

COUNCIL MEETING – JANUARY 24, 2005

LOCAL HEALTH INTEGRATION NETWORKS (LHIN) ENDORSEMENT OF THE RESOLUTION OF THE REGION OF YORK

Recommendation

Mayor Michael Di Biase, Chair of the Vaughan Health-Care Facility Study Task Force recommends:

1. That the resolution of the Vaughan Health-Care Facility Study Task Force in support of the position of York Region Council in respect of the Local Health Integration Networks be received and ratified;
2. That the Ministry of Health and Long Term Care be advised that Vaughan Council is in full support of the resolution of Regional Council, dated December 16, 2004, in respect of the recommendations contained in the report of the Regional Commissioner of Health Services entitled "Local Health Integration Networks" (Attachment No. 1);
2. That this report be sent to the Minister of Health and Long Term Care, the Association of Municipalities of Ontario, York Central Hospital, Markham Stouffville Hospital, the Southlake Regional Health Centre, the Regional Clerk and the local MPP's.

Purpose

The purpose of this report is to provide Council with the opportunity to take a position on Regional Council's resolution of December 16, 2004, in respect of newly established Local Health Integration Networks.

Background – Analysis and Options

On December 16, 2004, Regional Council adopted the report of the Commissioner of Health Services regarding the newly created Local Health Integration Networks (LHIN's). The purpose of the report was to provide comments to the Ministry of Health and Long Term Care on the Region of York's position on the new LHIN's.

One of the recommendations also directed that the report be forwarded to the local municipalities in York Region for their endorsement. The report was forwarded to the City of Vaughan by way of letter from the Regional Clerk, dated December 21, 2004.

LHIN's are part of the Ministry of Health and Long Term Care's Health Transformation Plan. The objectives of this plan are to reduce wait times for a number of medical procedures, improve access to MRI services and provide more health-care services in a community setting.

The purpose of LHIN's is to integrate health-care delivery at the local level and consolidate a number of functions including, planning, system integration and service coordination, funding and performance evaluation. It is expected that the LHIN's will commence operation in April of this year.

There will be fourteen LHIN's in the province and the City of Vaughan is located primarily in the "Central" LHIN (Attachment No. 2). However, a portion of the southwest corner of Vaughan is located in the "Central West" LHIN (Attachment No. 3).

The request from the Region was brought to the attention of the Vaughan Health-Care Facility Study Task Force at its meeting on January 18, 2005. The primary issue discussed by the Task Force was the proposed boundaries of the "Central" Local Health Integration Network, which

places Vaughan in two separate LHIN's. It is also noted that Markham Stouffville Hospital is in the "Central East" LHIN resulting in York Region being split between three LHIN areas.

Recommendation No. 2 of the Region's report requests that the Province adjust the LHIN boundaries, prior to finalization, to ensure that York Region is fully contained within the boundaries of one LHIN area. Concerns have been raised that the splitting of York Region amongst multiple LHIN's will disrupt already established networks of services and relationships that have built up over the years.

As a result of its deliberations, the Task Force adopted the following resolution:

That the Vaughan Health-Care Facility Study Task Force fully endorses the recommendations of the Commissioner of Health Services adopted by York Regional Council on December 16, 2004, with respect to "Local Health Integration Networks (LHIN)".

In accordance with the request of the Region of York, this matter is being brought forward to Council for its consideration.

Relationship to Vaughan Vision 2007

This report is consistent with the priorities previously set by Council and the necessary resources have been allocated and approved.

Conclusion

The Local Health Integration Networks are charged with the implementation of the Province's health-care transformation agenda. As such, they will influence the delivery of services for many years to come. The Region of York is seeking the endorsement of the local municipalities for its position of December 16, 2004. The Vaughan Health-Care Facility Study Task Force, at its meeting of January 18, 2005, adopted a resolution in support the Region. In accordance with the request from the Region, this matter is being brought forward for Council's consideration. Should Council wish to support the Region's position on the new Local Health Integration Networks, then the recommendation set out in the "Recommendation" section of this report should be adopted.

Attachments

1. Report No. 1 of the Regional Commissioner of Health Services, as approved by Regional Council on December 16, 2004 (With Regional Clerk's covering letter)
2. "Central" LHIN
3. "Central West" LHIN

Report Prepared by:

Roy McQuillin, Manager of Corporate Policy, ext. 8211

Respectfully submitted,

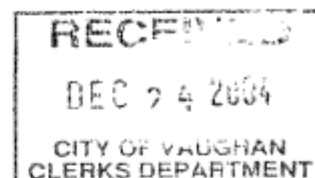
Mayor Michael Di Biase
Chair, Vaughan Health-Care Facility Study Task Force



Office of the Regional Clerk
Corporate Services Department

December 21, 2004

Mr. John Leach
City Clerk
City of Vaughan
2141 Major Mackenzie Drive
Vaughan, ON
L6A 1T1



Dear Mr. Leach

Re: Local Health Integration Networks (LHIN)

Regional Council at its meeting of December 16, 2004 unanimously adopted, as amended, Clause No. 1 of Report No. 1 of the Commissioner of Health Services Committee regarding Local Health Integration Networks.

Please find a copy of the Extract of this Clause attached. Please note amended Recommendation No. 9 which requests your municipality's endorsement of this resolution and that your decision be forwarded to the Minister of Health and Long Term Care. I have also enclosed a copy of Minute No. 228 for your information.

If you require any further information, please contact Dr. Helena Jaczek, Commissioner of Health Services and Medical Officer of Health at Ext. 4931.

Sincerely

A handwritten signature in cursive script, appearing to read "Denis Kelly".

Denis Kelly
Regional Clerk

DK/sn
Attach.

c. Dr. H. Jaczek, Commissioner of Health Services and Medical Officer of Health

Report No. 1 of the Regional Commissioner of Health Services was adopted, as amended, by the Council of The Regional Municipality of York at its meeting on December 16, 2004.

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LOCAL HEALTH INTEGRATION NETWORKS

(Regional Council at its meeting on December 16, 2004, adopted this report with the following amendment:

Recommendation 9 be amended to add that it be forwarded to the local municipalities for their endorsement (and that a copy of their decision be forwarded directly to the Minister), and that local MPP's and the Ontario Hospital Association also be provided with a copy of this report.)

1. RECOMMENDATIONS

It is recommended that:

1. The Commissioner of Health Services and Medical Officer of Health continue to monitor the Province of Ontario's health transformation agenda and provide updates to Health and Emergency Medical Services Committee and Regional Council as more information becomes available.
2. The Ministry of Health and Long-Term Care (MOHLTC) be requested to revisit the LHIN boundaries as they currently exist to ensure that York Region is within one LHIN area, thereby still accommodating the MOHLTC requirements that at least one major hospital and up to 1.5 million residents reside within each LHIN.
3. The MOHLTC be requested to restructure the LHIN model of governance in order to ensure that LHIN Boards are accountable to the residents of York Region.
4. The MOHLTC be requested to undertake an intensive consultation process with representatives from the Regional Municipality of York, other Regions and municipalities across Ontario, as well as the Association of Municipalities of Ontario with respect to the development of LHINs.
5. The MOHLTC be requested to place a strong emphasis on illness prevention as a key component to any transformation of health care in Ontario.
6. The MOHLTC be requested to take local service delivery initiatives into consideration as a key component to any transformation of health care in Ontario.

7. The MOHLTC provide clarification to The Regional Municipality of York regarding the role of the York Region Emergency Medical Services (EMS) with the LHINs.
8. This report be forwarded by the Regional Clerk's Office to the Minister of Health and Long-Term Care for response, copied to Mr. Hugh MacLeod, Assistant Deputy Minister of Acute Services Division and Executive Lead of the Health Results Team.
9. This report be forwarded by the Regional Clerk's Office to the Association of Municipalities of Ontario, Markham Stouffville Hospital, the Southlake Regional Health Centre and York Central Hospital for their information.

2. PURPOSE

The purpose of this report is to provide Regional Council information on the recently announced provincial health initiative involving the establishment of LHINs, and their impact on the York Region Health Services Department.

3. BACKGROUND

On September 9, 2004 the Minister of Health and Long-Term Care announced Ontario's Health Transformation Plan. This plan focuses on achieving a number of health care goals including: reducing wait times for specific procedures such as cardiac care, cancer care, hip and knee replacements, and magnetic resonance imaging (MRIs); providing better access to health care within communities; and expanding access to home care and long-term care.

In order to achieve these goals, the province established a Health Results Team led by the MOHLTC's Assistant Deputy Minister and consisting of six team members (*see Attachment 1*). It is this team that is assisting the provincial government in the transformation of health care in Ontario.

4. ANALYSIS

4.1 LHIN Bulletin No. 1

On October 6, 2004 the MOHLTC released its first bulletin on LHINs (*see Attachment 2*) which are described as "a "Made-in-Ontario" solution that engages communities in health system transformation by enhancing and supporting local capacity to plan, coordinate, integrate, and fund the delivery of health services at the community level."

Fourteen LHINs will be established throughout Ontario. These community-based organizations will coordinate service delivery within their geographic areas. However,

LHINs will not provide direct clinical services, they will only coordinate service delivery through existing service providers.

4.1.1 LHIN Boundaries

The LHIN geographic areas were determined based on travel patterns for acute hospital care utilizing an evidence-based methodology in collaboration with the Institute for Clinical Evaluative Sciences (ICES). The Province states that the LHIN boundaries reflect where Ontarians naturally go for health care, so they allow for the optimal alignment of patient utilization rates and health care resources. Each LHIN contains at least one high volume hospital, and Ontarians will not be restricted as to which hospitals they chose to travel to for care.

4.1.2 Governance

LHINs will be governed by a Board of Directors appointed by Order-in-Council based on skills and merit and a transparent appointment process.

4.1.3 MOHLTC Questions

The MOHLTC posed three questions in their LHIN Bulletin No. 1 release. These questions were as follows:

1. What examples of healthcare integration already exist in your LHIN area?
2. What are the critical factors for the successful implementation of the LHIN in your area?
3. What role can you and your organization play in collaboration with the Ministry as the LHIN planning work continues in your area?

The York Region Health Services Department prepared and submitted responses to these three questions which are outlined in Attachment 3.

4.2 LHIN Bulletin No. 2

On October 20, 2004 the MOHLTC released LHIN Bulletin No. 2 (*see Attachment 4*). This bulletin details the guiding principles of LHINs, restates the LHIN functions and explains that these functions will be achieved through accountability agreements. The first LHIN function will be to develop a plan and design for an integrated health system.

LHINs are expected to be established and have their first board meetings by April 2005, and by October 2005 be integrated into the provincial budget and planning cycle.

4.3 LHIN Bulletin No. 3

On November 1, 2004 the MOHLTC released their third LHIN bulletin (*see Attachment 5*). This bulletin lists dates of upcoming planning workshops to be held in each of the 14 LHINs beginning November 19 and ending December 8, 2004. These workshops will provide an overview and outline tasks, deliverables and timelines for each LHIN. At the workshops, each LHIN will be given a report to complete within 60 days. These reports will be made available to the LHIN board members prior to their first meeting in April 2005.

An Action Group was also introduced in this bulletin. The role of the Action Group is to provide expert advice to the Health Results Team on the design and implementation of LHINs. There was no information provided as to the membership of the Action Group.

4.4 Impact on the York Region Health Services Department

The LHINs are structured in a manner that divides York Region between three LHINs: Central, Central East and Central West (*see Attachments 6, 7 and 8 respectively*). The majority of York Region is within the Central LHIN which also extends south into Toronto, while two area municipalities, Whitchurch-Stouffville and Markham, are included in the Central East LHIN. A portion of Vaughan is located in the Central West LHIN. Although the MOHLTC is performing some minor adjustments to these boundaries, they are expected to remain relatively unchanged. It is unclear at this time how York Region Health Services will integrate into all three LHINs since public health units integrate their activities with both the health care sector and the broader health, municipal and community sectors.

4.4.1 LHIN Boundaries Affecting York Region

Although the ICES methodology used to establish the LHIN boundaries are well-established, it is unclear during what time frame the data on patient referral patterns was collected. With so much population growth in recent years, particularly in York Region, the referral patterns of patients have changed over time. Without knowing whether the data collected was recent enough to reflect current patient referral patterns, the accuracy of the data may be questionable.

4.4.2 Relationship with LHINs

The York Region Health Services Department is a model of integrated health programs and services (public health, long term care, and emergency medical services) that has established over 600 active partnerships within York Region and across the Greater Toronto Area. Each of the fourteen LHINs will negotiate working relationships with their corresponding health units in order to integrate those areas of public health that interface with the health care system such as infection control, immunizations and the control of communicable diseases. York Region Health Services Department staff will develop relationships with all three of the LHINs that cover parts of York Region by building on the already established relationships with our neighbouring public health units, hospitals and other health care organizations.

4.4.3 Public Health Objectives

As described earlier, the LHINs were established based on acute care referral patterns. From a public health perspective, priority should be placed on health protection, health promotion and disease and injury prevention in order to minimize or prevent illness before it occurs. Establishing LHINs based on acute care activity is contrary to public health priorities as it focuses on the delivery of care when one is already ill.

4.4.4 Impact to Regional Health-Related Partnerships

The Regional Municipality of York has dedicated significant resources over the past several years to the development and nurturing of many health-related partnerships within York Region. As well, the three hospitals located in York Region (Markham Stouffville Hospital, the Southlake Regional Health Centre, and York Central Hospital) have formed the York Region Joint Executive Committee (YRJEC) and have been working together for some time building partnerships within York Region. With the Markham Stouffville Hospital located in a different LHIN, the benefits gained from the collaborative achievements of the YRJEC are compromised. The LHINs will effectively dismantle the successes reaped as a result of these types of health-related regional partnerships, which is contrary to the very objectives for which LHINs were established.

4.4.5 Role of Emergency Medical Services (EMS)

The bulletin lists a number of health care agencies and institutions which include Boards of Health and Long Term Care facilities. However, emergency medical services (EMS) and the role of land ambulance with respect to the proposed LHINs have not been addressed. Since the model for establishing the LHINs was based on referral patterns to acute care hospitals, it seems remiss not to consult or involve EMS—the service that provides transport back and forth to these facilities, and clearly define the relationship of EMS to LHINs. It is unclear how the location of the York Region EMS Base Hospital Program at the Markham Stouffville Hospital in the Central East LHIN will impact York Region EMS operations since the majority of York Region is located in the Central LHIN.

4.4.6 Integration of Public Health Units in LHINs

The primary difference between LHINs and regional health authorities is that LHINs will “respect and support local governance of health delivery organizations.” At this point in time, there has been no specific reference to structural change in the healthcare system. It is our understanding that public health units will not be part of the LHINs in the short to medium term.

4.4.7 Participation in Workshops

Since York Region is affected by three LHINs, Health Services Department staff were eligible to participate in workshops in all three LHIN locations. Health Services Department staff were in attendance at both the Aurora workshop held on December 1 for the Central LHIN, and the Markham workshop on December 2 for the Central East LHIN. There was no new information shared at these workshops except the statement that public health units will not be considered for integration into the LHINs for at least another year, and that EMS is not part of the LHIN structure.

5. FINANCIAL IMPLICATIONS

There are no financial implications associated with this report. It is unclear at this time whether the funding of cost-shared health programs managed by The Regional Municipality of York will be administered by LHIN boards in the future.

6. LOCAL MUNICIPAL IMPACT

One of the purposes of LHINs is to improve health care service delivery within communities. The York Region Health Services Department will continue to work in the best interest of the residents of York Region to ensure the health of the public is enhanced through this transformation process.

7. CONCLUSION

The York Region Health Services Department will continue to work with the provincial government to ensure that the health of the residents of York Region is strengthened under the Provincial "transformation agenda." The Health Services Department staff will actively participate in consultations on LHINs to ensure that the perspectives of the York Region Health Services Department are considered.

It is recommended that this report be forwarded to the Minister of Health and Long-Term Care requesting his response to the issues outlined in this report.

The Commissioner of Health Services and Medical Officer of Health will continue to monitor the Province's health transformation agenda and provide updates to the Health and Emergency Medical Services Committee and Regional Council as further information becomes available.

The MOHLTC has established a website to disseminate information regarding the status of the Province's health transformation agenda. It can be accessed at www.health.gov.on.ca/transformation. Further bulletins will be provided by the MOHLTC on the 15th of every month and on the 1st if necessary.

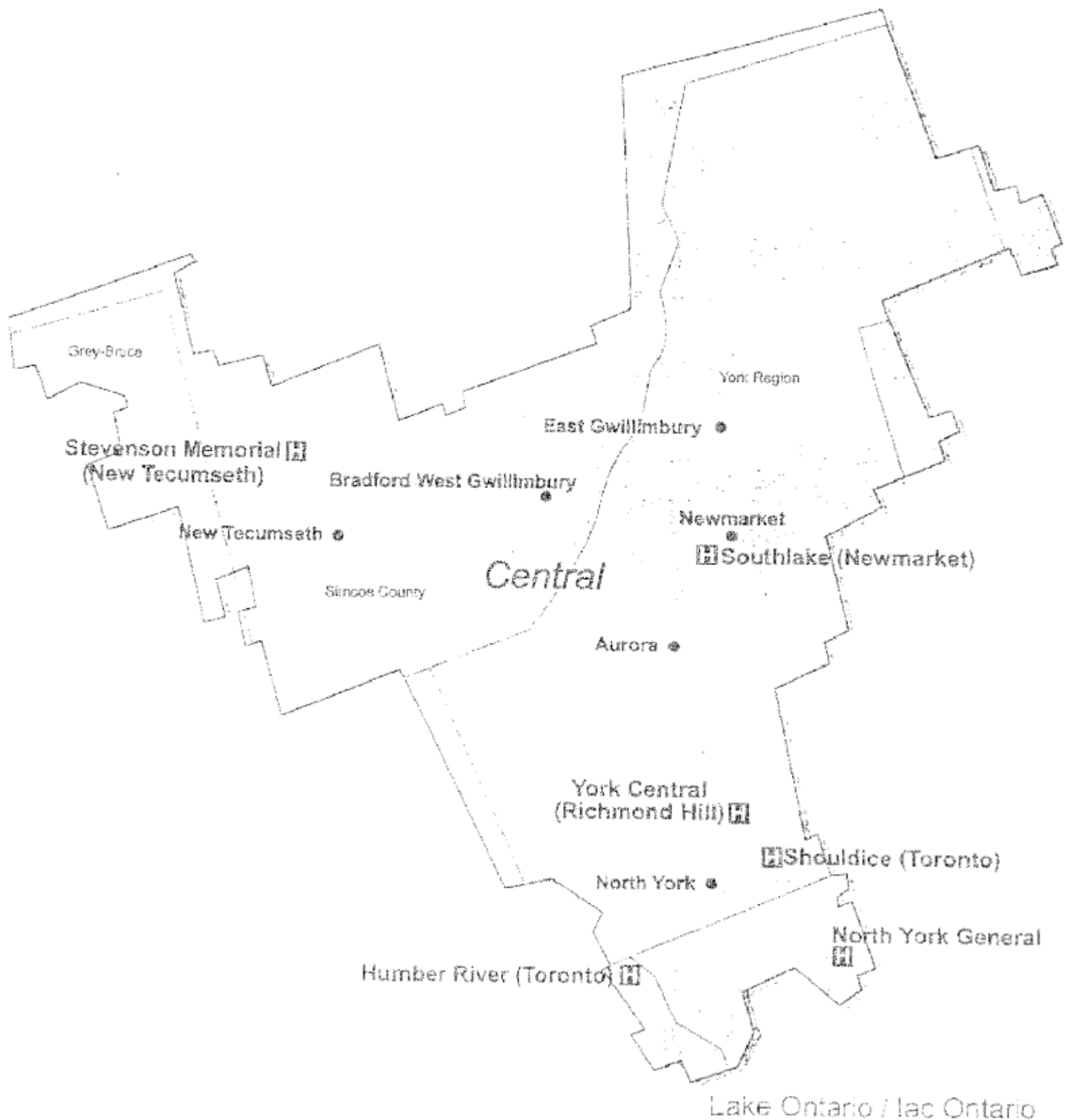
(The attachments referred to in this clause are attached to this report.)

Local Health Integration Networks (LHIN)

Réseaux locaux d'intégration des services de santé (RLISS)

Central Health Integration Network

Réseau d'intégration des services de santé du Centre



*This map is for illustrative purposes only and may not be to scale.
Some hospitals may not be represented.*

Local Health Integration Networks (LHIN)
Réseaux locaux d'intégration des services de santé (RLISS)



Central West Health Integration Network
Réseau d'intégration des services de santé du Centre-Ouest

