

Sub-region Frequently Asked Questions

Q1: What is a sub-region?

A: A LHIN sub-region is a smaller geographic planning region that will help the North West LHIN and Health Service Providers to better understand and address population health needs at the local level.

The LHIN sub-regions are the focal point for population-based planning, performance/quality improvement, service alignment and integration and implementation of regional priorities.

Sub-regions are a foundational mechanism by which the North West LHIN and partners will advance the LHIN's goals and mission to "Develop an innovative, sustainable and efficient health system in service to the health and wellness of the people of the North West LHIN" ([click here to see the North West LHIN's Integrated Health Service Plan IV](#)).

By looking at care patterns through a smaller, more local lens, the North West LHIN and partners will be able to better identify and respond to population health needs at the local level while improving access to care as close to home as possible. This includes the needs of Francophone, Indigenous, and other patients, families and caregivers within the North West LHIN whose health care needs are unique and who often experience challenges accessing and navigating the health care system.

LHIN sub-regions are not an additional layer of bureaucracy; they are part of LHINs. They will not be separate organizations or administrations, and will not have their own staff or boards.

LHIN sub-regions will not restrict residents as they make their health care decisions. Patient choice will remain paramount and flexibility will be applied for communities or agencies whose populations or jurisdictions extend beyond the sub-region geography.

Q2: What is the purpose of LHIN sub-regions?

A: The purpose of sub-regions is to:

- Ensure that health care is more integrated and responsive to local needs

- Understand and enhance the overall patient experience
- Improve performance of the system including consistency of access to required services
- Create more equitable access to the same range of services and supports regardless of the type of primary care model
- Enable implementation of consistent care standards, information flow across the system and other improved tools to support delivery of best care
- Assist providers with supports for patients with complex care needs

Q3: What were some of the principles used to identify sub-region boundaries?

A: North West LHIN sub-regions were established based on existing referral and access patterns to health care services. LHIN sub-regions have been in place informally in the North West LHIN for many years; formerly referenced as Integrated District Networks (IDNs). Through *Patients First*, the North West LHIN has now formalized and renamed the IDNs as sub-regions to align with language across the province. The formalization of the North West LHIN sub-regions supports and acknowledges the significant progress that has been made over the past five years in advancing the Integrated District Networks through the Health Links initiative and the North West LHIN Health Services Blueprint. In formalizing the LHIN sub-regions, the North West LHIN used the best available evidence – including patient referral patterns and insights gleaned from local engagement with patients, providers and community members.

Q4: What is the role and responsibilities of the Sub-region Planning Table members? (to clarify high-level points from TOR)

A: Each Sub-region Planning Table will meet quarterly to advance sub-region planning activities.

The Planning Tables will have two main roles:

1. Advisory: to identify local priorities and challenges for consideration at a regional level
2. Champion implementation: to champion implementation of regional, sub-regional and local priorities. NOTE: the Sub-region Planning Table role in implementation is to be an ambassador of change related to the priority areas identified by the members. The Planning Table itself (through the Planning Table structure) will not implement initiatives; rather, members, as partners and providers in the system will take forward the advice and initiatives that they have informed and champion these initiatives among broader stakeholders. For example, as the Planning Table identifies priorities related to Primary Care (i.e.

attachment), members will champion this as a priority within the broader system and implement necessary steps within their organizations towards this goal.

Specifically, responsibilities will include:

Local population-based planning

- Understand the population need through the review of accurate/relevant sub-region profile data
- Local understanding of Local Health Hubs within the sub-regions
- Identify health needs/gaps and priority areas
NOTE: initial priorities will include Primary Care (including Care Coordination via maturation of the Health Links approach to care) and Mental Health and Addictions; as well as other identified local priorities

Local service alignment and integration

- Identify and champion implementation of opportunities to advance the integrated service delivery model, in alignment with the Health Services Blueprint
- Support the development of networks of care
- Identify opportunities for connecting or embedding care coordinators and system navigators with primary care settings to ensure smooth transitions of care between home and community care, and other health and social services
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Local performance/quality improvement

- Identify and champion implementation of sub-region quality measures, in alignment with [Regional Quality Strategy](#)
- Review performance indicators/dashboard and identify initial opportunities for improvement

Champion local implementation of regional priorities

- Support and champion coordinated implementation of provincial and LHIN-regional priorities (i.e. mental health and addictions, Health Links maturation, primary care integration, etc.)

The specific deliverables for 2017/18 are:

1. Build relationships and trust among providers and the community
2. Develop a shared understanding of sub-region planning
3. Validate population health profile of community
4. Identify population health needs, gaps and priorities for improvement
5. Develop population-based goals, performance targets and improvement ideas

Ongoing additional deliverables include:

1. Champion implementation of regional, sub-region and local priorities
2. Identify opportunities to advance the integrated service delivery model, at the sub-region level, aligned with the Health Services Blueprint
3. Provide recommendations to the LHIN-level advisory committee to identify local priorities and challenges for consideration at regional level
4. Report on progress towards common goals, performance targets and improvement plan to the sub-region stakeholders and the LHIN-level advisory committee
5. Begin to establish a network of care that will demonstrate shared responsibility between all partners

Q5: Will all health care services be organized by sub-regions?

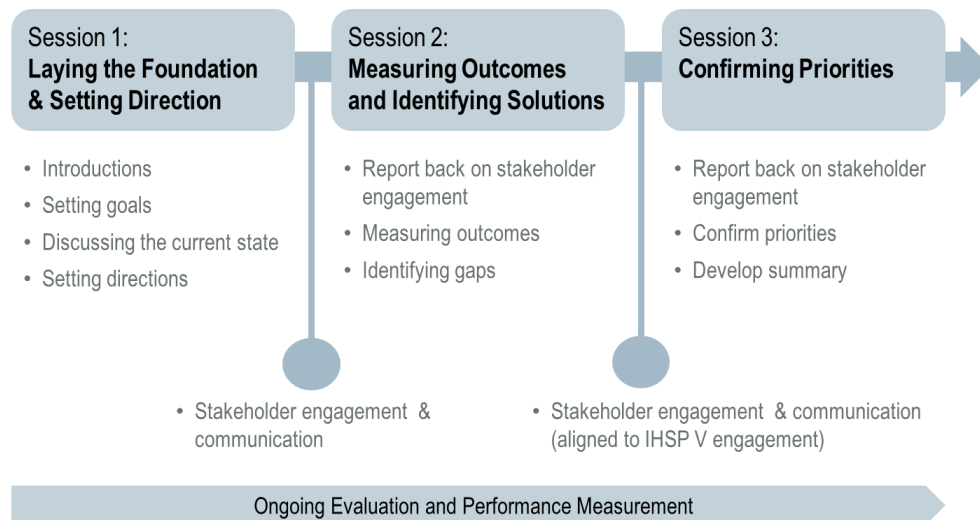
A: Given the fact that many service providers provide service across multiple sub-regions, or across the entire North West region, not all health services will be organized by sub-regions.

The North West LHIN will continue to work with partners to implement the integrated health system model that will organize services and delivery of care at three levels: the local, district or sub-region and regional or LHIN levels, per the Health Services Blueprint.

Q6: What are the next steps in the sub-region planning process?

A: Through *Patients First*, there is now a formal expectation to focus on population-based health planning at the local level. This is being achieved through the Sub-region Planning Tables as they are adopting a population based approach to planning which integrates the full spectrum of health care delivery – from preventing disease to treatment.

The high-level deliverables of the first Sub-region Planning Table session was to survey the environment by validating the population health profile and start to set directions by identifying a desirable future state. These deliverables are part of a 7-step planning cycle that will identify local priorities within each sub-region. These priorities will inform how the North West LHIN plans, prioritizes, funds and partners with other organizations to target the needs of the populations. The deliverables of the first three sessions are below. Following these sessions, planning will be ongoing and will focus on short, medium and long term timelines.



The feedback and priorities identified at each Sub-region Planning Table, through the planning process, will be directly incorporated in the North West LHIN planning and priorities. As an example, priorities identified within the sub-regions will be incorporated into the development of the Integrated Health Service Plan (IHSP) V, which is currently underway and sets direction in the according Annual Business Plans.

Q7: What will be used to guide decisions about health care in the sub-regions? How do you know what each sub-region needs?

A: A key input to guiding decisions about health care in the sub-region will be the perspectives of those who live and work in the system. Through sub-region Planning Tables, the North West LHIN is bringing together the valuable and necessary perspectives of system partners to better understand local priorities and build healthy communities.

To help those working at each Sub-region Planning Table, the LHIN has developed Sub-region Population Health Profiles. The profiles provide key indicators that impact the health of North West LHIN residents. The profiles are not exhaustive – the goal is to provide baseline information that helps identify each sub-region’s strengths, challenges, needs and supports priority setting and planning.

The North West LHIN collects performance indicators from all of the funded Health Service Providers that can be utilized for planning purposes. Similarly the LHIN reports on indicators within the Ministry-LHIN Accountability Agreement that can be utilized for planning.

At the foundation of sub-region planning, engagement with stakeholders, including patients and caregivers, to gain local knowledge will help set priorities and inform planning.

Q8: The Sub-region Population Health profiles show that my sub-region has challenges and needs more service. What is the LHIN doing to address these challenges?

A: The Sub-region Population Health profiles were developed to help better understand the health of the population in specific geographies, and will be used to support the Sub-region Planning Tables in identifying local priorities. Where the data shows gaps, challenges or inequities, the LHIN and its partners will take a closer look and develop solutions, as appropriate.

Q9: Who can I speak with about planning in my sub-region?

A: The North West LHIN is encouraging Health Service Providers to utilize the Sub-region Director as the main point of contact within the LHIN. The Sub-region Director will work to navigate and connect HSPs internally to the appropriate resources. Below is a listing of the respective Sub-region Directors:

City of Thunder Bay – Heli Mehta Heli.Mehta@LHINS.ON.CA

District of Kenora – Jason Carney Jason.Carney@LHINS.ON.CA

District of Rainy River – Tracy Stevenson tracy.stevenson@LHINS.ON.CA

District of Thunder Bay – Cori Watson Cori.Watson@LHINS.ON.CA

Northern – Benedict Menachery Benedict.Menachery@LHINS.ON.CA

Q10: How will broader stakeholders be engaged through the Sub-region Planning process?

A: Following each Sub-region Planning Table meeting, the members will be provided with key messages that they will use to engage with broader stakeholders. These messages will provide broader stakeholders with information on what was discussed at meetings, including emerging priorities so that they can engage and provide feedback to be considered through the planning process.

The sub-region planning process will not preclude further engagement from happening across the LHIN. For example, the recently formed Patient and Family Advisory Committee (PFAC) was created to provide advice on local health issues and programs and the patient's perspective.

Q11: How will the voice of the patient, family and caregivers be captured?

A: Patient, families and caregivers are an essential voice at the planning tables. The North West LHIN will be evolving its approach to patient, family and caregiver involvement to ensure it is respectful and appropriate. Initially, the North West LHIN will be working with the newly formed Patient Family Advisory Committee (PFAC) to ensure that their efforts are aligned and the advice and feedback that is provided through the PFAC is brought forward to the planning tables. Over time, the North West LHIN will evolve to an approach that directly involves patients, families and caregivers in the planning tables through patient stories and eventually through 'co-design' on specific topics.

Sub-regions will develop to an ideal state where:

- System goals are continuously refined to reflect what matters to patients and communities
- Patient's and communities have confidence that their voice is heard and drives continuous improvement efforts
- All partners embrace a culture of continuous quality improvement
- Patients and communities are respectfully engaged and are equal participants
- The system has the appropriate expertise and capacity to proactively and continuously improve

Q12: How does sub-region planning align with other LHIN initiatives – i.e. Health Services Blueprint, Local Health Hub Planning, Health Links, etc.

A: Sub-regions are the foundational mechanism by which we will advance local and regional priorities to improve population health including the Health Services Blueprint, Health Links, primary care integration and regional program planning.

Sub-region Planning Tables will advise on, and champion local implementation, related to local population based planning, local service alignment and integration, local performance/quality improvement and local implementation of regional priorities. More tactically, Sub-region Planning Tables members will discuss and advise on items such as:

- Local priorities to improve the health of the population within the sub-region (i.e. address high-rates of mental health and addictions, address primary care attachment and access, address care coordination to ensure smooth transitions in care)
- A prioritized plan to advance the integrated health service delivery model (per the Health Services Blueprint) within the sub-region; including how Local Health Hubs need to develop over the next 3-5 years, how the District Health Campus will serve the sub-region and how to work with regional programs to ensure the needs of the population are met
- Local service alignment and integration, local performance/quality improvement and local implementation of regional priorities

The implementation and operationalization of these initiatives will take place at the Local Health Hub, or community level. More tactically, the Local Health Hub stakeholders (through Working Groups), will:

- Implement care coordination models at the community/practice level (i.e. development of coordinate care plans for complex patients; i.e. Health Links approach to care)
- Advance the integrated service delivery model (integrated health care organization concept to improve patient experience and outcomes at the community level)

- Implement clinical service delivery models (i.e. mental health and addictions, chronic disease prevention and management)

*NOTE: the North West LHIN defines integration as per the Local Health System Integration Act (LHSIA, 2006); outlined below:

- “integrate” includes,
 - (a) to co-ordinate services and interactions between different persons and entities
 - (b) to partner with another person or entity in providing services or in operating
 - (c) to transfer, merge or amalgamate services, operations, persons or entities
 - (d) to start or cease providing services
 - (e) to cease to operate or to dissolve or wind up the operations of a person or entity

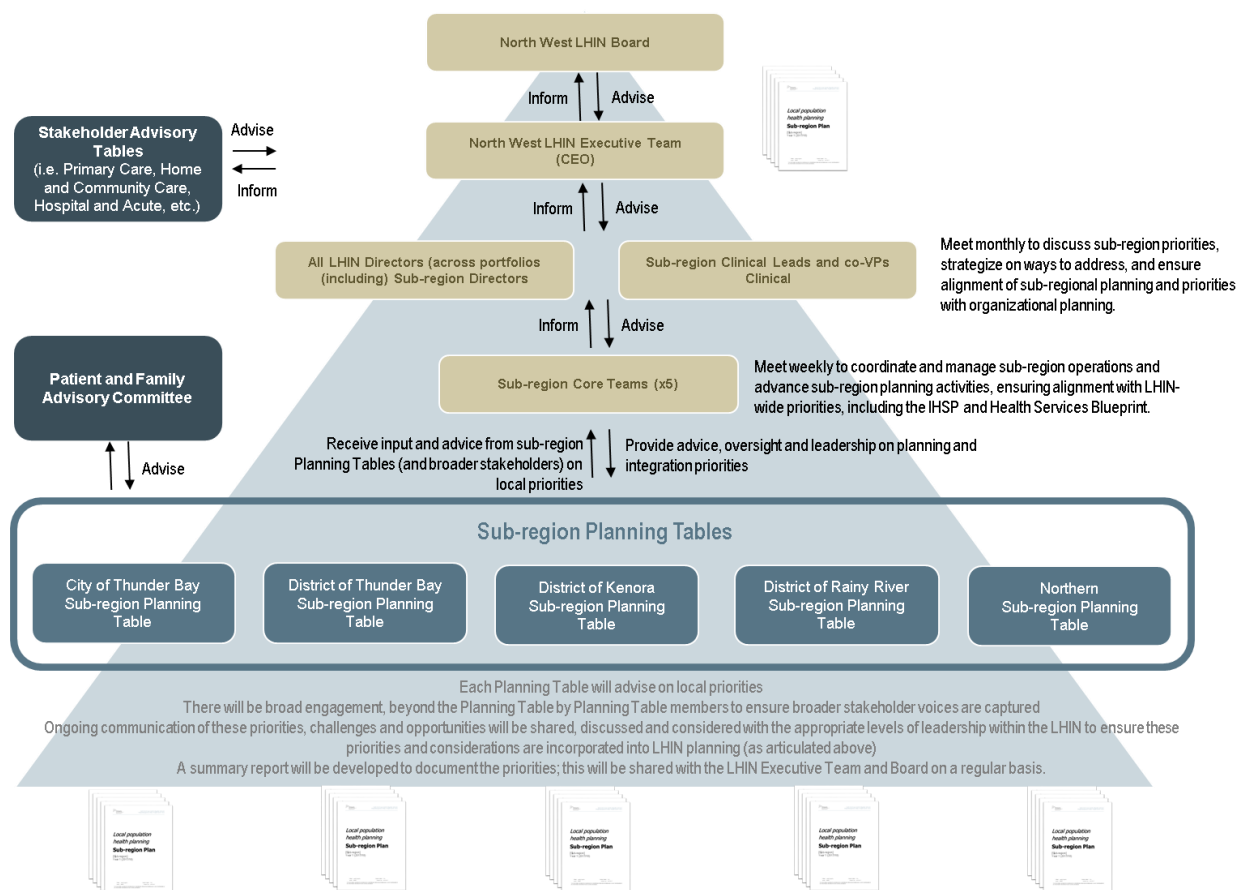
Q13: What is the governance/reporting/communication structure of the Sub-region Planning Tables?

A: Each Sub-region Planning Table is supported by a Sub-region Core Team which is made up of LHIN staff. The function of the Core Team resources is to ensure alignment of planning, integration and funding activities to support sub-region population health planning.

Communication channels and processes have been developed internally to support the alignment of sub-region activities. Specifically,

- Sub-region Core Teams meet on a weekly basis to coordinate and manage sub-region operations and advance sub-region planning activities, ensuring alignment with regional priorities, including the IHSP and Health Services Blueprint.
- Sub-region Directors and broader organizational Directors meet monthly to ensure alignment of sub-regional planning and priorities with organizational planning and discuss local issues/risks.
- Sub-region Clinical Leads (including co-VP Clinical) meet monthly to discuss sub-region priorities, strategize on ways to address, and ensure alignment of sub-regional planning and priorities with organizational planning.
- Sub-region Planning Table priorities are brought to the LHIN Executive Team (including CEO) as well as the Board on a quarterly basis. *NOTE: priorities are discussed more frequently, through ongoing discussion with Executive Team via VP Clinical and VP Health System Strategy, Integration and Planning.*

Below is the current governance structure for Sub-region Planning.



Q14: What will the initial priorities of the Planning Tables be?

A: The role of the Sub-region Planning Tables is to identify local priorities. Planning Tables are currently working through the planning process identified in question 6 to identify these priorities. An initial report will be produced to summarize the initial priorities by April 2018.

The North West LHIN has identified Mental Health and Addictions and Primary Care as a priority in all of the sub-regions.

Q15: How is the LHIN ensuring the Indigenous voice is captured?

A: During February and March, the LHIN will be carrying out engagement and conversations with Indigenous Leaders and Health Service providers to inform sub-region planning. The LHIN is seeking feedback on:

- How Indigenous communities, leaders, and HSPs prefer to be engaged and informed with sub-region planning

- How do our efforts of sub-regions and Indigenous plans align to be of mutual benefit

The North West LHIN's Aboriginal Health Services Advisory Committee which is transitioning to the Indigenous Health Council has provided the following feedback:

- Planning needs to align with Treaty areas and other existing Indigenous planning/governance boundaries
- Engagement needs to be meaningful (in person) and provide ample time for discussion and dialogue

Q16: What happened to the LHIN Integration Leadership Committee?

A: The Integration Leadership Committee is currently being reviewed and will be re-introduced in 2018/19.

Q17: Is there an orientation plan for the Sub-region Planning Tables?

A: The Sub-region Core Teams are developing a list of training needs based on requests from the Sub-region Planning Tables.

Preliminary needs identified include:

- Health Equity Toolkit
- Integration/Health Services Blueprint
- Home and Community Care
- OTN initiatives
- LHIN Decision Making process
- Population health
- MH&A First Aid Training

Additionally, Sub-region Planning Table members have been prioritized to attend the North West LHIN Advanced Health System Leadership Program in partnership with Rotman.

Q18: How will funding and accountability agreements align with sub-region planning?

A: As part of the planning process, the Core Teams will work with the Planning Tables to identify the funding and accountability needs to support sub-region planning. These requirements will be developed in collaboration with the North West LHIN Performance, Funding and Contract Management team.