BRIEFING NOTE
Toronto Central Local Health Integration Network
Board of Directors Meeting
September 9, 2016

Agenda Item 1 – Welcome & Call to Order

The Toronto Central Local Health Integration Network (TC LHIN) welcomes the public to its open Board meeting. Please refer to A Guide to Open Meetings of the Toronto Central Local Health Integration Network (LHIN).

Agenda Item 2 – Guide to Open Meetings of the Toronto Central Local Health Integration Network

Link to guide:

http://torontocentrallhin.on.ca/~/media/sites/tc/New%20media%20folder/Board%20and%20Governance/Guide%20to%20Open%20Meetings.pdf

Agenda Item 3 – Approval of Agenda

TIME	DUR (MIN)	ITEM	TOPIC	PRESENTER/ DISCUSSANT	MOTION REQUIRED
9:00	2	1	Welcome and Call to Order	Maurice Hudon	
9:02	1	2*	Guide to Open Meetings of the Toronto Central Local Health Integration Network	Maurice Hudon	
9:03	1	3	Approval of Agenda	Maurice Hudon	✓
9:04	1	4	Declaration of Conflict(s)	ALL	
REGULAR BUSINESS					
9:05	1	5*	Approval of Minutes 5.1 Draft June 24, 2016 Minutes	Maurice Hudon	✓
	20	6*	One Team Plan 6.1 Overview of One Team 6.2 Primary Care 6.2.1 Primary Care Briefing Note 6.2.2 Primary Care Strategy 6.3 Communications Roll-Out 6.3.1 Primary Care Communications Plan	Susan Fitzpatrick	
9:06	20	7*	Sub-Region Planning 7.1 Sub-Region Geographies Briefing Note	Susan Fitzpatrick	✓

			7.2 Overview of Sub-Region Geographies 7.3 Sub-Region Ministry Template 7.4 Sub-Region Webinar Presentation		

CLOSED SESSION

Agenda Item 4 – Declaration of Conflict(s)

The Board member(s) shall at this time in the meeting declare any conflict(s) of interest in accordance with the LHIN Conflict of Interest Policy.

Agenda Item 5 – Approval of Minutes – June 24, 2016

To be posted to website once approval made by the Board.

Agenda Item 6 – One Team Plan

No briefing note.

Agenda Item 7 – Sub-Region Planning

TOPIC: Sub-Region Development in Toronto Central LHIN

Present to the TC LHIN Board of Directors the methodology and process used to develop the sub-region geographies and the submission to the Ministry of Health and Long-Term Care.

BACKGROUND:

The Ministry of Health and Long Term Care (MOHLTC) has requested that all LHINs complete and submit a template by September 16, 2016 outlining the process taken to finalize and formalize sub-region geographies.

LHIN sub-regions are a key feature of the Patients First strategy, as they will serve as a means to better identify and respond to population needs and to better plan, integrate and improve performance of health services. The sub-regions are planning geographies, not hard boundaries, and patients, clients, and residents will continue to be able to have choice in where they seek programs and services.

PACKAGE DETAILS:

The package contains details on the following:

- Criteria and methodology used to develop the new five sub-region geographies which were built based on the Health Links experience;
- Validation exercise conducted by Dr. Rick Glazier and Peter Gozdyra from ICES/Centre for Urban Health Solutions which showed variation in high level alignment of the virtual networks to the sub-region geographies; and
- Consultations conducted and early feedback received from key stakeholders.

ATTACHMENT(S):

List attachment(s)

Attachment A: LHIN Sub-Region Development Presentation
Attachment B: LHIN Sub-Region Formation Guide

Motion

That the Board of Directors have reviewed the methodology and process used to develop the Sub-Region Geographies and the Board of Directors hereby approves management to submit to the ministry of health and long term care the proposed sub-region geographies for the Toronto Central LHIN as presented.

TOPIC: Primary Care Strategy

PURPOSE OF THIS AGENDA ITEM:

To provide a status update regarding the implementation of the Primary Care Strategy within Toronto Central LHIN (TC LHIN) as of September 2016

BACKGROUND:

This report builds on the CEO Year End Summary Report provided to the board in May 2016 which reported on:

- The completion of successful engagement sessions with physicians and inter-professional team members. Where these events obtained direct provider feedback on the LHIN's strategic plan and provided valuable advice and confirmation of the design directions to be taken on the Primary Care System within TC LHIN

- Stated that the LHIN would be moving from primary engagement and planning activities to implementation during the following quarter. This would be enacted by the development of a

Primary Health Care Operational Plan and initiate the process to put into place the required infrastructure and capacity within sub regions to ensure physicians will be active participants in system design and key identified priorities are acted on and developed.

The following is an update of primary care implementation activities from May to August 2016 inclusive.

Primary Health Care Operational Plan

In July 2016 a LHIN wide Primary Care Operational Plan was submitted for TC LHIN CEO approval by the chair of the Primary Care Regional Council Dr. Phil Ellison. The Primary Care Regional Council is led by Dr. Ellison (LHIN Physician Advisor Primary Care) and its members consist of the Primary Care Clinical Leads of the 5 sub regions within TC LHIN. The plan was approved and confirmed the TC LHIN Primary Care Vision, Goals and objectives coupled with associated priority projects for implementation.

Vision: To build a population-based, person-centred, and integrated health care system, with a focus on primary health and community care

Goals: Improved Patient Access, Improved Service Integration and Increase System Efficiency

Objectives: For a full listing see Attachment A: Primary Care Strategy 2016/17
Slide 4

Priority Projects:

1. Improve Access to Primary Care Providers
2. Improve Access to Inter-Professional Teams
3. Improve Access to specialists
4. Improve availability and quality of discharge planning
5. Expand secure communications

Each of the Priority Projects are led by a dedicated Primary Care Clinical Lead and supported by Hospital Resource Partners and LHIN internal staff. Project reporting has been initialized and the first report back on progress is being assessed and actioned in the Primary Care Regional Council taking place on September 9th. Regular updates will be provided to the TC LHIN executive and Board.

Establishing Capacity in Sub Regions

Initiating sub region structures and infrastructure is a key component for successful implementation of the Primary Care Strategy.

Primary Care Clinical Lead (PCCL): local primary care physician leaders that champion and provide oversight of the primary care strategy implementation through local engagement, collaboration and implementation of strategies to improve access and service integration. All sub regions have an established PCCL in place as of June 1, 2016 to May 31, 2018. For a listing of PCCLs per sub region see Appendix “Listing of Primary Care Clinical Leads”

Primary and Community Care Committee (PCCC): A committee representative of the primary care providers in the sub-region that will be responsible for developing a sub-region work plan to

implement approved initiatives and to move forward the achievement of goals and objectives. Terms of references and a recruitment guide completed. PCCLs beginning process of active recruitment. Expected initial committee inaugural meetings to take place in late October to mid November 2016 across sub regions.

Hospital Resource Partners (HRP): Designated hospitals (1 per sub region) who will leverage their infrastructure and expertise in support of the primary care strategy. Each local HRP will provide support to the PCCLs and PCCC in areas such as data analysis, staffing, engagement support and work plan development and execution. Each sub region has a dedicated HRP in place (see slide 8 of attachment A for a listing). Dedicated staffing (4 per sub region) housed within HRPs is being provided to support the primary care strategy and the alignment of Health Links. The PCCL will have oversight of staff functions and deliverables with HRP administrative assistance. The process for recruiting staff will begin with position postings on September 12 and are expected to be substantially completed across all sub regions by November 2016.

An MOU (Memorandum of Understanding) between HRPs and LHINs to provide clarity on expectations of the HRP role and operating principals is in the final stage of completion (legal review). It will be finalized for early September 2016.

Health Links Alignment: The Health Links activities are being fully aligned with Primary Care within the 5 sub regions. Each PCCL will have oversight responsibility for the local Health Links strategy within each sub region with direct support from the HRP for administrative and infrastructure capacity. The alignment with the new Primary Care structure will occur on October 1st with an overlapping transition process to be put in place to ensure Health Links deliverables are not disrupted. The Health Links will continue to deliver on its critical core mandate of identifying complex patients, ensuring that complex care plans are initiated and these patients are attached to primary care. The shared resources and PCCL leadership will ensure a deep alignment and coordination of Health Links activities with Primary Care.

Primary Care Provider Census: In order to have an understanding of the Physician and Nurse Practitioner complements within the LHIN and their corresponding practices the LHIN is initiating a Primary Care Provider Census project. The project is starting in a pilot phase in the fall with a subset of physicians selected to test and provide feedback on the initial set of materials to be provided. These include an introductory letter from the PCCLs with a corresponding brochure providing information concerning the TC LHIN and a number of resources that are available that physicians may find helpful. The census is being delivered in a method that minimizes the burden on physician practices to validate and supplement the information needed for future planning purposes. The larger initiation of the census process will commence in Q3.

ATTACHMENT(S):

List attachment(s)

Attachment A: Primary Care Strategy 2016/17

Prepared by: Greg Stevens Date: August 30, 2016

Appendix: Listing of Primary Care Clinical Leads

Sub Region	Primary Care Clinical Lead
West	Dr. Donald Smith
Mid West	Dr. Pauline Pariser
North	Dr. Jocelyn Charles and Dr. Yoel Abells
Mid East	Dr. Curtis Handford
East	Dr. Geordie Fallis

News release:

http://www.torontocentrallhin.on.ca/newsandevents/pressreleases/PCCL.aspx

Note: BIOs for PCCLs are available via the news release link under the section marked Quick Links/Facts

TOPIC: Communications Plan for Advancing Primary and Community Care in the Toronto Central LHIN

PURPOSE OF THIS AGENDA ITEM:

Review communications plan in advance of Toronto Central LHIN announcing activities underway to advance primary and community care through targeted communications to our partners, providers and community.

BACKGROUND:

As part of our 2015-2018 Strategic Plan, the Toronto Central LHIN has developed a vision in which patients/clients experience seamless care across the health system that is accessible and respectful of their needs.

To meet these goals, the Toronto Central LHIN is taking steps to better integrate primary health and community care within our local communities by supporting providers and partners in making system wide improvements to care.

Toronto's health service providers are working hard to provide quality care for their patients and clients. The Toronto Central LHIN wants to build on our achievements to date and work with our providers to find solutions to ensure care is accessible, equitable and navigable.

With a focus on better access, seamless navigation, and improved communication, the Toronto Central LHIN will engage our providers, partners and patients in local planning and health system design for integrated primary health and community care.

DISCUSSION:

Objectives:

- Take steps towards achieving our strategic priorities, by strengthening and integrating primary health and community care, while taking a populations health approach to ensure care is driven by local needs.
- Ensure all sectors are equally engaged in our strategic priority of transforming primary health and community care and provide clarity on roles and objectives aimed at improving patient/client outcomes.

Target Audiences:

- Funded Health Service Providers (CCAC, CMHA, CSS, Hospitals, CHCs)
- Primary Care (physicians, FHTs)
- Key Stakeholders (Toronto Public Health, City of Toronto, United Way)
- Government (MOHLTC)
- MPPs/Councilor
- GTA LHINs
- Toronto Central LHIN Staff

Approach:

- TC LINK article(s)
- Toronto Central LHIN website (site map amended)
- Email from CEO to HSPs
- Release posted on our website (not expecting media pick-up)
- Webinar (open to staff, HSPs and stakeholders)
- Social media posts (Twitter)
- Links to Partner Sites
- Briefing Note(s) to the Board of Directors
- Primary Care Physician Census Materials

Key Messages:

- Strengthening the connections between primary care providers and all health service providers is the pivotal next step to ensuring better care for Torontonians and their families.

- To do this, the Toronto Central Local Health Integration Network (LHIN) is aiming to improve access to and integration of primary health and community care at the local level.

- The Toronto Central is announcing further details on its plan to strengthen primary health and community care, while taking a populations health approach to ensuring care is driven by local needs.

- The Toronto Central LHIN has identified a group of primary care leaders and community care champions to co-design a way forward that will meet community needs.

- Toronto Central LHIN has divided its region into five planning areas (sub-regions) to provide a foundation for the development of local integrated care systems to ensure that the residents receive better health outcomes.

NEXT STEPS:

August/September					
Monday	Tuesday	Wednesday	Thursday	Friday	Sat/Sun
29	30	31 **Executive Advisory Group**	1 **Invite to Webinar**	2 **Board agenda package**	3/4
5	6 *Labour Day*	7	8 Website update	9 Toronto Central LHIN Board Meeting	10/11
12 **LAUNCH**	13 **Webinar**	14	15	16	17/18

ATTACHMENT(S):

Attachment A: Website Planning Map

Attachment A

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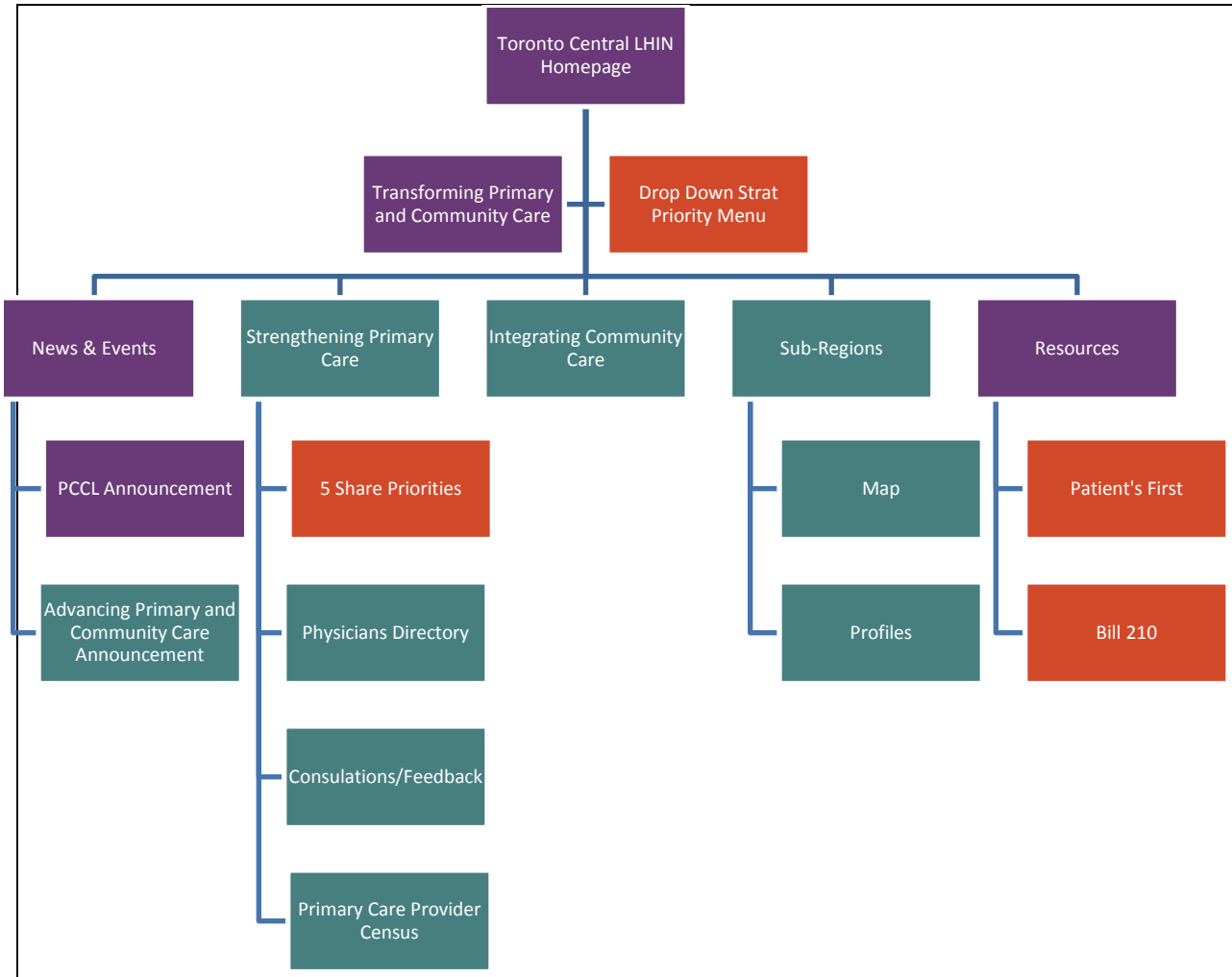

Legend:

LEGEND

Pre-existing Pages

New Pages

Future Pages

Agenda Item 8 – Next Board Meeting

The next Board Meeting will take place on Wednesday, October 26, 2016, 4-7 pm.

Agenda Item 9 – Closed Session

The Toronto Central Local Health Integration Network Board of Directors meeting moves to a closed session pursuant to s.9(5) of the *Local Health Systems Integration Act, 2006* to: - consider financial and other matters of personal or public interest and personnel matters
Termination
Board meeting to terminate upon completion of business.