Waterloo Wellington **LHIN**

BRIEFING **NOTE**

Mission: To lead a high-quality, integrated health system for our residents
Vision: Better Health – Better Futures
Core Value: We value acting in the best interest of our residents' health and wellbeing

Meeting Date: September 28, 2016

Action: Decision

Topic: Item 6.0- Refreshing and Formalizing LHIN Sub-regions

PURPOSE

To provide the Board of Directors with an update on the refresh and formalization of the Waterloo Wellington sub-regions.

BACKGROUND INFORMATION

Across Ontario LHINs are formalizing sub-region geographies for the purposes of planning, integrated service delivery and performance improvement.

While a sub-region approach to health service planning and evaluation has been in place for several years, the Waterloo Wellington LHIN (WWLHIN) is refreshing and formalizing the geographies of the sub-regions to allow for more integrated planning at this local level. Sub-regions will serve as a means to better identify and respond to population needs and to better plan, integrate and improve performance of health services. They also have the potential to better identify and capture diverse population needs–be they linguistic, cultural or others–and to help our health care system better respond to these needs. Sub-region geographies are not boundaries to care and will not act as a barrier for patients to access services.

To finalize and formalize the sub-region planning geographies, a process has been undertaken that is open and transparent, engages stakeholders and is based on the best available evidence. In recent years, the WWLHIN has used the four Health Link (HL) geographies for sub-region planning: Guelph HL, Wellington HL, Cambridge-North Dumfries HL, and KW4 HL. The Health Links model of care was introduced at a sub-region level to provide coordinated care plans for patients with complex medical needs within their local communities. This model of care has proven to provide better health outcomes for residents and has provided more access to care in the community.

To build on this successful model of care, the WWLHIN is recommending the creation of four sub-region geographies, aligned with the Health Links areas, where providers from primary care, home and community care, hospitals and public health will work in collaboration to ensure residents have optimal health and well-being. The aim is to build bridges between organizations and bring in specialized care when needed to create a system that is collaborative, efficient and provides residents with the best possible care.

The proposed sub-regions have been recommended based on what makes the most sense to support the delivery of integrated care. We have analyzed qualitative and quantitative data assessing access and utilization of health care services, current service locations, population health, and vulnerable populations, including French-speaking and Aboriginal populations. Data reflected where residents choose to access services and referral patterns between primary care, specialists and hospitals. Based on the quantitative analysis, profiles have been developed for the four proposed sub-regions with specific socio-demographic profiles, health status, health service utilization, and health human resourcing within each sub-region and where possible more detailed analyses at the municipal and township level. See website for profile sheets: http://www.waterloowellingtonlhin.on.ca/communityengagement/sub-regionengagement.aspx

Ensuring that the sub-region development was transparent and consultative, the WWLHIN engagement process has included:

- Web-based survey (French and English versions) for feedback on the proposed regions shared with all health service providers, boards of public health, local politicians, and advertised through social media to residents.
- Direct Engagement with stakeholders including: Health Links, Boards of Public Health, CCAC, WWLHIN Physician Leads, Rural Service Providers, External LHINs and WWLHIN staff.
- Past engagement incorporated into the analyses included:
    - 2015 Waterloo Wellington Resident Survey
    - Patient's First Engagement: Residents, Health Service Providers and Members of Provincial Parliament
    - Focus Groups for development of 2016-2019 Integrated Health Services Plan

What we heard from stakeholders:

- 69% of residents agree that the proposed sub-region geographies make sense for how local health care is planned, organized and evaluated in Waterloo Wellington.
- The Boards of Public Health in Waterloo Wellington LHIN agree that the proposed regions align with their planning boundaries and make most sense for integrating and coordinating the delivery of care for residents. However, the Grey Bruce and Wellington Dufferin Guelph Public Health Units highlighted that the municipalities of Southgate and West Grey (portion in our LHIN) would be better suited to fall within the South West LHIN's boundaries as it would then align the regions with the Grey County and Grey-Bruce Public Health Unit boundaries.
- Local politicians commented that the geographies align well with municipal and electoral boundaries.
- Many stakeholders in the rural townships of KW4 (Wellesley, Woolwich, Wilmot) feel that the unique needs of the townships will not be reflected in planning for the region and that the population size of the region is too large (51% of Waterloo Wellington population).
- Stakeholders also commented on the need to ensure an integrated approach across the sub-regions is continued.
- It was recommended for greater clarity to update the name of the Guelph sub-region to Guelph Puslinch.

NEXT STEPS

As we move forward with the formalization of the sub-regions, there will be additional engagement and opportunities to determine what integrated planning in the sub-regions will look like to ensure diversity within sub-regions is captured in the planning process. This process will strive to ensure that planning and decision making reflects the unique needs of local residents – be they linguistic, cultural, sociodemographic, etc. - within our communities.

The recommendations are based on our goal to deliver high quality, integrated care across each sub-region building bridges between public health, primary care, home and community care, and hospitals. Additionally, the proposed sub-regions geographies will allow for the development of common goals within sub-regions to improve access to coordinated and integrated care, enhance the delivery of quality of care that is patient centred and improve the patient experience for residents in Waterloo Wellington.

While the WWLHIN supports the KW4 sub-region as the best geography to ensure integrated planning and performance improvement, to address the concerns raised particular attention will be given to process design within the sub-regions to ensure planning reflects the needs of both urban and rural residents.

As part of the sub-region formalization process, the Ministry of Health has also requested the identification of potential regions within the current LHIN boundary that should be considered for transfer to another LHIN, if in the future there is a process for realigning LHIN boundaries. Based on our data analysis assessing patient flow within and outside our region, consultation with other LHINs, Boards of Health and service providers, the WWLHIN would like to recommend that the municipalities of Southgate and the small portion of West Grey that falls within our LHIN be assessed for a potential transfer to the South West LHIN. Residents within these two municipalities receive the majority of their hospital care in South West LHIN and moving the boundary would align with the current county and public health planning boundaries.

RECOMMENDATION

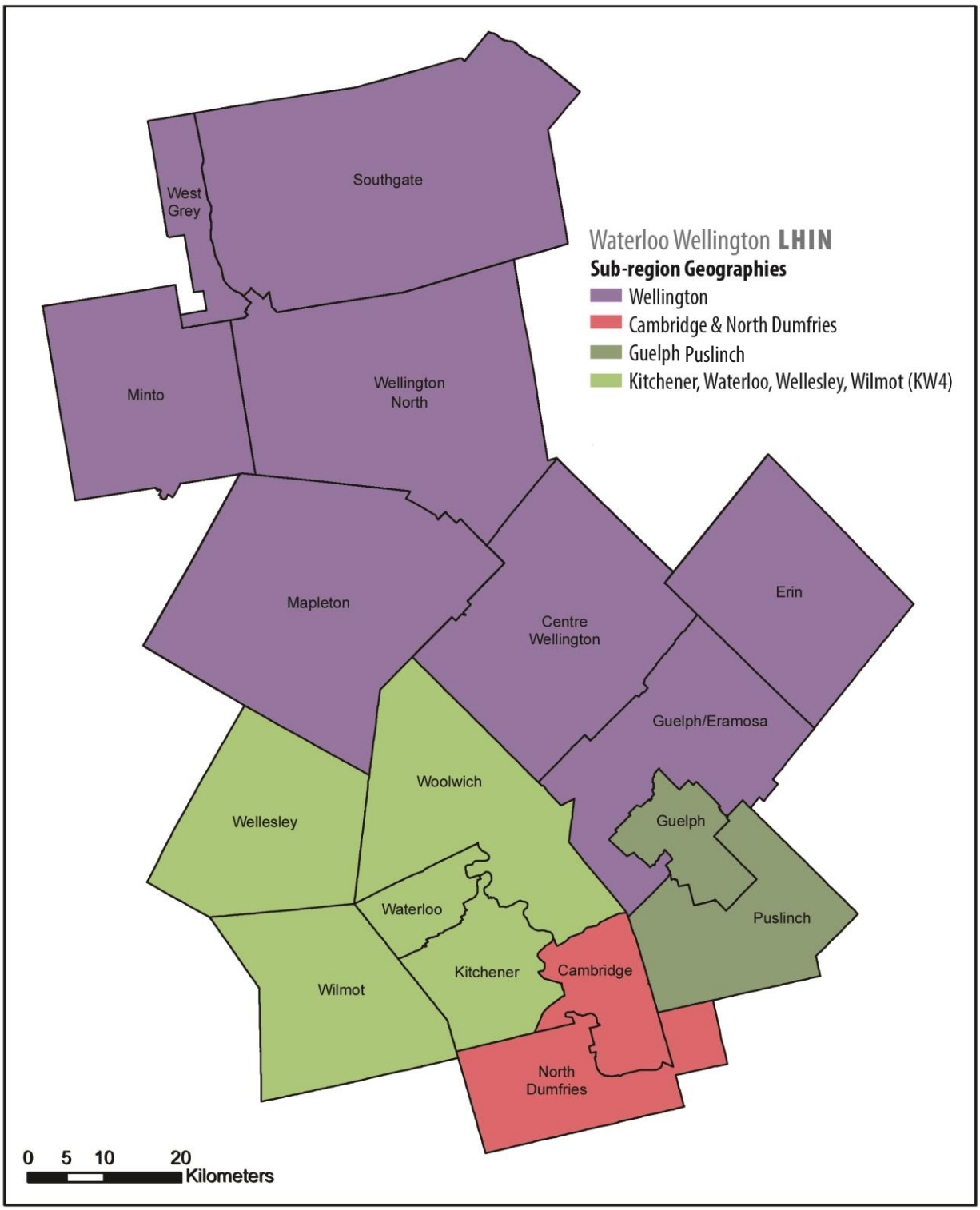
THAT the Board of Directors approve the Waterloo Wellington sub-region geographies as defined by the current Health Links planning areas (See Appendix A).

AND

THAT the Board of Directors approve the municipalities of Southgate and West Grey to be highlighted to the Ministry for future consideration for a potential transfer to South West LHIN, if a process to realign LHIN boundaries should occur.

APPENDIX A

Figure 1: Proposed Waterloo Wellington LHIN Sub-Region Geographies


Waterloo Wellington LHIN
Sub-region Geographies
Wellington
Cambridge & North Dumfries
Guelph Puslinch
Kitchener, Waterloo, Wellesley, Wilmot (KW4)
Southgate
West Grey
Minto
Wellington North
Mapleton
Centre Wellington
Erin
Guelph/Eramosa
Woolwich
Wellesley
Guelph
Waterloo
Puslinch
Kitchener
Cambridge
Wilmot
North Dumfries
0 5 10 20
Kilometers

APPENDIX B

IHSP Priority:	x	ABP Initiative(s):	Corporate Objectives:	x
Access	X	Improve coordinated care for residents with complex conditions using Health Links – partnering them with a care provider who knows them and is familiar with their situation. Create a seamless, coordinated experience for patients discharged to community from all WW hospitals, including communication between primary care and community based care. Develop sub-region integrated care tables with physician leadership, patient involvement and local leaders that identify and ensure residents get access to care, closer to home	Provide transformational leadership and collaborate with those who share this commitment.	
Connect	X	Dramatically improve the patient experience in home and community care through implementing the 10 recommendations from the Patients First Home and Community Care Road Map	Integrate health services to achieve better health, better care, better value	X
Inform	X	Continue to enhance public access to date on how their health care system is performing	Champion equity in population health and health outcomes	X
Protect	X	Work with governors of health service providers to identify opportunities for greater integration in local communities	Commission quality health services in a sustainable health system	X
			To attract and retain the best talent and create a great place to work	