Local Health Integration Networks: Building a True System

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April 1, 2007 marks the next significant milestone in the government's plan to integrate and coordinate health services. Ontario's 14 Local Health Integration Networks (LHINs) take on the role of planning, funding and integrating local health services.

A lot is happening both in the LHINs and the ministry to make April 1 a reality.

To ensure a smooth transition as LHINs assume added responsibility, Deputy Minister Ron Sapsford recently announced the creation of the time-limited LHIN Coordination Project. Heading this project is Assistant Deputy Minister Gail Paech, who previously led development of the strategic policy framework to establish LHINs. This formed the founding principles and basis for legislation that established the LHIN structure.

This bulletin will help keep the health care community informed of developments of the ministry's transition.

LHINs so far

The LHIN concept was first announced in September 2004 by Minister George Smitherman, as part of a plan to improve access to patient-focused, integrated health services. That plan required transformational change, not only of systems and processes, but also of ideas and culture. LHINs are a cornerstone of the evolution of the health care system from a collection of services to a true system.

The ministry worked with people from all parts of the health care community — community boards, senior government officials, elected officials, academics, front-line workers, health care clients and citizens. LHIN boundaries were developed and announced late in 2004. Later that fall, 4,000 people from the health care sector took part in community workshops across the province to identify priority integration opportunities in each LHIN.

An expert provincial Action Group provided advice on implementation issues. Expert advice was sought to guide policy development of health system planning, integration, funding, governance, ethics and a common decision-making framework.

LHIN board chairs and 28 board members were recruited through the Public Appointments Secretariat and appointed by Cabinet.

CEOs began work in August 2005 and worked along side the board chairs to start getting to know the communities they serve. The LHIN leaders hosted 37 "meet and greet" sessions across the province in 2005 with 1,500 leaders of health care organizations.

As part of a community-based nominations 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, meeting with 1,100 members of the public.

LHIN 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. A common "back office" was set up to take over payroll, financial and human resource functions for the LHINs.

The *Local Health System Integration Act 2006* was passed on March 1, 2006, to empower LHINs to plan, fund and

integrate local health services. In April 2006, additional board members were announced for each LHIN, with the full board complement announced in June 2006.

LHINs are holding monthly public board meetings, staff continue to be hired and they continue to engage their communities. To date, LHIN staff and board members have talked to more than 40,000 Ontarians. From those meetings, the 14 LHINs developed their first Integrated Health Service Plans, delivered to the ministry in fall 2006.

Moving Forward

As April 1 approaches, there is a need to ensure that the transition is smooth and that health care stakeholders are kept informed of what's happening, what operations will change and how changes will affect them.

That's the job of the LHIN Coordination Project. Led by ADM Gail Paech, the team has a mandate to:

- Coordinate implementation and transition of the LHIN-related projects across the Ministry of Health and Long-Term Care
- Report on timelines of ministry projects
- Identify and manage dependencies between ministry projects
- Ensure timely communications to health care stakeholders.

The project's preliminary focus is on the "mission critical" activities which must be completed by April 1 to ensure a smooth transfer to LHINs. These include operationalizing the LHINs' authority on April 1, 2007, supporting the efforts to make LHINs the point of contact for local health service providers and supporting LHIN business functions.

Communications will also be an important part of the build-up to April 1 and beyond. The ministry will provide frequent updates to health care stakeholders as this important project proceeds.

Into the Future

As the LHINs assume more responsibilities for their local health system, the ministry continues to undergo important changes to allow it to fulfill its future role in supporting and guiding Ontario's health system.

This bulletin will be the main vehicle that we will use to provide you with regular updates on the ministry's transformation. The bulletin, published every two weeks (at a minimum), will include progress on legislation, funding, accountability agreements, accountability framework, financial management and other ministry transition projects.

Please regularly check the ministry's website at http://www.health.gov.on.ca/transformation/lhin/lhin_mn.html for the latest news on the ministry's transformation.

This update is produced by the LHIN Communication Team
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