Central East LHIN

# LHIN Renewal: *Patients First*

**Central East LHIN Board of Directors**
**November 23, 2016**
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Ontario
Local Health Integration Network

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# Bill 41, *Patients First Act, 2016*

- In December 2015, the Ministry of Health and Long-Term Care (Ministry) released Patients First: A Proposal to Strengthen Patient-Centred Care in Ontario.
- The proposal highlighted the need to address structural issues in Ontario's health care system to improve the accessibility, integration, and consistency of patient care.
- To achieve these structural changes, a number of legislative changes would be required, aligned with four main categories:
    1. Local Health Integration Network (LHIN) Governance and Mandate
    2. Primary Care
    3. Home and Community Care
    4. Public Health
- On June 2, 2016, the government introduced Bill 210, containing the proposed Patients First Act, 2016, to advance the plan to evolve locally integrated patient-centred health care delivery.
- The legislature was prorogued by the Lieutenant Governor on September 8th and the Lieutenant Governor delivered a Speech from the Throne outlining the government's plans for the new session on September 12, 2016.
- On October 6, 2016, the government reintroduced the Patients First Act, 2016 as Bill 41, with a small number of important changes based on feedback received by the Ministry.

# Ontario's Health System at Transition: Anticipated Spring 2017 (if Bill 41 is passed)

**Goal: Patients Receive Integrated, Accessible Care of Consistently High Quality**

Standards of Care

Integrated Care

Integrated Clinical Council to develop standards

Sub-Regions
Primary Care ←→ Home & Community Care ←→ Hospitals
Addictions & Mental Health
Long-term Care Homes
Community Support Services

Local Health Integration Networks

LHIN Shared Services Organization to Support All LHINs

Boards of Health

French Language Health Planning Entities

First Nations & Indigenous Engagement

Patient and Family Advisory Council

Health Quality Ontario

Ministry of Health and Long-Term Care

# Recall: Acts Amended by the Proposed Patients First Act, 2016

- Bill 41, containing the proposed *Patients First Act, 2016*, is the same legislation proposed under the former Bill 210, but with a small number of important amendments to clarify the intent and purpose of certain provisions.
- As with the former Bill 210, Bill 41 proposes amendments to the *Local Health System Integration Act, 2006* (LHSIA) and the *Home Care and Community Services Act*, 1994 (HCCSA) to expand the mandate and role for the LHINs. If the bill were passed by the Ontario Legislature:
  - The *Community Care Access Corporations Act, 2001* (CCAC Act) would be repealed once the transfer of functions from the CCACs to the LHINs is complete.
  - Complementary and consequential amendments to the following Acts would be required:
    - *Health Protection and Promotion Act* (HPPA)
    - *Health Insurance Act*, (HIA)
    - *Excellent Care for All Act, 2010* (ECFAA)
    - *Ombudsman Act,* (OA)
    - *Commitment to the Future of Medicare Act* (CFMA)
    - *Personal Health Information Protection Act, 2004* (PHIPA)
    - *Public Hospitals Act,* (PHA)
    - *Private Hospitals Act*
  - Other statutes would be amended, as necessary, to remove references to CCACs.

**Key Potential Legislative Changes**

| LHSIA | HCCSA | CCAC Act | HPPA | ECFAA |
|---|---|---|---|---|
| Expand the LHIN mandate and oversight powers and establish sub-regions | Allow the Minister to approve LHINs to provide home and community services (directly or through contracts with service providers) currently provided by CCACs | Repeal the Act to reflect the wind down of the CCACs | Establish engagement requirements for LHINs and local boards of health | Support the establishment of an integrated clinical care council |

# Recall: Summary of Bill 41 (unchanged provisions from former Bill 210)

## Part 1: LHIN Governance and Mandate

**If the Bill is passed by the Ontario Legislature, the proposed amendments would:**

**1. LHIN Objects**

- Amend LHIN objects to enable LHINs' expanded mandate, including authority to deliver home care services currently provided by the CCACs, as well as to promote health equity and reduce health disparities and inequities in planning, design, delivery and evaluation of health services.

**2. Additional Health Service Providers**

- Allow LHINs to fund and have accountability relationships with additional Health Service Providers (HSPs), including Family Health Teams (non-physician funding), Aboriginal Health Access Centres, hospices, and nurse-practitioner-led clinics.

**3. LHIN Sub-Regions**

- Require LHINs to establish sub-regions as the focal point for local planning and performance monitoring and management.

**4. LHIN Governance**

- Expand LHIN board membership from 9 to 12 members to reflect the expanded mandate.
- Change the total length of time a person may be Board member (e.g., may exceed a maximum of six years when a person is appointed as a Board Chair after having served at least three years as a member).

**5. Shared Services Entity**

- Allow for the establishment, by regulation, of a shared services entity to support LHINs with the necessary shared services (e.g., payroll, financial, IT services and supports).

**6. Patient and Family Advisory Committees**

- Require each LHIN to have one or more Patient and Family Advisory Committees to support community engagement.

# Recall: Summary of Bill 41 (unchanged provisions from former Bill 210)

## Part 2: Primary Care

**If the Bill is passed by the Ontario Legislature, the proposed amendments would:**

- Add primary care models (not physicians) as Health Service Providers funded by LHINs.
- Add "physician resources" to planning objects of LHINs.
- Give LHINs the ability to act on behalf of the Minister to monitor and manage (but not negotiate) contracts with physicians.
- Add regulation-making authority* to require physicians to notify LHINs of practice changes (e.g., upcoming retirement). *See slides 9 and 18 for changes in Bill 41.

## Part 3: Home and Community Care

**If the Bill is passed by the Ontario Legislature, the proposed amendments would:**

**1. LHINs to Provide Home and Community Services**

- Give the Minister the authority to order the transfer of CCAC staff and assets to LHINs.
- Enable the LHINs to assume responsibility for the management and delivery of home and community care (directly or through contracts with service providers), including the placement of patients into long-term care homes.

**2. Labour Considerations**

- LHINs would become successor employers under collective agreements.
- To implement the new proposed functions, LHINs would establish an integrated management structure.

**3. Wind Down CCACs**

- Enable dissolution of CCACs by Minister's order after CCAC staff and assets have been transferred to the LHINs.

# Recall: Summary of Bill 41 (unchanged provisions from former Bill 210)

## Part 4: Public Health

**If the Bill is passed by the Ontario Legislature, the proposed amendments would:**

**1. Population and Public Health Planning**

- Establish a formal relationship between LHINs and local boards of health to support joint health services planning.

## Part 5: Enhanced Oversight and Accountability

**If the Bill is passed by the Ontario Legislature, the proposed amendments would:**

**1. Enhanced LHIN Oversight**

- Give LHINs the ability to issue directives*, investigate and supervise health service providers, as necessary, with the exception of public hospitals (no supervision authorities) and long-term care homes (no new authorities due to existing powers in the *Long-Term Care Homes Act, 2007*). *See slides 9 and 17 for change in Bill 41.

**2. Enhanced Minister Oversight**

- Give the Minister the ability to issue directives, investigate, or supervise LHINs, as well as enhanced power to issue directives to public and private hospitals. The Minister would also have the authority to set standards for LHINs and health service providers.

## Part 6: Complementary Legislative Changes

**If the Bill is passed by the Ontario Legislature, the proposed amendments would:**

**1. Integrated Clinical Care Council**

- Allow for an integrated clinical care council to be established within Health Quality Ontario to develop and make recommendations to the Minister on clinical standards in priority areas (e.g. home care, primary care).

**2. Patient Ombudsman**

- Give the Patient Ombudsman oversight of complaints regarding home and community care and related health service functions provided or arranged by the LHINs. The Provincial Ombudsman would retain oversight over LHINs in their services planning and other functions not related to health services delivery.

**3. Provincial Patient and Family Advisory Council**

- Allow for the establishment of a provincial Patient and Family Advisory Council.

# Differences between Former Bill 210 and Bill 41

The amendments reflected in Bill 41, while relatively small, are important to strengthen the proposed legislation. Details of each amendment are provided in the Appendices (slides 15-22).

**Hospital stakeholders** identified the following issues, which led to proposed amendments:

1. **Deemed Service Accountability Agreements (SAAs)**: more procedural protections
2. **LHIN-appointed Investigators**: more procedural protections
3. **Voluntary Integrations**: more procedural protections
4. **Denominational Organizations**: explicit protection in certain instances
5. **LHIN Directives**: would not apply to public hospitals (or long-term care homes, as previously proposed); policy and operational directives to public hospitals could only be issued by the Minister.

**Physician and primary care stakeholders** identified the following issues, which led to proposed amendments :

1. **Information and Reports to LHINs:** regulation-making power would only come into effect on proclamation, clarify that the purpose is to support collaboration between the LHINs and primary care providers, including physicians (e.g., primary care providers would have to share with the LHINs when they are taking extended leaves and retiring). The information would improve service capacity in their regions to enable effective planning.
2. **Appointment of LHINs as agents of the ministry for physician contract management**: would only come into effect on proclamation, not Royal Assent as was proposed in Bill 210.

**Francophone stakeholders** identified an issue, which led to proposed amendments :

1. **Highlight the importance of French Language Services:** recognizing the importance of French Language Services provision as an important step towards more equitable access to health services

**Other technical concerns** are also being addressed with proposed amendments to improve clarity:

1. Health Service Provider (HSP) definition: clarify that contracted home care service providers under the HCCSA are not HSPs under the proposed Act.
2. Community Care Access Centres: improved operation of employment transition provisions
3. Unions: Pay Equity successorship

# Summary of Proposed LHIN Powers

If the proposed Bill is passed, the definition of Health Service Provider (HSP) would be expanded:

| | | |
|---|---|---|
| **Current LHSIA** | • Public Hospitals<br>• Private Hospitals<br>• Psychiatric Facility (as defined in *Mental Health Act*), with certain exceptions<br>• Community Care Access Corporations (CCACs)<br>• Non-profit community mental health and addiction services entity | • Approved provider under *Home Care and Community Services Act, 1994* (HCCSA)<br>• Community Health Centres<br>• Long-Term Care Homes (LTCHs)<br>• Independent Health Facilities<br>• Other prescribed entities |
| **Proposed amendments to LHSIA (includes the HSPs above, *plus* the following new HSPs)** | • Family Health Teams<br>• Nurse-Practitioner-led Clinics<br>• Aboriginal Health Access Centres<br>• Entity providing primary care nursing services, maternal care or inter-professional primary care programs and services | • Hospices and other non-profit palliative care service providers<br>• Physiotherapy Clinics<br>• Removal of CCACs<br>• Excludes purchased home care and community service providers under HCCSA |

If the proposed Bill is passed, LHIN authorities would be expanded:

| Proposed Authorities | Conduct Audits, Operational Reviews or Peer Reviews | Issue Directives | Appoint an Investigator | Appoint a Supervisor |
|---|---|---|---|---|
| **Affected Entities** | All HSPs defined in the Act | All HSPs defined in the Act<br>*Exceptions:*<br>• Long-Term Care Homes (LTCHs)<br>• Public hospitals | All HSPs defined in the Act<br>*Exceptions:*<br>• LTCHs | All HSPs defined in the Act<br>*Exceptions:*<br>• LTCHs<br>• Public hospitals<br>• Private hospitals |

# Oversight and Resourcing for Implementation Planning

To oversee implementation planning of work streams emerging from the proposed legislative changes, a **joint Ministry of Health and Long-Term Care-LHIN Steering Committee, composed of ministry and LHIN executive leadership,** has been established.

- The Steering Committee will consult with LHIN Board Chairs, CCAC Board Chairs and other external advisors.

- Implementation of work streams is being led by a **dedicated ministry secretariat**, and supported by a **transition team of senior LHIN resources**.

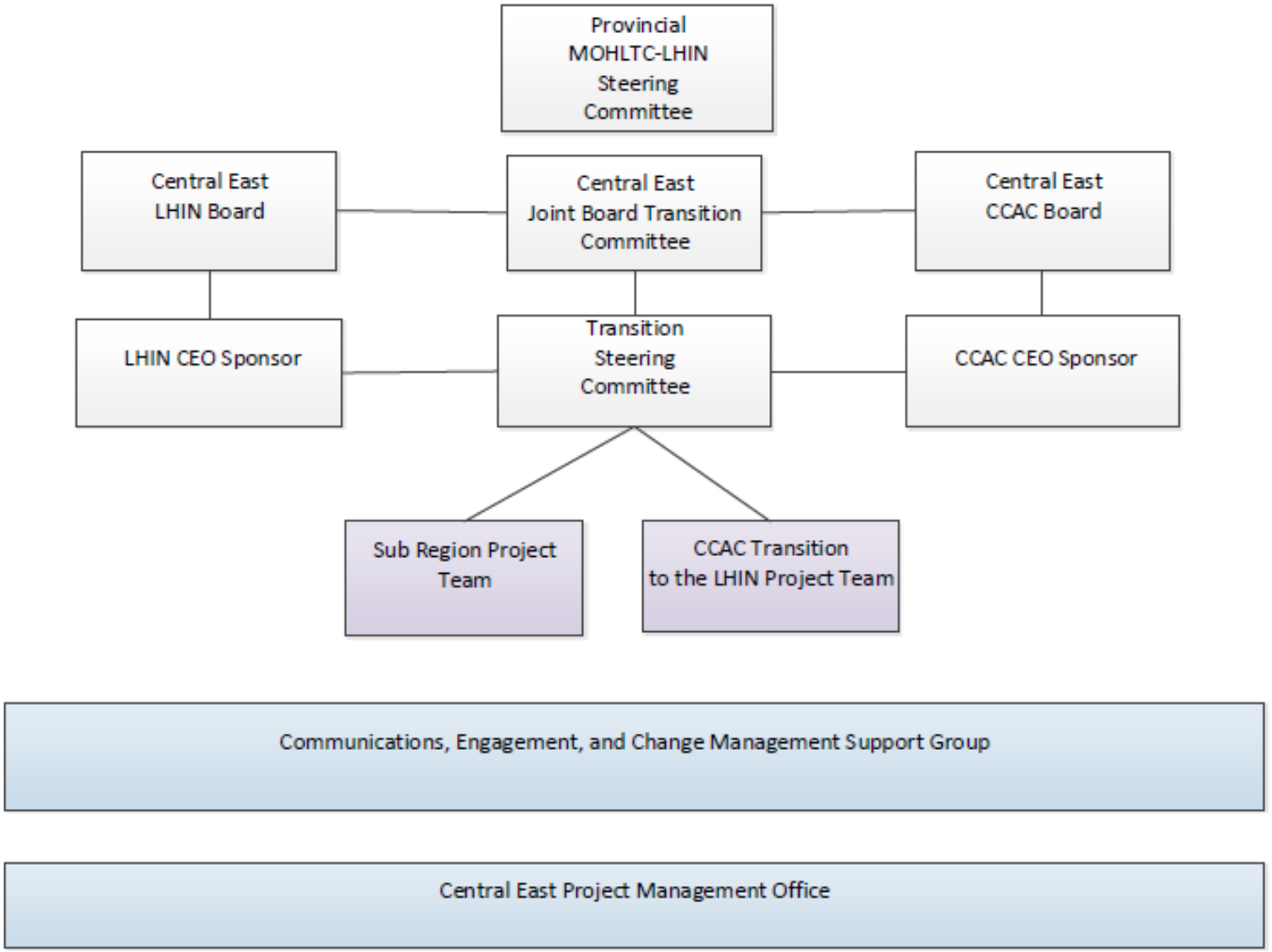
- Each work stream is guided by a **Terms of Reference** and supported by a **multi-sectoral project team, co-led by the ministry and LHINs,** and including representation from the Ontario Association of Community Care Access Centres (OACCAC) and Community Care Access Centres (CCAC) to deliver on critical elements of the implementation plan.
  - Work stream deliverables will also be informed by active engagement with stakeholders and key informants.

# Implementation: Work Streams

The ministry and LHINs are currently engaged in active planning for the successful implementation of Patients First through **fifteen work streams** that address **priority areas of implementation planning**:

| | |
|---|---|
| **1. Governance:** Develop a common governance model that reflects the proposed expanded role of LHINs | **9. Home and Community Care:** Develop a plan and supports to enable LHINs to take on the delivery of home and community care |
| **2. Management:** Develop a common management structure to ensure the right management capacity is in place | **10. Work force:** Develop a plan to successfully transition to an integrated LHIN-CCAC workforce |
| **3. Shared Services:** Develop an approach to shared services for the LHINs that streamlines back-office functions, reduces duplication and leverages other administrative efficiencies | **11. Performance and Data:** Develop the systems and data needed to publicly report on and improve system-wide and local performance |
| **4. Capacity-building and Readiness:** Support the LHINs in assessing their readiness for, and building capacity to enable a smooth and seamless transition | **12. Public Health:** Support a stronger population health focus in health system planning |
| **5. Sub-Regions:** Formalize LHIN sub-region geographies as a focal point for integrated service planning and delivery | **13. French Language Services:** Support access to culturally and linguistically appropriate services in the LHIN and sub-regions |
| **6. Clinical Leadership:** Develop a clinical leadership model for the LHINs and their sub-regions to enable integration | **14. Indigenous Engagement:** Support LHIN indigenous engagement locally, aligned with provincial strategies |
| **7. Integrated Clinical Care:** Create a mechanism to develop and spread clinical standards and set performance targets for key areas of the health system | **15. Patient and Family Engagement:** Support the creation of a standard mechanism for meaningful patient and family engagement at the local level |
| **8. Primary Care:** Develop LHIN and sub-region primary care programs and supports to enable the LHINs to plan for and better integrate primary care in the local health system | ***New* 16. Communications and Change Management**<br><br>*NOTE: All work stream deliverables are dependent on passage of Bill 41 by the Ontario Legislature |

# Implementation: Central East LHIN Renewal Program



# How an Ontario Bill Becomes Law

**First Reading**

Bills are introduced during the Routine Proceeding Introduction of Bills, Monday to Thursday when the House is in Session. Almost all First Reading motions carry without a formal vote. Members are invited to provide a brief introduction for their public bills. Private Members usually present the bill's explanatory note. Ministers introducing government bills often make their remarks later during Ministerial Statements. Following introduction, the bill is printed in English and French and made available to the public on the Assembly's Internet Site.

**Second Reading:**

Second reading gives Members an opportunity to debate and vote on the principle of the bill. Time for debate is set out in the Standing Orders. Government bills are debated during Orders of the Day, Monday to Thursday. Private Members' public bills are debated on Thursday afternoons during Private Members' Public Business.

**Committee:**

The Committee stage is an opportunity to call witnesses, examine the bill in detail and make amendments. Committees may travel to facilitate witness testimony and learn more about the issues. After the witnesses have been heard, the bill is examined clause-by-clause, during which time any amendments are voted on. Once the parts of the bill have been considered, the committee votes on the bill as a whole, and whether to report it to the House.

**Report to the House:**

The Chair of the Committee reports the bill to the House and it is ordered for third reading. If it has been amended, the bill is reprinted, showing the changes, and posted on the Internet.

**Third Reading**

Third reading is the final stage of a bill's consideration in the House, when Members decide whether the bill will pass. Debate at this stage focuses on the final form of the bill. At the end of debate, if the motion for Third Reading carries, the Speaker states, "Be it re-solved that bill do now pass and be entitled as in the motion." The bill is reprinted and is posted on the Internet after it receives Royal Assent.

**Royal Assent:**

By convention, the passage of a bill by the Legislature requires the assent of the Sovereign (or her representative). Royal Assent takes place in the House or in the chambers of the Lieutenant Governor. The Office of Legislative Counsel then assigns a chapter number to what has be-come an Act and it is posted on the Ministry of the Attorney General's eLaws website under Source Law.

# Appendix: Details of Amendments (new for Bill 41)

### *Deemed Service Accountability Agreement (SAA)*

- To strengthen procedures for arriving SAAs, additional procedural steps would be required for all HSP SAAs, in the situation where negotiations fail. Amendments have been proposed that would include processes for:
  - Developing descriptions of the issues preventing a SAA from being reached by each party;
  - Escalating to the CEO and Board Chair, or their equivalents;
  - Providing notice to the Minister of the intent to impose an agreement; and
  - Deeming acceptance of the agreement after these additional steps.

### *LHIN Investigators*

- To strengthen procedures and ensure appropriate notice for all interested parties, amendments have been proposed that would:
  - Require a LHIN to provide notice to the Minister and the HSP of its intent to initiate an investigation of an HSP.

# Appendix: Details of Amendments (new for Bill 41) cont'd

### *Voluntary Integrations*

- To provide greater clarity about the process to be followed for voluntary integrations, amendments have been proposed that would establish timelines governing a LHIN's ability to request further information or to extend timelines and would:
  - Allow a LHIN to "stop the clock" on a voluntary integration only once, within the 90 day timeframe.
  - Provide HSPs with 30 days in which to provide additional information.
  - Provide a LHIN with 30 additional days upon receiving the information to consider the new information and decide how to proceed.

### *Denominational Organizations*

- To provide greater clarity regarding protections for faith-based organizations, amendments have been proposed that would replicate and extend the protections captured under the current LHSIA integration provisions* to the new proposed LHIN directive authority under LHSIA and Minister's directive authority under the PHA.

*Current provisions state that in respect of integration decisions under those sections, the decision "shall not unjustifiably as determined under section 1 of the Canadian Charter of Rights and Freedoms require a [HSP] that is a religious organization to provide a service that is contrary to the religion related to the organization."

# Appendix: Details of Amendments (new for Bill 41) cont'd

***LHIN Directives***

- To address potentially duplicative directive-making authority over hospitals (Minister's and LHIN's) and provide for consistent use of the PHA framework to address hospital-related issues, the proposed provision would be amended to:
  - Require notice to the affected HSP and Minister;
  - Remove public hospitals from the scope of LHIN directives.
- It is proposed that the Minister would be given directive authority of public hospitals under an amendment to the PHA.
- This would allow the Minister to take swift directive action under the PHA to address any local or provincial issues in a hospital.
- The ministry also recognizes the importance of consultation prior to the use of this authority, where possible, and has committed to non-statutory consultation, for non-urgent situations.

# Appendix: Details of Amendments (new for Bill 41) cont'd

***Information and Reports to LHINs***

- To address continued concerns of physician stakeholder groups, the proposed provision has been amended to:
  - Clarify that the focus would be to **support collaboration** between HSPs, LHINs, physicians and others in the health care system; and **planning of primary care services**, **including physician services**, that ensure timely access and improve patient outcomes.
  - Note that details regarding the types of information would be set out in regulation, and include information about **transitions in practice** (e.g., openings, closings, retirements, and extended leaves) and **practice and service capacity** to address population needs in a region.
  - Provide for a further regulation that would define the persons and entities subject to this LHIN authority.
  - Identify that the provision would **only come into force on proclamation**, and not on Royal Assent, as had been proposed in Bill 210.

***Appointment of LHINs as agents of the ministry for physician contract management***

For similar reasons noted above, an amendment has been proposed to:

- Identify that the proposed provision would **only come into force on proclamation**, and not on Royal Assent, as had been proposed in Bill 210.

# Appendix: Details of Amendments (new for Bill 41) cont'd

***French Language Services***

- To highlight the importance of French Language Services provision to Ontarians within all LHINs, an amendment has been proposed to the equity object in the legislation as follows:
  - "To promote health equity, reduce health disparities and inequities, and respect the diversity of communities **and the requirements of the *French Language Services Act***, in the planning, design, delivery and evaluation of services."

- This change would build on the preamble of LHSIA, which states that:
  - The people of Ontario and their government "believe that the health system should be guided by a commitment to equity and respect for diversity in communities in serving the people of Ontario and respect the requirements of the *French Language Services Act* in serving Ontario's French-speaking community."

# Appendix: Other Proposed Technical Amendments (new for Bill 41)

***Immunity for Transfer Orders/Board Member Immunity***

- To enhance clarity that the proposed liability protection for CCAC board members should be equivalent to LHIN board members, amendments have been proposed that would provide matching liability protection of CCAC and LHIN board members through the proposed transfer, if the Bill is passed by the Ontario legislature.

***Employee Transfer***

- Transfer Timing: To address any ambiguity, an amendment has been proposed to specify that CCAC employees would become LHIN employees on the date of the proposed transfer.
- OACCAC Employees: To provide greater clarity, the proposed provisions for continuing the terms and conditions of employment for OACCAC employees that would transfer to the proposed shared services corporation has been amended to be identical to the proposed provisions related to transfer of CCAC employees, except for the specific provisions related to the unionized CCAC employees.

***Health Service Provider (HSP) Definition to Exclude Home Care Providers***

- To provide greater clarity that contracted service providers are not HSPs, an amendment has been proposed that would explicitly exclude home care service providers as defined under the *Home Care and Community Services Act, 1994* from the definition of HSP under LHSIA.

# Appendix: Other Proposed Technical Amendments (new for Bill 41) cont'd

***Supervisor Provisions***

- To avoid the potential for shareholders and members to frustrate a supervisor (appointed over a LHIN or a HSP) should the Bill be passed by the Legislature, an amendment has been proposed that would ensure a supervisor has the appropriate powers of members and shareholders of corporations.

***Shared Services Corporation***

- To provide greater clarity and address potential dissolution of the proposed corporation at a later date, an amendment has been proposed that would include the power to dissolve the shared services corporation and deal with transfers of its assets.
- Under the current LHSIA, the LGIC has regulation-making authority to amalgamate or dissolve the LHINs; the proposed amendment would add the analogous authority to dissolve the proposed shared services corporation.
- Furthermore, to clarify that the corporation would be a Crown agent, an amendment has proposed made to indicate that the corporation would be a Crown agent unless a regulation provides otherwise.

# Appendix: Other Proposed Technical Amendments (new for Bill 41)

***Pay Equity Issue***

- An amendment has been proposed to explicitly state that the transfers of assets from CCACs to LHINs would be deemed to be sales of business for purposes of the successorship provision of section 69 of the *Labour Relations Act.* (Former Bill 210 was silent about whether the transfers would be a sale of business for the successorship provision of section 13.1 of the *Pay Equity Act*).
- To ensure that a CCAC pay equity plan would be transferred to the LHIN were a Minister's order transferring CCAC employees and assets to a LHIN to be made, an amendment has been proposed to explicitly so state.

# Appendix: Proposed Legislative Provisions in Effect on Proclamation

If passed by the Legislature, the *Patients First Act, 2016* would come into force on Royal Assent, **with the exception** of the following provisions of the Act, which would come into force **on proclamation**:

| | | | |
|---|---|---|---|
| 1 | Subsection 1 (2). Removes CCACs from the definition of HSP | 10 | Section 34. Repeal of *Community Care Access Corporations Act* |
| 2 | Subsection 7 (2). Adds the following powers that cannot be delegated by the LHIN Board: s. 20.2 (board notification to HSP re: SAA); ss. 21.1 and 21.2 (LHIN appointment of investigators and supervisors) to those that would come into force on proclamation | 11 | Subsection 35 (2). *Electronic Cigarettes Act, 2015* amendment |
| 3 | Section 19. LHIN directives | 12 | Subsection 36 (2). *Employment Standards Act, 2000* amendment |
| 4 | Section 21. Adds both LHIN investigator and supervisor provisions | 13 | Subsections 37(1), (3), (4), (5), (10) and (12). *Excellent Care for All Act, 2010* amendments |
| 5 | Subsection 27 (2). Adds LHIN investigator and supervisor provisions to the provision providing for no liability for an investigator or supervisor appointed under specific provisions, or their staff | 14 | Subsection 39 (3). *Health Protection and Promotion Act* amendment |
| 6 | Section 29. Information and reports to LHINs re: physician reporting | 15 | Section 43. *Personal Health Information Protection Act, 2004* amendment |
| 7 | Section 38. LHINs as ministry agents for physician contract management (*Health Insurance Act* amendment) | 16 | Section 44. *Poverty Reduction Act, 2009* amendment |
| 8 | Section 31. *Broader Public Sector Accountability Act, 2010* reference to CCACs | 17 | Subsection 48 (1). *Retirement Homes Act, 2010* amendment |
| 9 | Section 32. *Broader Public Sector Executive Compensation Act, 2014* reference to CCACs | 18 | Subsection 49(1). *Smoke Free Ontario Act* amendment |