

## **Northumberland County Integration Planning Team Update – Summer 2013**

Since January 31<sup>st</sup>, a group of Health Service Providers (HSPs) from Northumberland County have been meeting as part of a facilitated integration process at the direction of the Central East Local Health Integration Network.

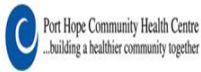
This is a ten-month process that will result in the development of a new DRAFT Service Delivery Model recommending how hospitals and community-based health services could be delivered in the future to improve client access to high-quality services, create readiness for future health system transformation and make the best use of the public's investment by identifying integration opportunities.

Based on a four-step process that has included looking at integration fit, pros/cons, risks and reinvestment opportunities, the Integration Planning Team (IPT) is developing some initial draft models which will be shared with representatives from each of the organizations' Boards of Directors on July 31, 2013. The meeting on July 31<sup>st</sup> will provide an opportunity to hear from Board representatives on how the IPT should move forward with their work, including opportunities for internal and external stakeholder engagement.

Local community residents, health care staff, volunteers, patients, clients, caregivers and local community leaders will be asked to review the DRAFT Service Delivery Model later on this year as part of the process. And it is expected that a DRAFT Service Delivery Model, that includes feedback from the community, would be presented to the Health Service Provider Boards in October and LHIN Board in December for any final decision making.

Ensuring that everyone is informed about the facilitated process – timelines, outcomes and opportunities to provide input – is a key priority for the IPT and each of the members remains committed to using every opportunity to provide information and answers.

If you require more information or have any questions, please visit the Central East LHIN website – [www.centraleasthin.on.ca](http://www.centraleasthin.on.ca) and click on “Resource Documents – Integration.” A web-enabled *Frequently Asked Questions* form can be found at: [http://www.centraleasthin.on.ca/report\\_display.aspx?id=26082](http://www.centraleasthin.on.ca/report_display.aspx?id=26082) Questions specific to Northumberland Hills Hospital may be directed to Jennifer Gillard, Director, Communications and Community Engagement, at [jgillard@nhh.ca](mailto:jgillard@nhh.ca) or 905-377-7757.



## Frequently Asked Questions

### **Q1: Why is the Central East LHIN undertaking this integration initiative?**

A1: The plan is to design and implement a cluster-based service delivery model through integration of front-line services, back office functions, leadership and/or governance to:

- improve client access to high-quality services
  - Access to consistent and integrated basket of services will improve client and caregiver experience and outcomes
- create readiness for future health system transformation
  - Create critical mass in governance, management, delivery and IT capacity to enable future growth in community care
- make the best use of the public's investment
  - Create opportunities through efficiencies to re-invest in direct client services and reduce latent risk within the sector that jeopardizes quality and access to client services

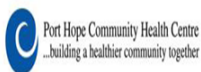
### **Q2: What are the key messages on future health system transformation that are behind this strategy?**

A2: In its Action Plan, the government has set three goals for the health care system: Keeping Ontarians healthy; Faster access to stronger family health care; Access to the right health care, at the right time, in the right place. It's clear that higher quality and more affordable care can be realized by working more effectively with existing resources and across the continuum of care.

### **Q3: What else is triggering this action?**

A3: Some additional examples of why this process is underway include:

- An aging population with increasing prevalence of chronic disease and mental illness;
- Clients are more informed and expect a customer-driven approach to their health care experience with attention provided to improving the client and caregiver's healthcare journey;
- A shift in the healthcare delivery system to improve client outcomes, access to care and toward support for health promotion and wellness;
- The need to meet the healthcare needs of communities within available and sustainable resources – maximizing customer value for money invested.
- Significant access challenges have been identified, such as transportation, wait times and caregiver support.



**Q4: Are the organizations voluntarily participating in the integration process?**

A4: All seven organizations were identified by the Central East LHIN and all have made the decision to participate in the process.

**Q5: Which organizations are participating in the integration process?**

A5: The following organizations are participating in the integration planning process:

- Community Care Northumberland
- Campbellford Memorial Hospital
- Northumberland Hills Hospital
- Port Hope Community Health Centre
- Campbellford Memorial Multicare Lodge
- VON, Ontario Branch
- Branch 33 – Legion Village

The Central East LHIN is facilitating the process and providing expert resources to support the process.

**Q6: Is this a cost cutting exercise?**

A6: No. It's important that everyone understands that this is not a cost-cutting exercise. The focus is on developing a new service delivery model that will improve access to services, create a readiness for future health system transformation and ensure that we are making the best use of the public's investment in their health care system.

**Q7: Will there be job losses at the organizations involved in the integration?**

A7: It is too early in the process to know the potential impacts for employment at this time. The Integration Planning Team is committed to transparent communication with their staff, volunteers, and physicians throughout the integration planning process.

**Q8: What about the other agencies or organizations that provide health care in our community such as the CCAC, the Family Health Teams and the CMHA? Why aren't they involved in the integration discussions?**

A8: The current integration discussion initially involves the seven organizations identified above. However, we recognize that there are existing partnerships between these

organizations with the Central East Community Care Access Centre and other hospitals, primary care providers, community support service and community mental health and addictions service providers. The Integration Planning Team will be engaging these partners to provide feedback on how a new integrated service delivery model may create opportunities to create further service improvements for clients throughout Northumberland County. The outcome of the facilitated integration process will support future *Health Links* discussions – see below – which will include a broader group including these other partners.

**Q9: *How will this integration process benefit or help myself or my family?***

A9: Regardless of the outcome of the integration planning process, services will continue to be provided in the local communities. The principal focus of the integration initiative is on improving the delivery of services to individuals, their families, friends and communities. We anticipate there will be opportunities to enhance existing services and expand the overall range of services across Northumberland County.

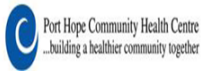
**Q10: *What happens if an organization's Board of Directors does not approve the FINAL plan developed by the Integration Planning Team?***

A10: The Integration Plan will identify a range of integration service delivery options consistent with a set of approved principles used to guide the planning process – in particular, a focus on client services. The Integration Plan will include an analysis of the options, consider stakeholder input/feedback and recommend a course of action for review and decision by the Boards of Directors of each organization. The decision to approve the Integration Plan rests with an organization's Board of Directors. In some cases, Boards will require support from their membership as they consider the Integration Plan.

It will be up to the Boards of each of the organizations, after hearing from their own stakeholders, to review the new model and decide if they can approve it. Only then will the model be forwarded to the Board of the Central East LHIN for their consideration. In the event an organization decides not to approve the Integration Plan, that decision will be communicated to the other participating organizations and the Central East LHIN. The Central East LHIN Board may then consider a range of options available to it at that time.

**Q11: *Have there been other integrations in the Central East LHIN?***

A11: Integration is a mandate of the LHIN through legislation and there have been a number of successful integrations within the Central East LHIN, including CMHA City of Kawartha Lakes and CMHA Peterborough amalgamation into CMHA HKPR. This integration resulted in achieving their objectives of improving client services and continuing to be an employer of choice. Other examples of successful integrations include Northumberland Hospice Services, Consumer Survivor Initiative Durham, and Spruce Corners Supportive Housing. More information about integrations can be found at <http://www.centraleastlhin.on.ca/Page.aspx?id=96>



**Q12: At their June 24<sup>th</sup> Board meeting, the Central East LHIN approved a motion to create a Health Link in Northumberland County. Given that a Health Link is a new model of planning and delivering care at the clinical level where all providers in a community, including primary care, hospital, community care, are involved, how will this Health Links approach change the Central East LHIN’s Hospitals and Community Health Services Integration Strategy?**

A12: It won’t. Health Links and the Hospitals and Community Health Services Integration Strategy are complementary. Agencies within a Health Link area will be better positioned to work together in managing individualized care for their local populations, given the lessons learned and improvements enabled through the CHS strategies. And conversely, areas that have started first with a Health Link will now be better positioned to talk about integration opportunities in the areas of back office, front line service delivery, leadership and governance.

Health Links – Click [HERE](#) to see presentation on Central East LHIN website

**Q13: If I live in a Health Link, will I be able to access services in other Health Links? For example, I live in Cobourg , but my specialist is located in the hospital in Peterborough.**

A13: Health Links are not a barrier to patients requiring health care in other regions of the LHIN or Ontario. A Health Link is an integrated model of care that focuses on the chronic needs of the complex patient population. Working in partnership with patients, care givers, primary care providers and specialists, a Health Link attempts to shift the care of these chronic conditions into the community rather than hospitals. Patients in a Health Link will experience higher coordination and self-direction in their care experience. And, when required, they will be able to access a highly integrated and specialized hospital network that is continuing to evolve in the Central East LHIN.

**Q14: If a group of health service providers within a region wants to establish a Health Link different than those outlined by the LHIN model, can they?**

A14: Health service providers are always encouraged to improve the care and transitions for their clients, with or without Health Links. Health Links are accountable to the LHIN. Because of the complexity and intensity of the change management, the LHIN will only be endorsing and supporting community Health Link proposals as identified in its overall strategy.

**Q15: What is the PATH project that is underway in Northumberland, and how is it different from the integration process?**

A15: PATH stands for Partners Advancing Transitions in Healthcare and it is a \$3-million investment funded by The Change Foundation, an independent healthcare think tank.

Now under way in west Northumberland, the two-year PATH project unites 12 health and social care organizations with patients and caregivers. The goal is to improve people’s experience as they move in, out of, and across Ontario’s healthcare system, with a focus



on those who use the system most: seniors living with chronic health conditions and their caregivers.

“A first *with* Ontario patients,” PATH puts patients and caregivers at the table as equal partners, using their experience to help identify and address transition problems and co-design improvements with providers from across the whole system.

PATH and the Northumberland integration process share some common goals with regard to system transformation, namely a desire to improve access and make the best use of public dollars, and there is also overlap among participants. The PATH project is distinct from the Northumberland integration discussions, with separate timelines, leadership and goals. Where the Northumberland integration process is focused on structural changes to improve the delivery of back office supports and front line services possibly affecting leadership and governance, PATH is looking at the transition of people through the system.

For further details see [www.thechangefoundation.com](http://www.thechangefoundation.com)