

**BOARD BRIEFING NOTE**

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<b>To</b>	SE LHIN Board Members
<b>From</b>	Paul Huras, CEO
<b>Date</b>	June 17, 2016
<b>Nature of Board Engagement</b>	<b>Strategic</b>
<b>Recommendation for Board Consideration</b>	<b>For information only – no recommendation at this time.</b>
<b>Purpose</b>	The purpose of this briefing note is to provide an update to the Board on the proposed Bill 210 that was introduced on June 2, 2016 and to identify the potential implications for the SE LHIN should the legislation be passed.
<b>Executive Summary</b>	<p>South East LHIN staff support the potential objectives of Patients First as we await further provincial direction on the proposed changes outlined in Bill 210. The following are key areas of focus identified in the proposed Patients First Act:</p> <p><u>Primary Health Care</u>          The proposed legislation introduces possible accountability relationships with primary care beyond Community Health Centres including Family Health Teams (FHT), Nurse Practitioner Led Clinics (NPLC) and Aboriginal Health Access Centres (AHAC) and specifically that they become designated as Health Services Providers (HSPs). LHIN staff have worked with FHTs and NPLCs in our region since early days through the development of a Memorandum of Understanding with FHTs/FHOs and through the development of Health Links. The existing working relationships (Health Links and MOU) will continue until further direction is provided.</p> <p><u>LHIN Sub-Regions</u>          The proposed legislation would direct LHINs to identify LHIN subRegions to focus health system and population based planning and to address system and services needs. These subRegions would not form any new burecracies.</p>

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Analyses in the SE LHIN has been completed to support the development and understanding of new subRegions. This work is based on ICES data and previous analyses completed to inform the development of the Health Links. Other layers have been added to the analyses including lessons learned since the inception of Health Links. This information provides the basis for physician consultation in the region to inform the boundaries of sub-regions. These engagement activities continue and further consultation will be pursued with allied health and administrative leadership to ensure adequate feedback has been received prior to finalizing sub-regions.

Public Health

The proposed legislation would direct LHINs and Public Health Units (PHUs) to develop formal relationships to include the Medical Officer of Health providing advice the the LHIN CEO and to enhance the LHINs' health system planning with population based planning.

Several meetings have been held between the Public Health Units (PHU) and the LHIN to further mutual understanding of roles in the health care system. The continued meetings with the medical officers of health has been beneficial to increasing operational understanding. LHIN staff have also attended the PHU Board meetings and future meetings are planned for further engagement and relationship development with the parties and to inform the growth and direction of the sub-regions.

Community Care Access Centre

The proposed legislation would direct the CCAC to cease operating as its own entity and for all its functions to be transitioned to the LHIN management. LHINs then would become a provider of health services, including: home and community care; school clinics; community clinics; health care connect; LTC home referral services, etc.

Some very preliminary and high level discussions related to the proposed Patients First Act and the potential implications have occurred with the CCAC. Senior staff have met to contemplate potential ramifications should the legislation pass and to ensure there are ongoing opportunities for open dialogue. Further activity in this regard will be guided by the provincial direction.

**Next steps**

The LHIN is already engaged with the development of sub-regions. Meetings are underway with physician groups to inform the boundaries based on ICES input and local analysis. Further feedback will be sought from other stakeholders including Health Service Providers.

The Medical Officers of Health have also been engaged to inform the development of sub-regions. Regular meetings are underway and will continue as scheduled.