Health
Results
Team

# Local Health Integration Networks: Building a True System

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*On October 6, 2004 the Health Results Team - System Integration launched its first bulletin to keep you updated on the government's plan to integrate and coordinate health services at the local level. A lot has happened since then. The foundational policy work has been completed. 14 Local Health Integration Networks (LHINs) were launched last summer. Board chairs, founding board members and CEOs are in place. Offices are now open and the first staff members have been hired. The Local Health System Integration Act 2006 was passed in March and LHINs are engaging with their communities as they begin work on 14 Integrated Health Service Plans.*

*As the Local Health Integration Network Project Team has now completed its mandate to launch Local Health Integration Networks (LHINs), the team has disbanded and future developmental work will be taken over by the LHINs and other areas of the Ministry. As a result, this is the final LHIN bulletin. The LHIN Project Team would like to take this opportunity to thank the countless experts, health care providers, ministry officials and members of the public that took part in this monumental journey.*

### Looking Back: The Evolution of LHINs

On September 9, 2004, Minister George Smitherman launched the Health Results Team with a three-year mandate to deliver a results-driven and evidence-based plan to improve access to patient-focused and integrated health services. This was no small undertaking. Unlike previous system improvements, the Minister's objective could not be reached through incremental change. What was required was transformational change, not only of systems and processes, but also of ideas and culture.

A cornerstone of the Health Results Team agenda was system integration and the evolution of the health care system from a collection of services to a true system. Gail Paech, Lead of System Integration (LHINs) on the Health Results Team, was asked to develop the strategic policy framework to support the government's decision to create LHINs. This policy work formed the founding principles and basis for the legislation that would establish the structure of LHINs. Once the model for integration was selected, the LHIN Project Team was asked to create and launch LHINs from the ground up.

***Developing Ontario's integration model***

To get started, the team worked with all parts of the health care community - from community board directors, senior government and elected officials, and academics to front-line workers, health care clients and citizens. Initial LHIN boundaries were developed and announced in October 2004 in collaboration with the Institute for Clinical Evaluative Sciences (ICES). Later that fall, 4,000 health care stakeholders participated in 14 community workshops across the province to identify priority integration opportunities within each LHIN.

The LHIN Team worked with a provincial Action Group comprised of provincial health association representatives and working groups to provide advice on specific matters related to LHIN implementation, such as Francophone issues, Aboriginal issues and a provincial policy framework for the relationship with the academic teaching hospitals in Ontario and the LHINs.

National and international experts participated in think tanks and discussion forums as a technique for guiding rapid policy development in the areas of health system

planning, integration, funding, governance, ethics and a common decision-making framework.

***Launching LHINs***

Once the policy framework was established it was time to launch LHINs as 14 corporations.

Fourteen founding LHIN board chairs and 28 board members were recruited through the Public Appointments Secretariat and appointed by Cabinet. In June 2005, 14 news conferences were held across the province to publicly announce the 14 LHINs, 42 Founding Board members and 14 CEOs.

By-laws for each LHIN were enacted, performance agreements were established, Memoranda of Understanding between each LHIN and the Ministry were signed and comprehensive governance policies were developed and implemented across the LHINs.

CEOs began work in August 2005 and even though they were operating from temporary offices, they worked along side the board chairs to start getting to know the communities they serve. That summer LHIN leaders hosted 37 "Meet and Greet" sessions across the province with 1500 leaders of health care organizations.

As part of the community-based nomination process developed by the Board Chairs to recruit board members, in the fall of 2005, LHINs hosted 59 public information sessions in 46 cities and towns in the fall, meeting with 1,100 members of the public.

14 offices were set up across the province with all that entails - leases, furniture, information technology systems, payroll and finance systems, development of policies and procedures, and orientation sessions. Initially these services were provided by the LHIN Project Team; however a common "back office" has now been established to take over the payroll, financial and human resource functions on behalf of the LHINs.

By the fall of 2005, all LHIN offices were open and ready-for business. Four staff members were recruited for each LHIN and by January 2006, each LHIN had two Senior Directors, an Executive Assistant and an Office Manager in place. Additional staff will be recruited in the near future.

Accountability agreements were developed for the years 2005/06 and 2006/07 that each LHIN entered into with the Ministry. These agreements set out the key activities that the LHINs will be responsible for.

The *Local Health System Integration Act 2006* was passed on March 1, 2006. The Act is designed to empower the LHINs so they can partner with the ministry to improve the health of Ontarians through better access to health services, more coordinated care and effective and efficient management at the local level.

On April 10th, 2006 additional board members were announced for each LHIN, with the full board complement expected later this spring.

On the planning front, LHINs are developing Integrated Health Service Plans (IHSPs) by the fall of 2006. A key component of the planning process is community engagement. LHIN leaders are getting to know their communities by reaching out and having ongoing conversations with the people in their networks.

A lot has been accomplished so far and there is much more work to do as we all work together to transform health care in Ontario.

On behalf of the LHIN Project Team, thank you for your ongoing support and all best wishes for the future.