



## Message from Jeff Low, Board Chair, South West LHIN

Hello and welcome to your new role as a health system board governor in the South West LHIN. We know this role is a challenging one, but we trust you will find it to be personally rewarding to work alongside your colleagues to improve how health care is delivered in your community.

This information has been compiled to give you a greater understanding of the South West Local Health Integration Network, the people we serve, and how we will work with you to align health system goals and ensure greater accountability.

As a board member, the decisions you make will support the collaborative actions of all our health service providers to improve the health system for everyone who calls the South West LHIN home.

Aligning health service provider strategies to the South West LHIN's Integrated Health Service Plan (IHSP) 2013-2016 is an important step towards health system transformation. We are currently in the process of developing our IHSP for 2016-2019, and [would appreciate your input at our upcoming sessions](#).

On behalf of the staff and Board of Directors of the South West LHIN, thank you for your commitment to Ontario's health system and helping to ensure it is sustainable for generations to come.

Kind Regards,

Jeff Low, Board Chair, South West LHIN

## Board of Directors (2015)

Jeff Low, Chair (London)

Ron Bolton, Vice Chair (St. Marys)

Ronald Lipsett (Annan)

Gerry Moss (Port Elgin)

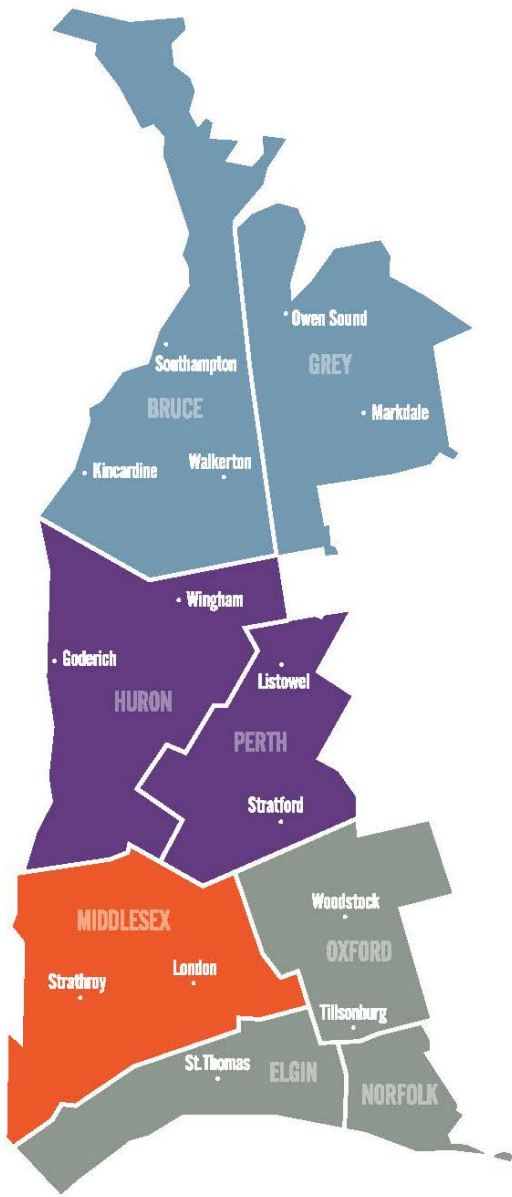
Aniko Varpalotai (Southwold)

Barbara West-Bartley (Warton)

Andrew Chunilall (London)

Wilf Riecker (Port Stanley)

Lori Van Opstal (Tillsonburg)

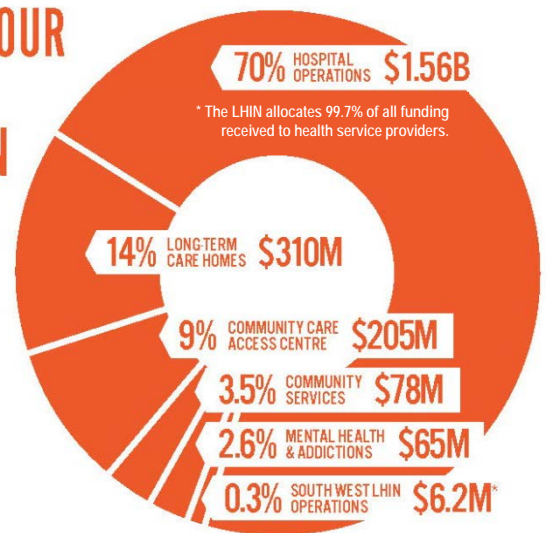


We have more than 150 health service providers delivering care to 980,120 people over an area of 22,000 km<sup>2</sup>.

We have a large urban population within the City of London and a significant rural population. There is a large proportion of seniors but a smaller proportion of immigrants than other areas of the province.

We also have 5 First Nations communities and a French Language Services designation.

## HOW DOES YOUR LHIIN INVEST \$2.2 BILLION IN HEALTH CARE?



**79** LONG TERM CARE HOMES

**60** COMMUNITY SUPPORT SERVICES

**36** MENTAL HEALTH & ADDICTIONS AGENCIES

**20** HOSPITAL CORPORATIONS ACROSS 33 SITES

**5** COMMUNITY HEALTH CENTRES

**1** COMMUNITY CARE ACCESS CENTRE

### Connect with us



/SouthWestLHIIN



@SouthWestLHIIN



/SouthWestLHIIN

[southwestlhin.on.ca](http://southwestlhin.on.ca)

1-866-294-5446

## What is a LHIN?

The South West Local Health Integration Network (LHIN) is one of 14 LHINs across Ontario. The LHIN's role is to plan, coordinate and fund local health services including hospitals, community care access centres (CCACs), long-term care homes, community health centres, community support service agencies, and mental health and addictions agencies. The office of the South West LHIN is located in London, Ontario.

The LHIN's vision is a health system that helps people stay healthy, delivers good care to them when they get sick and will be there for their children and grandchildren. The LHIN sets targets to improve the health system and hold community agencies, long-term care homes, community health centres and hospitals accountable for their performance.

No single organization can provide all of the care that a person needs to be healthy. By working together as a system of care, we can ensure a person gets the highest quality of care in the right place at the right time.

## How do LHINs work?

### **We make decisions at the local level**

- All health care decisions, including funding, are made locally at board meetings that are open to the public and the media
- All board packages are posted [on our website](#) five working days in advance of the board meeting
- Local health service provider (hospital, community agencies, etc.) boards still make decisions regarding the operation of their organizations

### **We take a 'system' approach to health care**

- LHINs provide a structure to connect health service providers and break down silos
- LHINs are the one structure responsible for the transition points in health care
- LHINs ensure that health service providers do what is right not only for their own organization and patients, clients and residents – but also for the system

### **We are accountable**

- LHINs have an accountability agreement with the Ministry of Health and Long-Term Care
- Health services providers have service accountability agreements with the LHIN
- We publicly report our current performance and all of our performance targets
- Ontario's health care system is more accountable than ever – accountability agreements outline responsibilities and performance requirements

### **We measure health performance**

- We are setting targets, measuring and publicly reporting health system performance
- We hold organizations accountable for achieving these targets
- We achieve targets that are improving the lives of patients/clients/residents
- The majority of hospitals in the province have balanced budgets

### **We engage with the communities we support**

- LHINs engage health service providers and the public in a numerous ways to inform, educate, consult, involve and empower them in health service planning and decision-making processes

# Our Shared Accountability for the Delivery of Health Care

We – health service providers and the LHIN – have a shared accountability to provide the best quality health care possible to people in the South West area. Shared accountability means considering health services from a system perspective, collaborating with health service providers and the LHIN, and improving our local health system, as defined under *LHSIA*.

*The Local Health System Integration Act (LHSIA), 2006, provides for an integrated health system to improve the health of Ontarians through better access to high quality health services, coordinated health care in local health systems and across the province and effective and efficient management of the health system at the local level by Local Health Integration Networks (LHINs).*

**Sustainability. Alliance.  
Finding Efficiencies. WHAT DOES  
Quality. INTEGRATION REALLY  
Coordination. Partnership. MEAN?  
Improvement. Collaboration.  
Working Together.**

## Integration plays a key part in our shared accountability

### Integration means:

- Improving accessibility of health services to allow people to move more easily through the health system
- Improving the match between services provided and the multiple needs of clients/residents/patients
- Making the health system more sustainable and accountable
- Innovation by enabling effective and efficient use of system resources and capacity

### Integration includes:

- Co-ordination of services and interactions between different persons and organizations
- Partnering with another person or organization in providing services or in operating
- Transferring, merging or amalgamating services, operations, persons or organizations
- Starting or ceasing providing services
- Ceasing to operate or to dissolve or wind up the operations of a person or organizations

### The LHIN's role:

- Promote the integration of the local health system to provide appropriate, coordinated, effective and efficient health services
- Ensure that there are appropriate processes within the local health system to respond to concerns that people raise about the services that they receive
- Evaluate, monitor and report on and be accountable to the Minister for the performance of the local health system and its health services, including access to services and the utilization, coordination, integration and cost-effectiveness of services

- Develop strategies and co-operate with health service providers, including academic health science centres, other local health integration networks, providers of provincial services and others to improve the integration of the provincial and local health systems and the co-ordination of health services
- Ensure value for money for the delivery of health services and to make the health system more sustainable

## LHSIA directs health service providers to undertake “identifying integration opportunities”

Each local health integration network and each health service provider shall separately and in conjunction with each other, identify opportunities to integrate the services of the local health system to provide appropriate, coordinated, effective and efficient services. This direction is reinforced in your Service Accountability Agreement (SAA):

### ***Community Engagement***

*The HSP will engage the community of diverse persons and entities in the area where it provides health services when setting priorities for the delivery of health services and when developing plans for submission to the LHIN including but not limited to planning submissions and integration proposals.*

### ***Integration***

*The HSP will, separately and in conjunction with the LHIN and other health service providers, identify opportunities to integrate the services available to the local health system to provide appropriate, co-ordinated, effective and efficient services.*

### **LHSIA sets out how a LHIN may integrate the health system:**

- Providing or changing funding to a health service provider
- Facilitating and negotiating the integration of persons or entities where at least one of the persons or entities is a health service provider or the integration of services between health service providers or between a health service provider and a person or entity that is not a health service provider
- Issuing a decision that requires a health service provider to proceed with the integration described in the decision
- Issuing a decision that orders a health service provider not to proceed with the integration described in the decision.

### **How can your organization foster integration?**

- Organizing around the client/patient/resident to ensure seamless transitions and equity
- Maximizing resources and expertise in the system – integration of front-line services, back-office functions, leadership and/or governance
- Establishment of alliances, partnerships – multi-service entities organized into sub-regions – supported by information technology to improve services and transitions of care
- Organizations working collectively – this requires a conceptual shift

## Frequently Asked Questions

- Q.** How many health service providers does the South West LHIN have accountability agreements with?
- A.** We have more than 150 HSPs and more than 200 accountability agreements. A few HSPs have more than one agreement with us if they provide more than one type of service. For example, some hospitals provide community-based services, such as a mental health program, in addition to their regular hospital services.
- Q.** Where and when are South West LHIN Board of Directors meetings held?
- A.** Board meetings are held in a different South West LHIN community each month and all sessions are open to the public, including health service providers and the media.
- Q.** Where can I find LHIN board meeting agendas and materials?
- A.** Full board agenda packages are posted online in advance of the board meetings. Visit the [‘Board and Governance’](#) section of our website for a schedule of meetings and to access the agenda packages.
- Q.** When will the LHIN meet next with HSP boards?
- A.** In addition to the open board meetings, the LHIN board:
- Hosts bi-monthly board-to-board engagements, following the board meeting, where board governors engage in discussion with LHIN and other HSP board members
  - Holds regional meetings for governors designed to inform and engage on key topics and to foster dialogue and collaboration among sectors. For example, a series of regional meetings with governors was held throughout fall 2013 to talk about the strategic implications of our Integrated Health Service Plan 2013-16. We are holding sessions this spring to support the development of our 2016-2019 IHSP.
  - Hosts governance education sessions to provide training on the ‘Fundamentals of Governance’ and ‘Governing for Quality’. Sessions will tentatively be held in spring 2016.
  - Invites board governors to attend the South West LHIN annual Quality Symposium, a full-day event with featuring high-caliber speakers with more than 400 attendees
  - Welcomes invitations to meet with health service provider boards upon request
  - Distributes communications on key topics/opportunities to the Board Chairs of health service provider boards to share with their board governors
- Q.** Can HSP boards invite a LHIN board member to attend a meeting or event?
- A.** On many occasions throughout the year, local providers ask that a LHIN board member attend, bring greetings to, or speak at their annual general meetings or other events. Normally, 1-2 board members would attend an event like this. We are happy to engage with our provider partners in this way and the request can be sent using the contact information on the [‘Board and Governance’](#) section of our website.
- Q.** Does the South West LHIN board accept delegations or presentations at its meetings?
- A.** We accept presentations at our board meetings, but you must make your request in writing to the [Executive Office Coordinator](#).
- Please make your request 6 weeks in advance of the board meeting you wish to attend and state clearly the purpose of appearing.
  - Priority will be given to those requests from the community where the meeting is being held and to topics already on the agenda. The Board Chair may decline a request to present or defer the decision to the full board to hear a presentation at a future meeting (i.e. board business meeting, board development session or outside a regular meeting)

- If you are presenting at a meeting:
  - No decision on the issue(s) presented will be made at the time of the meeting
  - Any discussion between the board and the delegation will be limited to clarifications and obtaining additional, relevant information.
  - You will have a limited time to present.
- There are also opportunities to interact informally with board members and staff after board meetings and at engagement sessions.

The Governance Policy Manual provides the South West LHIN board of directors with a comprehensive reference tool that can be used to assist the board in meeting its requirements as set out in the *Local Health System Integration Act (LHSIA), 2006*.

**Q.** How is the LHIN held accountable for its actions?

**A.** The LHIN is bound by the *Local Health System Integration Act* that determines our authority and mandate. We have a binding Ministry-LHIN Performance Agreement with the Ministry of Health and Long-Term Care that outlines our key responsibilities and accountability to the government. As well, we annually sign a Memorandum of Understanding that binds the LHIN to operational commitments with the Ministry that provides clarity on the role of the Minister, CEO, Board Chair and financial and administrative responsibilities of both parties.

**Q.** How do we know if the LHIN is performing its role?

**A.** Under the terms of the Ministry-LHIN Performance Agreement, we report on a series of key health system indicators such as emergency room wait-times and surgical wait- times to name a few. That information is in the performance section of our website as well as provider level information for all hospitals in the LHIN. These LHIN-level performance indicators are one way to judge us on what impact we are having on the system. Another is to look at the programs and initiatives we fund to see if they are changing the health system to make it more sustainable while ensuring quality care.

**Q.** How does the LHIN report to the community on its performance?

**A.** The South West has an interactive Report on Performance that has data on our website and the data in it is refreshed every month. We also issue a quarterly Scorecard to the board of directors that highlights accomplishments on the indicators we have aligned with the achievement of our strategic goals. Both of these reports are posted at [southwestlhin.on.ca/performance](http://southwestlhin.on.ca/performance).

**Q.** What is the process for service accountability agreements between HSPs and the LHIN?

**A.** The process varies slightly for hospitals (H-SAA/HAPS), long-term care homes (L- SAA/LAPS), and community agencies (M-SAA/CAPS). LHINs use a standard Service Accountability Agreement template approved by LHIN Boards. Generally, for all agreements the HSP submits their Annual Planning Submission to the LHIN for review of the financial data, performance plans and service levels that the provider will meet. From those planning submissions, the LHIN will develop the relevant Service Accountability Agreement and send it to the HSP for review, board approval and signature by the HSP Board Chair and Chief Executive Officer. The agreements are then approved by the South West LHIN Board and signed by the Board Chair and Chief Executive Officer.

- For the H-SAA, the current agreement template has been extended for 2015/16. A new agreement template is being planned for April 1, 2016.
- For the L-SAA, the current agreement template covers the term 2013/14 to 2015/16. A new agreement template is being planned for April 1, 2016.
- For the M-SAA, the current agreement template covers the term 2014/15 to 2016/17.

All this information and more is available on our website: [southwestlhin.on.ca](http://southwestlhin.on.ca)