Successes of the new model include the ability to identify Indigenous people with palliative care needs earlier in their journey, supporting people to die in their place of choice in a way that is culturally safe, and ultimately, improving equitable access to services for Indigenous families. Feedback from families and team members highlights the most meaningful aspect of the IN-PaCT model as individualized care plans. The team makes bereavement visits to ensure families feel supported in their grief and cultural practices as part of the healing process.

In 2019-20 the South West LHIN will focus on the following recommendations:

- Primary - Review LHIN homecare policies and procedures with a lens on access for Indigenous communities
- Human Resources – Begin implementation of Indigenous-led home and community care such as In-PaCT
- Human Resources - Survey and identify a baseline of LHIN staff who have undergone Indigenous Cultural Safety (ICS) training and create a plan to support staff training across the organization
- Reporting/Accountability - Develop an Indigenous patient complaint process
- Structural - Establish formal relationship between governance of the South West LHIN and the First Nations
- Indigenous Engagement and Inclusion - Continue to amplify the role of the Indigenous Health Committee and the Indigenous Frontline Expert Advisory Committee in advising the LHIN on planning, delivering and evaluating health services delivered to Indigenous people

In 2020-2021, the South West LHIN will focus on the following recommendations:

- Primary - Develop a dashboard to track, monitor, and follow up on Indigenous care complaints
- Human Resources - Continue to work towards more Indigenous-led models of home care
- Reporting/Accountability - Include Indigenous self-identifier information in tracking and reporting of client activity
- Indigenous Engagement and Inclusion - Continue to amplify the role of the Indigenous Health Committee and the Indigenous Frontline Expert Advisory Committee in advising the LHIN on planning, delivering and evaluating health services delivered to Indigenous people

In 2021-2022, the South West LHIN will focus on the following recommendations:

- Primary - Enhance communications on systems changes and new opportunities developed for First Nations/Indigenous communities
- Human Resources - Continue to work towards more Indigenous-led models of home care

- Reporting and Accountability - Conduct a data review based on the inclusion of Indigenous self-identifier to determine health care and access trends for Indigenous patients

6. Health Equity

Our vision is 'A healthier tomorrow for everyone'. Our aim is to fulfil this vision by addressing the needs of everyone who lives in or receives care within the geographic boundaries of the South West LHIN. Planning across the healthcare system has historically focused on meeting the needs of those actively receiving health care, however, evidence suggests that by adopting a population health approach, both patients and the system can achieve better outcomes. In taking this approach, we are re-orienting the work of the LHIN toward activities that aim to improve the health status of the entire population. This includes focused efforts to improve health outcomes for Indigenous people and the Francophone community. A population health approach will be achieved by understanding the unique needs and challenges of these populations, and breaking down or addressing systemic or structural barriers that negatively impact the overall health of the communities we serve. Our commitment to health equity as a priority is woven into the priorities included above in Health System Oversight and Management, LHIN Delivered Home and Community Care, French Language Services and Indigenous Health.

7. Performance Measures

Our strategy management system not only guides the prioritization of our planning and improvement work, but it also shapes the structures accountable for ensuring progress and aligns the monitoring of key performance indicators (KPIs) to these structures. Key measures related to performance of the health system, as well as home and community care service delivery (including complaints and missed care) are reported as part of the South West LHIN Reporting on Performance, http://www.southwestlhin.on.ca/accountability/Performance.aspx.

In order to support further integration, and enhance alignment to the priorities of the Annual Business Plan, the LHIN continues to develop a framework to align and cascade key performance indicators within and between Board, cross-organization, internal Home and Community Care delivery and organizational management, as well as to support monitoring at the sub-region level. A critical success factor is to establish clear levels of responsibility and accountability for monitoring performance in order to ensure the right level of governance, leadership, internal/external attention and that priority is given to outcome reviews (strategy, performance and risk) that will, in turn, support and drive further planning and improvement work.

Given our Annual Business Plan is rooted in IHSP 2019-2022 priorities and our Strategic Plan key success factors, the KPIs that are prioritized for monitoring Annual Business Plan progress will link back to either or both of these foundational sources. The LHIN has also deliberately proposed to profile priority measures for monitoring, tracking, active outcome reviews and reporting, whereas others will be monitored measures only.

The narrowing in on a few key priorities and resultant KPIs enables us to effectively and efficiently measure success and manage performance with a focus on our role in health system oversight and management, our patient care responsibilities, and the South West LHIN as an organization.

Additionally, as part of evolving our South West approach to ensuring accountability, the LHIN

will focus on integrating key elements of our health service provider Service Accountability Agreement (SAA) and Service Provider Organization (SPO) performance management and escalation approach.

8. Risks and Mitigation Plans

In the last year we have worked to enhance the risk dialogue and risk-based decision making within the organization. We have developed practical tools and guidelines to support staff, leaders and board members in making appropriate, evidence based decisions. These guidelines foster a dialogue and ensure appropriate steps have been taken. With a structured approach and a purposeful process for decision making, the organization can increase the quality of decisions, better communicate the rationale and ensure execution.

Additionally, as a key complement to measuring performance, the South West LHIN has identified an opportunity and need to mature its Enterprise Risk Management (ERM) program. The organization is faced with numerous areas and levels of risk, and must be strategic in its approach to identifying, assessing and managing risk (both internally and externally).

As part of the implementation of our Strategy Management System this will include:

- Adoption and implementation of a ethical and risk-based decision making toolkit to support appropriate, defensible and consistent decision making at all levels of the organization,
- Designing an ERM program that drives the execution of the organization's strategy,
- Ensuring the organization understands its appetite for risk, is mitigating risk in alignment with this appetite, and is taking conscious risks in pursuit of its strategic objectives, and
- Leveraging established risk frameworks and best practices from industry leaders, and ensuring the ERM program reflects the organization's mandate for the management of both internal (organizational level) and external (system level) risks.

Key risks and barriers to the successful implementation of our priorities are included in the chart below.

Risk/Barrier	Mitigation Plan
Home and Community Care specific	
Service Provider Organization health human resource recruitment and retention challenges (e.g. PSW shortage, competition with other health service providers) with a shift to utilization of non-regulated health workers in other health care sectors.	• Implement Homecare review recommendations • Collaborate with other health sector partners to understand planned recruitment that may draw from the home and community sector • Explore other options for patient care delivery using alternative resources or locations for service provision
Reputational risk and loss of public trust to deliver timely and appropriate home care with increasing missed visits due to human resource constraints.	• Collaborate with other health sector partners to understand planned recruitment that may draw from the home and community sector
Caregiver fatigue and burnout resulting in higher numbers of crisis designations in the community.	• Target caregiver respite investments through priorities for investment and as part of the Dementia Strategy implementation to align with the priority populations
Long Term Care (LTC)	• Manage the impact of LTC Home redevelopment on

redevelopment could result in delays to LTC placement and increased Alternate Level of Care designations waiting in hospitals.	access through leadership from LHIN Home and Community Care placement team
Challenges providing culturally safe, consistent and appropriate care to Indigenous patients, both on and off reserve.	• Build on Indigenous-Led Palliative Care Model and changes to Care Coordination approach to address inequities • Work on developing Indigenous mental wellness pathways to care between hospital and community
Lack of available French speaking health human resources necessary to provide Home &Community Care services in the South West LHIN region.	• Work with contracted Service Provider Organization agencies to determine alternate delivery approaches to address challenges with appropriate staffing
Lack of support for the implementation of Home and Community care recommendations	• Ensure the acceptance and approval of the plan by Board and Senior Leadership prior to implementation • Develop an Information, Education and Communication plan to increase awareness and voluntary participation among service providers to be part of the change
Health System wide	
Service provider change fatigue	• Engage service providers around sub-region integration tables and sectors, including clients and families early and throughout the change design and implementation process. • Design changes to manage the pace of the work and optimize engagement • Celebrate incremental successes in the change process
Health Service Provider and partner commitment to support planning and implementation of service delivery redesign in priority sectors may be limited.	• Focus on early engagement to socialize and support optimal participation of health service providers and partners through appropriate operational and strategic governance level structures
Disengagement of service providers related to new/improved performance monitoring and evaluation, and quality standards across the health care system	• Ensure that new performance monitoring, accountability and evaluation expectations are developed through a consultative and health equity lens with service providers
Ability to secure support for culturally safe and linguistically appropriate care for Indigenous and Francophone populations.	• Leverage existing Indigenous culturally safe care champions to promote effectiveness of training programs available • Partner with French language service champions to profile positive impact of this focus on the Francophone population
Lack of implementation of the recommendations from the Indigenous Health action plan and the Francophone action plan to improve patient experiences	• Increase the profile and transparency of the LHINs commitment to French language health services and Indigenous Health planning with regular updates to the Board • Continue to partner and work with Indigenous communities and the Francophone population to

	strengthen the relationships with Health Service Providers
Challenges to implementation of essential Digital Health solutions and systems.	• Work closely with digital health partners in the South West Ontario cluster to coordinate the use of resources deployed in the region
Availability, capacity and timeliness to implement integrated technology, infrastructure models of care and supporting processes among providers	• Work closely with providers to develop a focused, target-based innovation driven Health Plan that focuses on adoption of key technology solutions to support the exchange of patient information across providers and patients

9. LHIN Operations and Staffing Tables

Table A: LHIN Spending Plan.

	2018-19 Estimated Actuals	2019-20 Allocation	2020-21 Planned Expenses	2021-22 Planned Expenses
Allocation: Home Care/LHIN Delivered Services				
Salaries (Worked hours + Benefit hours cost)	44,767,505	44,485,801	44,485,801	44,485,801
Benefit Contributions	10,499,695	10,402,993	10,402,993	10,402,993
Med/Surgical Supplies & Drugs	10,520,504	10,520,504	10,520,504	10,520,504
Supplies & Sundry Expenses	4,247,143	4,247,143	4,247,143	4,247,143
Equipment Expenses	2,063,409	2,063,409	2,063,409	2,063,409
Amortization on Major Equip.Software Lic & Fees	-	-	-	-
Contracted Out Expense	151,444,562	148,004,222	148,004,222	148,004,222
Buildings & Grounds Expenses	-	-	-	-
Building Amortization	-	-	-	-
TOTAL: Home Care/LHIN Delivered Services	**223,542,818**	**219,724,072**	**219,724,072**	**219,724,072**
Allocation: Aggregated Operation of the LHIN				
Salaries (Worked hours + Benefit hours cost)	6,059,091	6,059,091	6,059,091	6,059,091
Benefit Contributions	1,329,405	1,329,405	1,329,405	1,329,405
Med/Surgical Supplies & Drugs	205,700	225,900	225,900	225,900
Supplies & Sundry Expenses	1,800,272	1,800,272	1,800,272	1,800,272
Equipment Expenses	23,500	23,500	23,500	23,500
Amortization on Major Equip.Software Lic & Fees	-	-	-	-
Contracted Out Expense	-	-	-	-
Buildings & Grounds Expenses	-	-	-	-
Building Amortization	-	-	-	-
Sub-total: LHIN Operations	**9,417,968**	**9,438,168**	**9,438,168**	**9,438,168**
Sub-total: LHIN Operations Initiatives	**816,000**	**816,000**	**816,000**	**816,000**
Sub-total: LHIN Operations Digital Health	**1,000,000**	**1,000,000**	**1,000,000**	**1,000,000**
TOTAL: Aggregated Operation of the LHIN	**11,233,968**	**11,254,168**	**11,254,168**	**11,254,168**
Allocation: Intergrated LHIN Administration/Governanace				
Salaries (Worked hours + Benefit hours cost)	6,901,980	6,901,980	6,901,980	6,901,980
Benefit Contributions	1,632,486	1,632,486	1,632,486	1,632,486
Med/Surgical Supplies & Drugs	-	-	-	-
Supplies & Sundry Expenses	3,266,616	3,266,616	3,266,616	3,266,616
Equipment Expenses	771,615	771,615	771,615	771,615
Amortization on Major Equip.Software Lic & Fees		-		
Contracted Out Expense	-	-	-	-
Buildings & Grounds Expenses	2,477,662	2,477,662	2,477,662	2,477,662
Building Amortization				
Total: Integrated LHIN Administration/Governance	**15,050,359**	**15,050,359**	**15,050,359**	**15,050,359**
TOTAL: LHIN SPENDING PLAN	**249,827,145**	**246,028,599**	**246,028,599**	**246,028,599**

Notes:

1. Initiatives for 18-19 and forward Include: French Language Services $106,000, Indigenous $35,000, Physician Leads $675,000
2. Amortization is not included in budget process so amounts for amortization are added to budgeted expenses since funding is deferred from prior years
3. Funding Assumptions 2019-20: Special Needs Strategy decrease over 2018-19 ($3,440,340), Geriatric Response Nurses decrease ($386,806), Trillium Funding increase $8,400, Wound Care Offloading increase $20,200

Table B: LHIN Staffing Plan (Full-Time Equivalents or FTE[1])

	2018-19 Estimated Actuals	2019-20 Forecast	2020-21 Forecast	2021-22 Forecast
Home Care/LHIN Delivered Services				
Management and Operational Support (MOS) FTE	178.8	178.8	178.8	178.8
Unit Producing Personnel (UPP) FTE	368.2	368.2	368.2	368.2
Nurse Practitioner (NP) FTE	17.0	17.0	17.0	17.0
Physician FTE	0.0	0.0	0.0	0.0
Totaln Home Care/LHIN Delivered Services FTE	**564.0**	**564.0**	**564.0**	**564.0**
LHIN Operations				
MOS FTE	55.8	53.4	53.4	53.4
UPP FTE	16.8	16.8	16.8	16.8
NP FTE	0.0	0.0	0.0	0.0
Physician FTE	0.0	0.0	0.0	0.0
Total LHIN Operations FTE	**72.6**	**70.2**	**70.2**	**70.2**
LHIN Operations Initiatives				
MOS FTE	0.9	0.9	0.9	0.9
UPP FTE	0.9	0.9	0.9	0.9
NP FTE	0.0	0.0	0.0	0.0
Physician FTE	0.0	0.0	0.0	0.0
Total LHIN Operations Initiatives FTE	**1.9**	**1.9**	**1.9**	**1.9**
LHIN Operations Digital Health				
MOS FTE	1.9	1.9	1.9	1.9
UPP FTE	1.9	1.9	1.9	1.9
NP FTE	0.0	0.0	0.0	0.0
Physician FTE	0.0	0.0	0.0	0.0
Total LHIN Operations Digital Health FTE	**3.7**	**3.7**	**3.7**	**3.7**
Integrated LHIN Administration/Governance				
MOS FTE	33.1	31.3	31.3	31.3
UPP FTE	40.1	40.1	40.1	40.1
NP FTE	0.0	0.0	0.0	0.0
Physician FTE	0.0	0.0	0.0	0.0
Total FTE	**73.3**	**71.4**	**71.4**	**71.4**
TOTAL FTE SUMMARY	**715.5**	**711.2**	**711.2**	**711.2**

Notes:
1. Physician Leads are not shown as FTE
2. Assumptions: 35 casual FTE

10. Integrated Communications Strategy

Business Objectives

The South West LHIN communications strategies are designed to support its business goals through communications planning that aligns to its stated business objectives. For the 2019/20 ABP our communications strategies will support the organization to deliver on the priorities in our new three-year Integrated Health Services Plan:

- Improve the patient experience
- Address health inequities by focusing on population health
- Reduce the burden of disease and chronic illness
- Build and foster healthy communities through integrated care closer to home
- Drive innovation through sustainable new models of care and digital solutions
- Drive efficiency and effectiveness

Communications Objectives

To support these business priorities and associated goals our communications objectives will:

- Engage and communicate with patients and their families about how to access the programs and care they need to stay well, heal at home and stay safely in their homes longer.
- Ensure patients and caregivers have relevant and timely information from a trusted source.
- Further integrate experience-based design into our communications strategy and tactics.
- Continue to build awareness on how the LHIN is working to build a sustainable and accountable health system by pursuing quality care, improved health, and better value in all priorities and initiatives.
- Uphold the LHIN's commitment to be open, transparent, and accessible to the public on LHIN priorities and initiatives.
- Build momentum with stakeholders and the public around equity and person-centred care.
- Offer opportunities for dialogue with health service providers and other system partners including Public Health.
- Engage LHIN staff, HSPs, and look to build communication with Primary Care physicians

Context

Communications and community engagement form a vital public service where the LHIN has a duty to provide information and listen to the public it serves. This contributes to building a system that better understands and meets the needs of individuals and families across the LHIN. To continue this important work the South West LHIN's core communications activities will include:

- Communicating with patients and their families about how to access the programs and care they need to stay well, heal at home and stay safely in their homes longer.
- Promoting programs, standardized care models and education across the region.
- Opportunities for audiences to participate in engagement around core business activities for the South West LHIN.
- Frequent communications with audiences on the activities of the LHIN and results being achieved.
- An active online presence to connect and interact with audiences, allow 24-hour access to information, and help foster public dialogue.
- Strong relationships with media with every effort made to accommodate requests for both information and interviews.
- Continuing to build internal communications capacity to help maintain morale and support recruitment and retention efforts.
- Prompt, courteous and person-focused responses to public inquiries.
- Use multimedia and video wherever possible to tell the patient story, showcase the LHIN's work and expand the reach of communications.

Target Audience

External Audiences

- Public
  - Clients and patients
  - Residents and community groups
  - Caregivers and family members
- Health service providers including leadership and boards of
  - Mental health and addictions agencies
  - Community support services agencies
  - Community health centres
  - Aboriginal health access centres
  - Hospitals
  - Long-term care homes
- Indigenous Chiefs and Councils, communities, and the Health Council
- French Language Health Service Planning Entity and Francophone community members
- Primary Care
- Public Health
- Ministry of Health and Long-Term Care
- Other provincial ministries
- Local government stakeholders
  - Members of Provincial Parliament
  - Municipal councillors
- Media

Internal Audiences

- South West LHIN Staff
- South West LHIN Board
- South West LHIN Committees
  - Sub-region Integration Tables
  - Patient and Family Advisory Committee
  - Health System Renewal Advisory Committee

Key Messages

Local

- In May 2017, home care services and staff transferred from CCACs to LHINs. This was a structural system change that will help patients and their families get better access to a more local and integrated health care system.
- Home care services will continue to be provided by current service providers.
- All programs and services that the CCAC previously provided are now integrated into the South West LHIN as Home and Community Care and will continue, as well as the way in which individuals access that care.
- We continue to deliver a seamless experience through the health system for people in our diverse communities, providing equitable access, individualized care coordination and quality health care.

Provincial

- The current government is focused on putting an end to “hallway medicine” and a foundation to do this is to provide upstream support to patients to ensure they are not going to the emergency room inappropriately and, if they are admitted to hospital, ensure proper supports are provided to return them to their home.
- Successful system transformation will require a true partnership among front-line staff, service providers, hospitals, primary care physicians and provincial leaders.

- We have developed and implemented many strategies with local providers and provincial colleagues to meet human resource capacity challenges, but there is still more work to do.

LHINS

- We are building a system that better understands and meets the needs of patients – no matter their background, their income, or where they live.
- Patients, clients and residents belong at the heart of the health care system.
- System transformation that improves equitable access to high quality, patient-centred care for all population groups is the right thing to do.
- Redesigning health care is undeniably one of the most important responsibilities we must uphold in order to place the needs of patients, clients and residents first in Ontario.
- We must work together to explore every opportunity available to us to provide better care for the patients, clients and residents we serve across the South West LHIN.
- Strengthening the integration of the LHINs with primary care, mental health and public health is imperative to improving patient experience.
- The health system's long-term success depends on attaining quality care, improved health and better value.

Patient Care

- The South West LHIN ensures people get the care they need to stay well, heal at home and stay safely in their homes longer.
- When home is no longer an option, we help people transition to other living arrangements.
- The South West LHIN is committed to providing outstanding care for every person, every day.
- We work hand-in-hand with our patients, caregivers and partners to develop shared understanding, build trusting relationships and co-creating ways to achieve outcomes.
- As regulated health professionals, care coordinators bring value to patients and partners by being familiar with and connected to every community, every service and every part of the health-care system.
- With our model of client-driven care, care coordinators develop care plans in conjunction with patients, caregivers and system partners.
- Care coordinators work closely with family doctors, hospitals, community organizations and others to support our shared patients
- The South West LHIN is committed to improving the quality of care provided to patients.
- Care coordination and home care provide good value for money, improving patient health outcomes, and supporting the most effective and efficient use of the resources of the health care system.

Strategic Approach

To support our business and communications objectives the South West LHIN communications strategy will continue to:

- Be proactive about communicating messages that support the LHINs role in the delivery of health care.
- Strive to help our communities gain a better understanding of the health care system, how it works and how they can best access and make use of the services available to them.
- Construct a narrative from the perspective of those impacted.
- Collaborate with HSPs and health care consumers to gather and share success stories that demonstrate health care investments/programs information.
- Ensure all communications reflect our core vision, mission and values.
- Create communications that are clear, easy to understand, relevant and useful.
- Employ a variety of ways and means to communicate and provide information in a variety of formats to accommodate diverse audiences and geographies in the South West LHIN.

- Continue to engage and consult with patients, caregivers, health care providers, stakeholder associations, Indigenous Peoples, Francophones and other system partners.
- Ensure our communications planning and delivery is equitable and reflects best practices for both the health sector and communications – delivered in a way that consistently honours the LHIN's commitment to equity and person-centred care.
    - Support culturally and linguistically safe engagement for Francophone and Indigenous Peoples
    - Offer resources and information in both official languages
    - Maintain access to information online in both official languages
- Work with other LHINs to make sure there is a consistent approach that is adapted to reflect the local environment.
- Ensure Communications adhere to the policies of the Ministry of Health and Long-Term Care as outlined in the MOHLTC-LHIN Memorandum of Understanding and the Ministry-LHIN Accountability Agreement (MLAA) and ensure alignment with provincial directions and priorities as appropriate.

Tactics – high level

The South West LHIN's communications tactics will align with local, provincial, and Pan-LHIN strategies. The LHIN's guiding principle is transparency: to be open and transparent in all communications, and ensuring its material is publicly accessible, primarily through the South West LHIN website. The South West LHIN will look to employ a variety of ways and means to communicate with various audiences and to accommodate the diverse needs of our audiences.

High level tactics include:

- Develop traditional media products as needed to provide education information and advice patients of health care system changes including: Patient brochures, fact sheets, bulletins or letters.
- Develop a Media engagement strategy: proactive media pitches to inform the public and demonstrate successes.
- The monthly *Exchange Newsletter* and memos as appropriate for Health Service Providers' networks and advisory groups, council meetings, one-on-one meetings.
- Engaging employees using effective internal communications such as our Intranet hub, weekly newsletters, monthly leadership messages and quarterly all employee meetings.
- Communicating frequently with external audiences on the activities of the LHIN and results being achieved using video and engaging stories.
- Maintaining an active online presence using Southwestlhin.on.ca, Social media (Twitter, Facebook, and YouTube) as well as collaborating with and leveraging the Southwesthealthline.ca to engage the public.
- Briefing notes for elected officials.
- Liaising with MPPs in the South West on an ongoing basis to provide updates on the activities of the LHIN.
- Posting for public access Annual Reports, Annual Business Plans, and Quarterly Progress Reports.
- Conducting open Board meetings, posting Board highlights, tweeting key decisions.
- Attending and holding events throughout the South West LHIN geographic region to inform the public about significant South West LHIN initiatives and services.

Evaluation

- Track, conduct surveys and evaluate feedback (phone calls, emails, social and web traffic) after distributing key publications.
- Use analytics to track and measure engagement (website, newsletter and social media).
- Assess turnaround time, tone and number of public inquiries and media inquiries.

- Ongoing monitoring of overall satisfaction, number of events each year, number of participants, achievement of objectives.
- Ongoing monitoring of media coverage, social conversation, stakeholder feedback and public inquiries log.
- Regular check-ins with partners and stakeholders to ensure key audiences are informed.
- Review of overall patient care satisfaction rate.

11. Community Engagement

Our Community Engagement plans will continue to be guided by the Pan-LHIN Community Engagement Guidelines. We understand that LHIN community engagement practices as well as patient and stakeholder partnerships and engagement is dynamic and ever evolving. Therefore we will continue to routinely evaluate our community engagement practices with a view to continuous improvement utilizing various best practice strategies to identify the appropriate levels of engagement to achieve desired outcomes.

Community Engagement goals and objectives will be identified in advance for priority initiatives and projects and will employ a variety of engagement strategies to deliver on the engagement goals as outlined in the guidelines as follows:

***Inform and Educate*:** Provide accurate, timely, relevant and easy to understand information to the community.

***Gather Input*:** This level of engagement provides opportunities for community to voice their opinions, express their concerns, and identify potential areas for change and modifications.

Consult: We will actively seek the views of community stakeholders on policies, programs or services that affect them directly or in which they may have a significant interest.

Involve: Working directly with community stakeholders to ensure that their issues and concerns are continually understood and considered, enabling residents and communities to have their voices heard and to communicate their own issues.

***Collaborate*:** To work with and enable community stakeholders to work through options analysis and potential solutions to find a common purpose or agreement.

Empower: Delegated stakeholder decision making where final decision making authority, leading to action is assigned to a committee or other organized body.

We will focus our Community Engagement communication strategies and tactics to:

- Positively influence health behaviours to improve the health of local residents
- Influence the public's opinion of LHINs, build trust in the work being done at the sub-region level, and demonstrate the strong and focused leadership the South West LHIN provides to system transformation
- Share the innovative and courageous work of the South West LHIN, which results in better care, better experiences and better value
- Transparently share the challenges we face, such as health human resources challenges or the opioids crisis, with a view to gathering feedback and taking concrete action
- Offer meaningful opportunities for partners to participate in engagement around core business activities for the South West LHIN through:
    - Quality Symposium or comparable event
    - Board meetings (held in a different community each month)

- Congresses and forums (through the year)
- Advisory groups, committees, liaisons (ongoing)
- Targeted engagement for priority audiences around significant South West LHIN or provincial initiatives (as required)
- Opportunities for dialogue with both internal and external audiences

Report to the Board of Directors

2019-2022 Strategic Plan and Integrated Health Service Plan

Meeting Date:	**December 18, 2018**
Submitted By:	**Sue McCutcheon, Interim Vice President, Strategy, System Design & Integration** **Kristy McQueen, Director System Design, Integration & Digital Health** **Malvin Wright, Manager Planning & Integration**
Submitted To:	☒ **Board of Directors** ☐ **Board Committee**
Purpose:	☒ **Information Only** ☐ **Decision**

Purpose:
To update the Board of Directors on the status of the draft 2019- 2022 South West LHIN Integrated Health Service Plan and to discuss the LHIN internal Strategic Plan, receive feedback and outline next steps.

Context
The LHIN's strategy management approach supports focus and alignment within the LHIN and ensures integration between core planning, project and operational functions of the organization by linking the Integrated Health Service Plan (IHSP), internal Strategic Plan and Annual Business Plan (ABP) to ensure the organization can translate its strategy into operations of the LHIN. This means that although the IHSP, Strategic Plan and ABP are separate strategic documents, they are related (see Appendix 1). The goals and priorities described within them all cascade from our Mission, Vision, and Values down to how we work on a day to day basis.

The **Integrated Health Service Plan (IHSP)** sets out direction for the health system over a three year period. The IHSP outlines the directions, plans and initiatives that all organizations, sectors, and networks within the South West LHIN must consider to advance health system improvement.

The South West LHIN internal **Strategic Plan** serves as a roadmap for the internal actions and priorities for LHIN staff in their work. It enables us to focus and direct our resources to help achieve the IHSP strategic objectives. It is aligned with the three year cycle of the IHSP.

The **Annual Business Plan (ABP)** is the operational plan that outlines how organizations, including the South West LHIN, will deliver on ministry areas of focus while continuing to advance priorities outlined in the IHSP and Strategic Plan. It is submitted to the ministry every year.

Over the past months, we have undertaken a collaborative strategic planning process to develop our IHSP 2019-2022 and our aligned internal Strategic Plan. The planning process has involved gathering many perspectives, including those of patients and families who live in the South West LHIN, as well as providers, partners, and internal LHIN staff.

Update on Draft 2019-2022 Integrated Health Service Plan
The IHSP 2019-2022, *Action for Impact*, builds on the implementation efforts of our first three IHSPs and prioritizes new strategic directions and actions over the next three years. It is a call to action to improve patient experience, address health inequities, reduce the burden of chronic illness, build integrated care closer to home, drive innovation through new models of care and digital solutions, and drive efficiency and effectiveness. The Plan also outlines the vision of how sub-regions will evolve to support health system improvements.

The draft 2019-2022 South West LHIN IHSP was reviewed by the Board in October 2018 and submitted to the Ministry on October 31st for feedback. Feedback was received on November 30th.

The ministry commented that the IHSP aligned well with the pan-LHIN imperatives and demonstrated a strategic direction for the South West LHIN over the next three years. With respect to the government priorities, they commented that the plan clearly articulates the desire to deliver services as efficiently and effectively as possible, and we are encouraged to keep in mind hospital overcrowding, mental health and addictions, long-term care, home care, and capacity planning.

Before finalizing the IHSP we have been specifically asked to consider the following:

- identifying eConsult and Virtual Care as priority digital health initiatives;
- removing reference to the Patients First Act;
- acknowledging the value eNotification holds for the primary are sector;
- adjusting the language used to describe sub-regions to remove the implication that the sub-regions are separate entities; and
- when referencing minority groups including First Nations, Metis, Inuit, urban indigenous and LGBTQ2S, consider specifying which groups are being engaged/targeted.

Staff have reviewed and addressed the feedback. Generally the comments were positive and have not led to any material changes to the direction or content of the IHSP. This revised version is now going through design.

We anticipate that the ministry will provide direction in the near future regarding the timing of when LHINs are expected to post their Board approved IHSP in both English and French. Once those timelines are finalized we will submit to the LHIN Liaison Branch. Across the 14 LHINs were are working toward being ready to publically post by the end of February 2019.

Update on Draft Internal Strategic Plan
This strategic plan, *Leading Action for Impact*, is our first as a new organization and will help us achieve our IHSP and our vision of ***a healthier tomorrow for everyone.*** With growing challenges around healthcare spending, resource shortages, increasing patient expectations and the changing needs of local communities, the LHIN's focus of the next three years is to improve the patient and family experience across the health care system by:

- Optimizing the use of existing resources to improve equitable access to care,
- Making the bold and necessary changes to strengthen home and community care, and

- Integrating care within sub-region geographies.

Building on our vision, mission and values, the internal strategic plan framework contains four internal Success Factors that align to the IHSP strategic priorities. These internal Success Factors are our own internal core areas of focus through which we will organize our efforts in delivering on our mandate and the 2019-2022 IHSP.

Each internal Success Factor outlines the priorities, roles and actions that the LHIN needs to take in order to improve the local health system.

Within each Internal Success Factor we provide:

- A description outlining **what each Internal Success Factor means to us**
- Our Expected Outcome – the **vision of what success looks like**
- Our Role – an identification of **what is ours to do** based on our role in the system
- 'We Will' statements – **the actions we all need to consider every day** to achieve change
- Actions for Impact – the specific **core strategic initiatives or projects to be pursued** to achieve our vision over the next three years

1. **Strengthen Patient Care** – Patient and families in the South West LHIN have a positive experience, while receiving high-quality, and culturally and linguistically safe and effective care.

2. **Foster a Responsive Culture** – The South West LHIN culture is motivated, action oriented and responsive to the needs of our communities, and supports individuals across the health system to accomplish our best work together.

3. **Enable Local Priorities & Accountability** – The South West LHIN and Service Providers are more responsive to sub-region needs and held accountable to a transparent set of clear and specific goals, actions and outcomes to improve patient care.

4. **Lead Partnerships for Impact –** The South West LHIN works actively and inclusively with patients, families, caregivers, governors, providers and partners to improve population health, integrate services within sub-regions and improve patients' experience of care.

See Appendix 2 for additional detail related to each success factor.

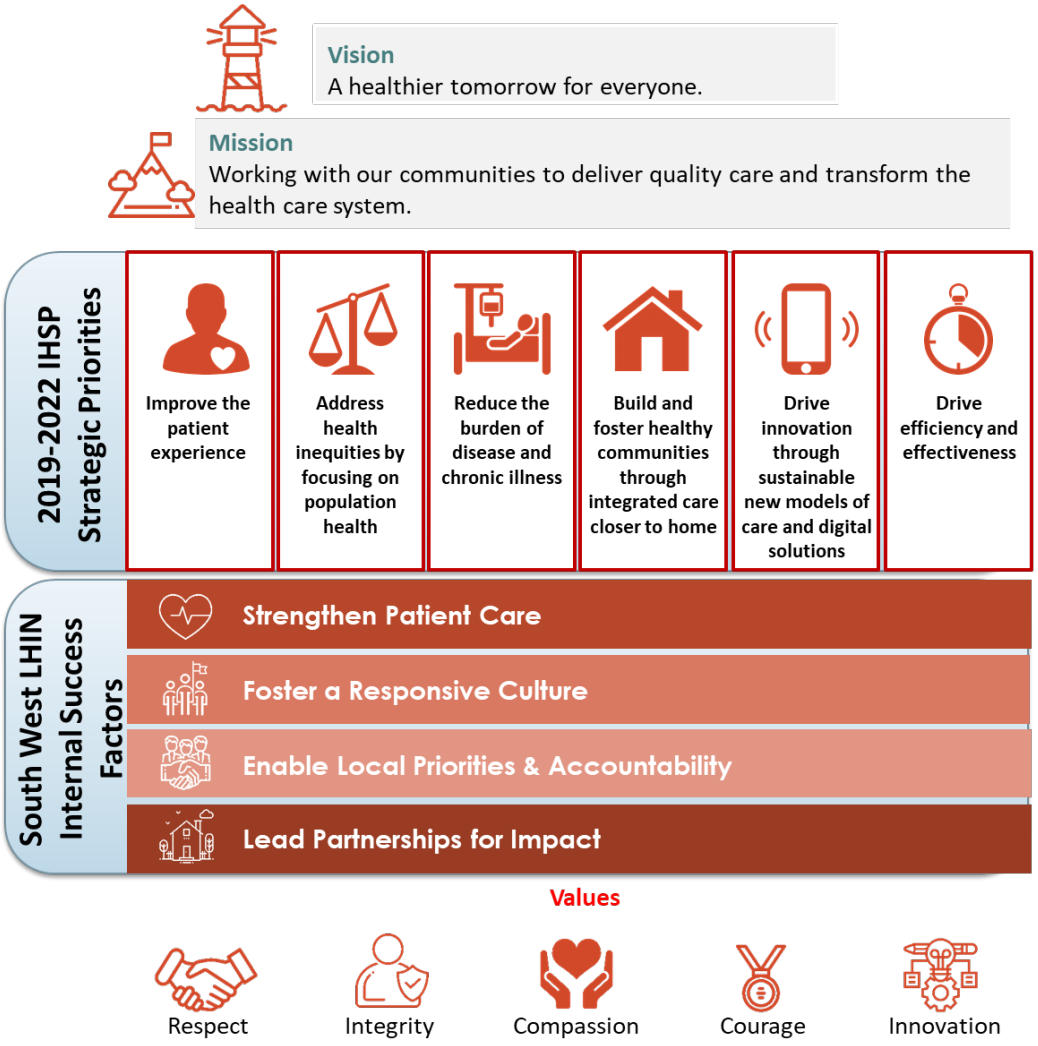
Discussion Questions related to the internal Strategic Plan

- How will the success factors help us to achieve our vision and deliver on our mission?
- Do the expected outcomes apply to both our system level and service delivery responsibilities?
- How do you feel about the description of the role of the LHIN?
- As you reflect on the expected outcomes, our role and the everyday actions, have we held true to our focus on patients?

Timelines and Next Steps

- Staff will incorporate Board feedback into the Internal Strategic Plan, with ongoing Board review/adjustment at key milestones
- The final draft of the Integrated Health Service Plan will come forward to the January 2019 Board meeting for approval.
- Develop an education, communication and information plan so as to inspire action across the wider health care community.
- Anticipate publishing the Integrated Health Service Plan by end of February 2019 in both official languages and compliant with the Accessibility for Ontarians with Disabilities Act

Appendix 1
Cascade from Vision, Mission, Values to Integrated Health Service Plan and Strategic Plan



Appendix 2 Summary of Draft Strategic Plan Success Factors

Success Factor 1: Strengthen Patient Care	
Expected Outcome: Patients and families in the South West LHIN have a positive experience, while receiving high quality, culturally and linguistically safe, and effective care.	
Our Role The LHIN's role in strengthening patient care is: • Coordinating and delivering exceptional, patient-driven Home and Community Care • Engaging with communities to identify their needs • Funding the implementation and integration of programs and services that will improve equitable access to culturally and linguistically safe care • Ensuring the LHIN and those we fund are delivering high-quality, accessible, culturally and linguistically safe, patient-driven care • Developing targets that are realistic, and meaningful to patients and providers	**We Will** For the South West LHIN, strengthening patient care means that every day: • Deliver culturally and linguistically safe care particularly focused on Indigenous and Francophone people • Reflect a strong culture of patient, family and caregiver engagement in the design and delivery of care • Empower patients, families and caregivers to drive the decision-making processes of their care • Hold ourselves and our partners accountable to meet targets • Identify and share innovative ideas and programs that improve patient care

Success Factor 2: Foster a Responsive Culture	
Expected Outcome: The South West LHIN culture is motivated, action oriented and responsive to the needs of our communities, and supports individuals across the health system to accomplish our best work together.	
Our Role The LHIN's role in fostering a responsive culture is: • Creating a great place to work that is culturally and linguistically safe, celebrates our successes and supports our staff to be engaged, satisfied and proud to build their careers here • Investing in the training and development of staff • Embracing new and innovative ways to make best use of available health human resources • Becoming a learning organization that empowers all staff to challenge the status quo, think creatively and manage risk intuitively while being results oriented and quality driven	**We Will** For the South West LHIN, fostering a responsive culture means that every day: • Act in ways that align with LHIN values, mission and vision while championing a commitment to a diverse and inclusive workforce • Value ideas and encourage agility among teams so that we can make informed, fast-paced decisions and support calculated risk taking to respond to opportunities around us for greater impact • Foster a results-oriented culture focused on continuous improvement • Identify and nurture talent at all levels of the organization so that they can be become future leaders of Actions for Impact

Success Factor 3: Enable local priorities and accountability	
Expected Outcome: The LHIN and service providers are more responsive to local needs and held accountable to a transparent set of specific goals, actions and outcomes to improve patient care.	
Our Role The LHIN's role in enabling local priorities and accountability is: • Defining the role of sub-regions and our vision for integrated care at the sub-region level • Enhancing accountability for funding and performance management, including setting clear, transparent and specific goals, actions and outcomes • Aligning funding to our priorities in order to achieve our 2019-2022 IHSP • Identifying and pursuing opportunities to simplify the healthcare system and integrate services • Making difficult decisions to advance the transformation of the health system	**We Will** For the South West LHIN, enabling local priorities and accountability means that every day: • Engage our service providers in performance-based contracting, driving accountability for value-based care in the sub-regions • Seek opportunities to simplify the system for patients and families, maximize service delivery, and ensure the best use of health care resources in both urban and rural areas • Foster communication channels between the LHIN and sub-regions to drive priorities, performance and improvement • Increase access to technology and information that supports patient, family and caregiver involvement in care planning • Direct available funding to projects and initiatives that align with Integrated Health

Success Factor 4: Lead partnerships for impact	
Expected Outcome: The South West LHIN works actively and inclusively with patients, families, caregivers, governors, providers and partners to improve population health, integrate services within sub-regions and improve the patient's experience of care.	
Our Role The LHIN's role in leading partnerships for impact is: • Bringing together partners to identify solutions and implement coordinated action plans • Working together with others to deliver care to people who live in the South West LHIN • Influencing how our partners work together to effect change and providing the incentives to encourage cooperation • Developing policy frameworks to guide health equity and community engagement activities that are safe and ethical • Strengthening and increasing community engagement activities with priority and at-risk populations within the region	**We Will** For the South West LHIN, leading partnerships for impact means that every day: • Seek new and non-traditional partnerships to enhance equitable access to care that is population focused, patient driven and cost effective • Ensure that we include patients as valued partners, grow health care providers' skills in patient engagement and bring together leaders who will champion patient engagement • Enable local partners within sub-regions, including patients and providers, to influence regional priorities • Work inclusively with Indigenous, Francophone and marginalized communities to improve patient experiences

Report to the Board of Directors

October 2018 Financial Update

Meeting Date: **December 18, 2018**

Submitted By: Hilary Anderson, Vice President Corporate Services and Human Resources
Ron Hoogkamp, Director Finance and Corporate Procurement

Submitted To: ☒ **Board of Directors** ☐ **Board Committee**

Purpose: ☒ **Information Only** ☐ **Decision**

Purpose

The South West LHIN finance team is accountable for accurate, timely and transparent financial reporting and for evaluating the impact of changing assumptions on projected financial results. The purpose of this report is to provide a narrative summary of financial results year to date and significant changes to the 2018-19 projections as at LE07 (October 31, 2018).

LE07 Year End Projection

The projected surplus at LE07 is $3.2M or 0.13% as a percentage of total revenues and 1.3% as a percentage of total of operational funding (MoHLTC Funding and Other Income).
Significant changes since last report are detailed as follows:

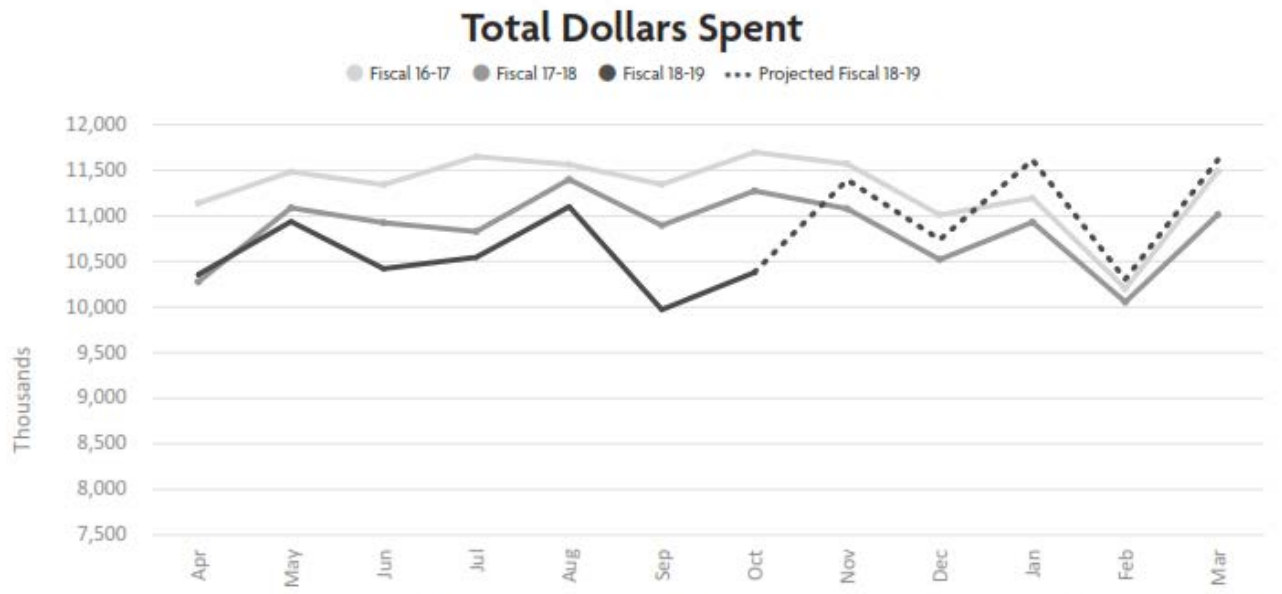
$3.15M reduction in revenue

- $3M decrease due to in-year recovery of projected surplus. We have determined that the increase in funding provided this fiscal year combined with human health capacity issues and spending restrictions have created a surplus that will not reasonably be utilized this fiscal year. This funding will be returned to MoHLTC.
- $490K increase to Digital Health restricted funding filtered through cluster lead Erie St Clair LHIN.
- $640K decrease to projected interest income at risk of being recovered. LHIN's are required to have non-interest bearing bank accounts. The original direction was that upon merger the LHIN could set up an interest bearing account. This direction is currently under review at the Ministry level. We have reclassified these funds as restricted and therefore repayable to MoHLTC at year end as there is a risk we will not be allowed to use these funds for operations.

$205K decrease in expenses

- $370K increase in expenses related to Digital Health.
- $575K decrease related to changes in estimates for new initiatives to support patients through Home & Community Care and Community Support Services. Some initiatives are taking longer to initiate than originally estimated.

Total Dollars Spent – In-Home Purchased Services (excludes School and Hospice)



	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Total
Fiscal 16-17	11,139	11,482	11,342	11,650	11,563	11,346	11,699	11,570	11,011	11,193	10,203	11,490	135,687
Fiscal 17-18	10,277	11,088	10,925	10,828	11,400	10,895	11,274	11,078	10,520	10,932	10,054	11,016	130,288
Fiscal 18-19	10,357	10,937	10,421	10,546	11,100	9,971	10,380	11,395	*10,740*	*11,614*	*10,303*	*11,614*	129,378

Dollars In Thousands
Projected numbers

LE07 Actuals

Surplus to LE07 is $11.7M or 0.8% as a percentage of total revenues (Transfer Payments, Ministry Funding and other income). The surplus is largely due to the timing of revenue and expenses related to new initiatives for Home and Community Care. The majority of expenses relating to new funding will be realized within the last half of the year. It is projected that the surplus will align with the LE by the end of the fiscal year.