

North West **LHIN**

Board Strategic Planning Session



Gil Labine, Chair | September 26, 2018

Board Strategic Planning Session – Summary

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| Present: | Board | Staff |
| | Gil Labine | Rhonda Crocker Ellacott |
| | Cathy Farrell | Brian Ktytor |
| | Tim Berube | Rakib Mohammed |
| | Tina Copenace | Petronilla Ndebele |
| | Carol Neff | Chrysta Burns |
| | Dorothy Piccinin | Sarah Newbery |
| | Beatrice Metzler | Jessica Logozzo |
| | Darryl Allan | Alex Vistorino |

Regrets: Cindy Jarvela

Absent: Francois Hastir

Recording Secretary: Betty-Anne Grey, Raiili Pellizzari

Mr. Gil Labine, Board Chair, opened the meeting by welcoming everyone and outlining the objectives of the Board Strategic Planning Session.

Objectives:

The objectives of this Board Strategic Planning Session were to:

- Provide an update on the current environment and provincial priorities
- Discuss the draft Integrated Health Service Plan V 2019-2022 Priorities specifically in reference to alignment with the Board Strategic Directions
- Validate alignment of the Integrated Health Service Plan 2019-2022 Priorities
- Provide an overview Health Services Blueprint vision, foundational elements, progress to date and proposed future directions
- Discuss Board Engagement Strategy 2019-2020

Dr. Rhonda Crocker Ellacott presented the current environment to the Board, highlighting North West LHIN strengths as Strategic Management Framework and Policy Governance Structure, patient experience, partnership and collaboration, and innovative use of technology. Areas for improvement included: an unhealthy population in the North West LHIN relative to the rest of the province; a shortage or lack of critical mass and economies of scale in the areas of health human resources; increased capacity for support services; and, increasing service demand across sectors.

Opportunities for the North West LHIN and system are the implementation of the recommendations in the North West LHIN Health Services Blueprint through early adopter work, enhancing the use of technology (i.e. Telehomecare and Telemedicine), and using the capacity of boards and leaders of health service providers who are ready to lead transformation. Dr. Crocker Ellacott identified the threats faced by the North West LHIN and system as the declining population (with the exception of the Indigenous population), poor health status, health human resource challenges, and inclusiveness in dialogue and planning with Indigenous partners.

Dr. Crocker Ellacott highlighted the provincial and Pan LHIN imperatives for the Board, after which she outlined the engagement process for the development of the Integrated Health Service Plan 2019-2022.

Integrated Health Service Plan V 2019-2022

To develop an Integrated Health Service Plan V (IHSP V) 2019-2022 informed by the priorities and needs of patients, families, caregivers and the people across the region, the North West LHIN launched an engagement campaign entitled *Picture Your Health: Your Future*. The campaign, which ran between March and May 2018, encouraged people to picture the future of health care in their communities and the changes needed to realize that vision. In addition to various LHIN-led stakeholder meetings, the North West LHIN hosted informational booths at a variety of health fairs, conferences and forums across the region and engaged with Francophone and Indigenous communities through surveys, community events and workshops. As a result, the North West LHIN collected more than 4,105 comments from 1,956 people. The stories told and priorities identified helped inform planning priorities for 2019-2022.

The following priorities for the Integrated Health Service Plan V (IHSP V) 2019-2022 were presented:

Priority One: Improve Access to Care

1. Implement initiatives that reduce hospital overcrowding
2. Improve the health of the population by increasing access to health services for:
 - Mental health and addictions
 - Acute and specialty care
 - Long-term care
 - Home and community care
 - Primary care
3. Address Health Equity by focusing on priority populations including Indigenous and Francophone communities

Priority Two: Enhance Care Experience

1. Optimize Mental Health and Addictions system, services and programs across the North West LHIN
2. Design and implement an integrated system of care across sectors
3. Implement regional programs

Priority Three: Improve Health System Sustainability

1. Drive efficiency and effectiveness to improve health system sustainability through implementation and adoption of:
 - Innovative health human resource models
 - Evidence-based care solutions including virtual care, and
 - Better use of resources
2. Implement digital health solutions

Generative Questions

1. When reviewing the identified IHSP V priorities, where do you see alignment with the Board Strategic Directions and sub-ends?

2. Where do you need more clarity in terms of the IHSP V priorities?
3. Is there anything missing?

Discussion Points

- General consensus that there is alignment between the Integrated Health Service Plan V (IHSP V) 2019-2022 Priorities and Board Strategic Directions, taking into account modifications to the Board ENDS
- Clarity required:
 - What “access” means
 - How to engage with Indigenous and Francophone community
 - What “regional care” means
 - 1.3 People have improved access to services to manage their care - who is doing the managing?
- Further detail on how we will achieve these goals will be provided in the Annual Business Plan, specifically:
 - Address Health Equity by focusing on priority populations including Indigenous and Francophone communities - Need more clarity on how service can/will be delivered to Indigenous and Francophone community
 - What are the tactics that will help people understand this goal?
 - Need to align sub-ends and IHSP V Priorities for example:
 - 1.4 Health information is more accessible and coordinated enhancing safety, decision-making and patient satisfaction: need clarity around health equity in the sub-ends
 - 2.4 Patients transition seamlessly across the levels of care
 - Quality should be reflected more clearly throughout the document
 - Engage with:
 - patients, families and caregivers
 - Indigenous and Francophone populations

The next steps for the Integrated Health Service Plan 2019-2022 is submission of draft report to the Ministry of Health and Long Term Care on October 29, 2018. Distribution to the public is planned for February or March of 2019.

Health Services Blueprint

The North West LHIN Health Services Blueprint was released in 2012 and is the LHIN’s 10-year strategy to build an integrated system of care across the North West LHIN. The Blueprint will redesign the system to ensure seamless and coordinated care, ultimately supporting improved patient outcomes, patient experience and system sustainability.

As the LHIN continues implementation of the Health Services Blueprint over Year 7 – 10, the following principles will guide our work:

- Our focus will remain patient-centred – any proposed integration must improve the patient experience and patient outcomes, while also addressing system sustainability
- We will continue to advance integration both across sectors (i.e. within local communities) and within sectors (i.e. MHA)
- We will utilize a phased approach; focused on leveraging opportunities for integration that are supported by robust analysis (including how it improves care for patients)

- We will continue population health based planning through sub-region planning; focused on capacity planning, informing regional program implementation and quality improvement
- The LHIN will provide clarity on expectations for integration and operational supports for priority areas.

The proposed directions for the implementation of the Health Services Blueprint Years 7-10 include:

1. Integration to be phased in at the **community-level**, with a focus on specific sectors/opportunities and supported by detailed business cases [NOTE: further consolidation may occur between communities as business cases support the value creation]
 - Year 7/8: focus: Mental Health and Addictions, Home and Community Care and continued exploration of corporate integrations arising from vacancies/retirements
 - Year 9/10 focus: to be determined based on regional program planning, sub-region and local planning efforts
2. Implement **Regional Program Leads and advance implementation**, aligned to IHSP V priorities
3. Advance **sub-region planning**, focused on sub-region-level assessment of population needs, health service capacity planning, inform regional program planning and development of cross-sector quality improvement plans

Generative Questions

1. How do you see the proposed directions benefiting patients and the system as a whole?
2. What risks and issues does the Board see in the proposed directions?
3. What is the Board's role in championing the continued implementation of the Health Services Blueprint?
4. What tools and supports does the Board need?

Discussion Points

- General agreement that Health Services Blueprint Year 7-10 directions will create benefits for patients and the system i.e.: improved access, simplified system, and opportunity to reinvest resources
- Agreement to focus on Mental Health and Addictions and Home and Community Care at community level; a phased approach will ensure success - patient facing improved outcomes
- Further work to mitigate and manage risks and issues is needed (i.e. perceived shift in direction, Ministry direction, continued resistance)
- Need to address Implementation Deficit Disorder "IDD" – move beyond discussion and focus on action
- Board agreement to champion implementation directions through Governance-to-Governance opportunities
- Supports needed include: resources, face-to-face engagement, government direction, trust and support, business case tool focused on value